College of Southern Nevada
Paramedic Medicine Program

Application Packet

Spring 2027

West Charleston Campus

6375 W. Charleston Blvd.

Las Vegas, NV 89146

(702) 651 – 5807

The College of Southern Nevada (CSN) Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP).

Table of Contents

Paramedic Medicine Program Information

We are committed to preparing students with the knowledge, psychomotor skills, and professional behaviors needed to succeed as EMS professionals at the local and national levels. The CSN Paramedic Medicine Program meets all local and national educational requirements while providing a comprehensive curriculum that develops the advanced knowledge, clinical judgment, and technical skills required for advanced life support practice.

Successful completion of the program can lead to either a Certificate of Achievement (C.O.A) or an Associate of Applied Science (A.A.S.) in Paramedic Medicine from CSN and concurrent eligibility for professional certification through the National Registry of Emergency Medical Technicians (NREMT) as well as local licensure through the Southern Nevada Health District (SNHD) at the paramedic level.

CSN Paramedic Program Description

The CSN Paramedic Program is limited to 24 students per cohort; alternates may be selected and placed on a waiting list. The selection process ensures unbiased review of all applicant qualifications, with significant emphasis placed on applicants with prior 911 experience, national AEMT certification, and a confirmed internship sponsor with a local 911 provider. Complete selection criteria are available later in this packet.

Upon acceptance into the program, candidates should expect to attend in-person classes two days a week, participate in clinical rotations one day a week for four to twelve hours, and dedicate up to thirty-six hours per week to asynchronous study. This is a challenging program; maintaining full-time employment throughout the coursework will be difficult and must not interfere with required class or clinical times.

Paramedic Job Functions

The paramedic is a vital member of the healthcare team, providing advanced emergency medical care to patients in the out-of-hospital setting. The care delivered during those critical first moments can profoundly affect patient outcomes. Paramedicine is a rewarding profession for individuals who enjoy challenging, fast-paced environments, excel under pressure, and are dedicated to helping others during times of crisis. Responsibilities routinely performed by paramedics include:

- Demonstrating technical competence in all basic and advanced life support emergency care interventions within the national scope of practice model
- Analyzing emergency situations and assessing patients utilizing a systematic approach
- Developing and implementing a prehospital patient care plan as the medical leader on a multidisciplinary team of public safety personnel
- Displaying values consistent with the professional identity of a paramedic

Paramedics are recognized as the highest level of prehospital emergency medical service providers nationwide. They are expected to perform all the essential functions that other CSN EMS students are capable of. The CSN EMS Student Handbook includes the complete list of these essential functions.

Career Opportunities

The CSN Paramedic Medicine Program is designed for students pursuing a career in the prehospital emergency field. The industry has grown quickly in recent years, and highly qualified technicians are in high demand. The average salary for emergency medical technicians and paramedics in Nevada starts at $23.19 - $38.78 per hour, with a median salary of $29.00 per hour. This information was gathered from nevadaworkforce.com based on 2024 data.

CSN Paramedic Program Expense Estimate

CSN General Expenses

Application Fee	For CSN admission	$20.00	
New Student Fee	First-time CSN students	$20.00	
Non-Resident Fee	Non-Nevada residents	$4450.00/semester	
E-learning Fee	Online course fee	$15.00/online course	

Pre-Program Expenses

Clinical Scheduler	Information provided at orientation	$200.00	†
Document Tracker	Information provided at orientation	$70.00	†
Drug Screen	Information provided at orientation	$48.00	†
Background Check	Information provided at orientation	$33.00	†
CPR Card	AHA BLS Provider	$00.00 - $80.00	†
Uniforms	CSN EMS Uniform	$00.00 - $150.00	†
Equipment	Watch, Stethoscope, Trauma Shears, Calipers	$10.00 - $250.00	†
Medical Insurance	Maintained throughout program	$0.00 - $500.00/month	†
Physical Exam	Completed on CSN form; good for 1 year	$0.00 - $75.00	†
Immunizations	See Vaccines (page 13)	$0.00 - $600.00	

