**Application process for Yavapai College Critical Care Paramedic Program**

Upon completing this course, you will be prepared to take the IBSC board exam for your FPC and/ or CCP certification. Upon successful completion, you will be eligible to submit your application to AZDHS for your CCP certification. Additionally, you will receive provider certifications in NRP and PHTLS.

**Eligibility information:**

1. Students MUST apply and be admitted to Yavapai College. To become a Yavapai College student, apply at [www.yc.edu/become](http://www.yc.edu/become)
2. To be eligible to apply for this Critical Care Paramedic program, you must currently be certified as a Paramedic through the NREMT or AZ state with 2 years of experience at patch level.
3. The class days are Tuesdays and Thursdays from 0800-1800
4. Please email a completed application to [ems@yc.edu](mailto:ems@yc.edu)
5. Applications MUST be received no later than April 30th, 2025, by 1700
6. Only complete applications will be considered.
7. Once the applications are reviewed, candidates will be emailed about the next steps.

**The entire application process is as follows:**

Submit the full and completed application by the due date. Email a copy of the required vaccination records as listed below to [ems@yc.edu](mailto:ems@yc.edu)

* 2-dose series MMR or titer showing immunity
* 2-dose series varicella or titer showing immunity
* Hepatitis B 3 dose series or two-dose series **(or a YC exemption)**
* Negative TB skin test or chest x-ray
* Tdap- (Must be within 10 years of program start date)
* Current Flu shot **(or a YC exemption)**
* Covid 19 Vaccine card **(or YC exemption)**
* State Paramedic card
* Current BLS, ACLS, and PALS provider cards
* Government ID
* Copy of Current Health Insurance

**All exemptions will be processed after admittance to the program**. Please indicate you are seeking an exemption when submitting your application

**Acceptance:**

If accepted, you must attend a mandatory orientation on **ONE** of the following dates:

05.09.2025 0900-1300 Prescott Valley Campus Room 181

05.19.2025 0900-1300 Prescott Valley Campus Room 181

05.21.2025 0900-1300 Prescott Valley Campus Room 181

**Clinicals:**

Students must complete and pass a background check and drug test for clinical sites.

Students will attend 4 12-hour clinical rotations, including CVICU, NICU, Peds, OR, and OB.

Students will attend a minimum of 25 hours of field experience.

**Cost Sheet:**

***Tuition Costs***

Cost per credit hour: $146.00

Total Credit Hours: 10

The course is held in an 8-week format

Total tuition cost: 1,460.00

***Account Costs:***

Castle Branch Account: $90.00

My Clinical Exchange Account: $40.00

***Book Cost:***

Publisher: AAOS Jones and Bartlett Learning Critical Care Transport Third Edition

Price: $174.50 (Amazon) Estimated Cost

ISBN-10: 1284263088

ISBN-13: 978-124263084

**Total cost: 1,764.50**

Critical Care Paramedic Program Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Contact Numbers (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Yavapai College (if applicable)

Yavapai College Y# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T- Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all colleges/universities/certificates earned or attended:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Date of Attendance Degree/Certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Date of Attendance Degree/Certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Date of Attendance Degree/Certificate

**Work Experience:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Agency /Comp City/St Telephone Number Date(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Agency /Comp City/St Telephone Number Date(s)

Briefly summarize your pre-hospital or hospital experience:

Have you ever had a licensing agency, professional board, or disciplinary authority refuse to issue you a license? Have they ever revoked, annulled, canceled, or accepted your voluntary surrender of a license or certification? Additionally, have you ever been placed on probation, denied an initial professional license or renewal, or faced any disciplinary actions such as fines, censure, reprimand, or other measures against you? NO \_\_\_\_\_\_ YES\_\_\_\_\_

If yes, please explain and attach a separate sheet.

Has any medical control authority ever restricted or terminated your base hospital professional privileges, training, or employment? No \_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_

If yes, Provide the Hospital Name/City/State and explanation on a separate sheet.

**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that withholding or giving false information may make me ineligible for admission and enrollment. I release from all liability or damages those persons, agencies, or organizations who may furnish information concerning my application for admission. If accepted, I agree to read and abide by all school and Department policies and procedures.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_