Core Course Expenses

Textbooks	Available at CSN Charleston Campus Bookstore	$79.20 - $1556.15	$
Tuition & Fees SP27	15 credits in CSN tuition & fees / *EMS lab fees	$2485.25	
Tuition & Fees SU27	9 credits in CSN tuition & fees / EMS lab fees	$1514.75	
Tuition & Fees FA27**	13 credits in CSN tuition & fees / EMS lab fees	$2192.50	
Tuition & Fees SP28**	3 credits in CSN tuition & fees / EMS lab fees	$485.25	

Additional Course Expenses

Co-Requisite Anatomy Course	5 credits in CSN tuition & fees	$693.00	$$
CoA Additional Course	3-5 credits in CSN tuition & fees	$457.50 - $762.50	$$
A.A.S. Additional Courses	19-21 credits in CSN tuition & fees	$2897.50 - $3202.50	$$

Professional Expenses

SNHD Provisional Licensure	Completed before beginning an internship	$61.00	†
SNHD Fingerprinting	For new SNHD EMS providers	$71.25	†
NREMT Cognitive	Completed after Passing EMS 173	$175.00	†
Exam SNHD Licensure	For local 911 paramedics	$99.00	†

† Paid to a third-party vendor, not the College of Southern Nevada

$ Cost may vary if renting texts, buying used texts, or buying from other vendors

$$ Does not include any additional course-specific fees, equipment, or textbooks

** Tuition and fees beyond Spring 2026 not yet published and may be slightly higher than calculated here.

Paramedic Program Applicant Process

1. Obtain an Emergency Medical Technician (EMT) certificate
    a. Local, State, and National certifications/licenses are all accepted
    b. Preference will be given to applicants with a NREMT Advanced EMT certificate

2. Apply to the College of Southern Nevada as a student
    a. Transfer in all credits from outside institutions and
    b. Verify if prerequisite course(s) requirements are met

3. Schedule an advising meeting
    a. With the EMS Program Director or
    b. With an EMS full-time faculty member

4. Complete the application packet: **Spring 2027 Due Date = November 1**
    a. Attach all requested forms, transcripts, letters, & copies, then
    b. Send via email to ems@csn.edu

5. Check your provided email for important updates.
    a. Notification of an incomplete application packet or your calculated selection criteria score will be sent within three (3) weeks of application submission
    b. Notification of your admission status will be sent within three (3) weeks after the application deadline

6. Confirm or deny your acceptance by submitting the completed form: **ONE week to accept!**
    a. Electronically or
    b. Physically

7. Prepare
    a. Mark the orientation date on your calendar! Be there!!! and
    b. Rearrange employment schedules and
    c. Save for tuition, fees, books, uniforms, & equipment and
    d. Obtain proof of required vaccines

Paramedic Application Checklist

A completed application will contain **ALL** the following documents. Illegible copies, unofficial transcripts, and incomplete documents will not be accepted. Notification of an incomplete application will be emailed to the applicant within three (3) weeks of submission.

- ☐ Paramedic Medicine Program Application Form
- ☐ Proof of Advising Meeting
- ☐ Copy of current, valid EMT/AEMT certificate/licensure
- ☐ Copy of AHA BLS Provider CPR Card
- ☐ Official College Transcripts* (unofficial transcripts acceptable from CSN only)
- ☐ EMS/Healthcare Experience Form
- ☐ Letter(s) of Recommendation

*Applicants with additional coursework still in progress at the time of application will need to submit

- ☐ Proof of Registration and Expected End Date [EMS 115B, HHP123B, HHP 124B]
- ☐ Faculty letter of current standing in course(s)**

Additional documents (optional), which will be used to boost the selection criteria score.

- ☐ Letter of Intent to Host a Paramedic Internship upon Program Completion**
- ☐ Copy of military ID card

* Sample letter(s) are included in the packet, though any official letter from an instructor or agency representative will be accepted.

Paramedic Medicine Program Application Form

APPLICANT INFO

Name: Date of Birth: SSN:

Home Address:

City: State: Zipcode:

Email: Phone: NSHE ID:

EMERGENCY CONTACT

Name: Relationship: Phone:

EDUCATION (complete all that apply; proof of highest graduation must be attached)

High School: City: Graduation Date:

College: City:

Highest Degree Awarded: Completion Date:

EMPLOYMENT (last 5 years, most recent first)

Employer: Supervisor:

From: Until: Status: ☐ Full Time ☐ Part Time ☐ Per Diem

Employer: Supervisor:

From: Until: Status: ☐ Full Time ☐ Part Time ☐ Per Diem

Employer: Supervisor:

From: Until: Status: ☐ Full Time ☐ Part Time ☐ Per Diem

PERSONAL STATEMENT

The reason I want to attend the CSN Paramedic Medicine Program is:

Employer/CSN Communications

While enrolled in the paramedic program, do you plan on maintaining employment? ☐ Yes ☐ No

If you are accepted into the program ***and*** are employed with an EMS or fire agency - do you give the CSN EMS faculty permission to discuss your progress with your agency's Clinical Director/Manager or Chief of EMS as it relates to your cognitive, psychomotor, or affective domain? ☐ Yes ☐ No

Criminal History

If you have been convicted of any type of felony crime, it is *strongly* advised you immediately contact the Southern Nevada Health District Office of EMS Training and/or the National Registry of EMTs. Some felony convictions will result in denial of licensure or certification as a paramedic or the ability to sit for these examinations.

I have read the above statement and understand that both clinical placements and professional certification/licensure is privilege not a right, which may be affected by my criminal background.

☐ Yes ☐ No

Program Expenses

I have reviewed the expected program expenses and understand that these are the responsibility of myself or my sponsor. I realize that certain program activities, such as clinical rotations or internship placement, cannot be started until all requirements have been met. It is my responsibility to ensure timely completion of all program requirements and failure to do so may result in my removal from the paramedic medicine program.

☐ Yes ☐ No

Attestation

I attest that all the information on the application is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

☐ Yes ☐ No

_____

Printed Name

_____ _____

Signature Date

CSN COLLEGE OF SOUTHERN NEVADA EMS

Paramedic Medicine Program Experience Form

APPLICATION INFORMATION

Applicant Name:
NSHE ID:
Program Semester: Spring
Program Year: 2027

PAID 911 EMS EXPERIENCE

How many *months* have you worked as a ***paid***, full-time, ***911 EMS*** provider?
How many *months* have you worked as a ***paid***, part-time, ***911 EMS*** provider?

Agency:
Contact Person:
Your Position:
Phone:

Agency:
Contact Person:
Your Position:
Phone:

OTHER PRE-HOSPITAL EXPERIENCE

How many *months* have you spent as a ***pre-hospital EMS*** provider (*not included above*)?
(non-911 ambulance service, volunteer EMS agency, casino EMT, etc.)

Agency:
Contact Person:
Your Position:
Phone:

OTHER MEDICAL EXERIENCE

How many *months* have you spent as any ***other type of healthcare*** provider?
(non-EMS = ER tech, scribe, medical assistant, etc.)

Agency:
Contact Person:
Your Position:
Phone:

With my signature below, I attest that the above information is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

Printed Name

Signature

Date

Intent to Host a Paramedic Internship

From:

Agency:

Phone:

Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter of intent to host a paramedic internship for , who is applying to your Paramedic Medicine Program in Spring 2027 . With this letter the agency listed above agrees to host the paramedic candidate upon successful completion of all CSN paramedic courses except EMS 173 – which is the paramedic internship.

This letter is contingent on the paramedic candidate continuing to abide by all agency-specific rules, regulations, policies, and procedures. It does not guarantee a specific time frame for the hosting of such an internship, or dictate the financial circumstances under which the internship may be conducted.

While this letter may be revoked at any time by the sponsoring agency, at this time, the applicant listed above has met or exceeded any internal agency requirements for a paramedic internship, and is therefore currently extended the offer a future paramedic internship.

Sincerely,

Printed Name

Signature

Date

Current Standing in Course

From:

Title:

Phone:

Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter on behalf of , who is applying to your Paramedic Medicine Program in Spring 2027 . They are a current student in my course:

EMS 108 , which will end by Fall 2026 . Right now, this student has a Passing grade in this course, which I Do believe will be the same at the end of the course.

Sincerely,

Printed Name

Signature

Date

Vaccinations

From:

Title:

Phone:

Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter on behalf of , who is applying to your Paramedic Medicine Program in Spring 2027 .

I have reviewed with them the program structure, time requirements, associated costs, and application requirements and deadlines. At the time of our meeting, the applicant demonstrated completion of the following requirements (initial all applicable boxes):

☐Application ☐EMT ☐AHA CPR ☐Transcripts ☐Experience Form ☐Reference Letter ☐Internship Letter

They understand all application requirements are solely their responsibility, and that incomplete applications may delay or prevent admission to the program. They have been instructed to contact me with any additional questions they may have regarding their application to the program.

Sincerely,

Printed Name

Signature

Date

Vaccinations

All students must meet the immunization and health requirements established by the College and its clinical affiliates before participating in clinical education. Students who wish to request a medical or religious vaccination exemption must submit the required documentation in accordance with the clinical affiliate's exemption process. The clinical affiliate has sole discretion to approve an exemption, and approval is not guaranteed. Students who are granted an exemption may be unable to complete required clinical experiences, which could prevent successful completion of the EMS Program and graduation. Applicants requesting a vaccination exemption are strongly encouraged to meet with the EMS Program Director before enrolling to discuss the potential impact on program progression.

Required Vaccines

Documentation of all immunities requires health records showing specific dates of the disease confirmed by medical diagnosis or the dates the vaccine(s) were given. These health records can be original vaccination records or official documentation from the treating physician on letterhead, prescription form, or similar with a legal signature. School records, baby books, or family testimonials are not considered official documentation.

VACCINE	REQUIRED DOSAGE	ALTERNATIVE
Hepatitis B	***3 Doses*** 1st initial dose administered 2nd administered 28 or more days after initial dose 3rd administered 8 or more weeks after dose 2 (3rd dose should be separated from 1st does by at least 16 weeks)	History of the disease based on diagnosis or verification of the disease by a healthcare provider through laboratory blood testing affirming serologic evidence of immunity.
Measles, Mumps, Rubella (MMR)	***2 Doses*** 1st initial dose administered 2nd administered 28 or more days after initial dose	
Varicella	***2 Doses*** 1st initial dose administered 2nd administered 28 or more days after initial dose	
TDaP	***1 Dose*** Administered within the last ten years	

TB Skin Test

All students must complete a two-step TB Skin Test (TST) and maintain it throughout the program. The Centers for Disease Control and Prevention recommends: Administer Step One - Read results 48-72 hours later; Then, administer Step Two a minimum of seven (7) days after administration of the first step - Read the results 48-72 hours after administration. A Two-step TB test consists of TWO injections and TWO readings.
Two single TB skin Tests performed within 365 days is acceptable regardless of the time interval between the two steps.

If a student has a documented history of positive TB Skin Tests, or has a newly positive TST, they should consult the Engelstad School of Health Sciences (ESHS) TB Skin Test policy for further direction. The policy is available on the CSN ESHS website.

GPA*		X Credit Hours		x 0.10	/20 max
Internship Agreement	☐ No (0)		☐ Yes (12)		/12 max
Paid, FT 911		months	x 0.083		/4 max
Paid, PT 911		months	x 0.041		/4 max
Other Exp.		months	x 0.041		/2 max
Letter(s) of Reference		1 point each			/3 max
Preferred Certs.	☐ CSN EMT (1)	☐ NR-EMT (1)	☐ CSN AEMT (1)	☐ NR-AEMT (2)	/4 max
	☐ Military/Veteran (2)		**Total**		/ 51 max

*GPA will be based on a 4.0 GPA scale and include all prior coursework for the ***highest*** degree attempted.

Selection criteria score will determine the applicant's rank in the program admission process. In the event of a tie in accumulated points, the priority will be given to the applicant:

1. First to the applicant which has a documented EMS agency sponsorship agreement for the internship
2. Second, to the applicant seeking the Associate in Applied Sciences degree of Paramedicine
3. Finally, by the EMS committee consensus decision based on a full review of all tied applicants

Tied accumulated selection criteria points, and subsequent program candidate selection, only becomes a factor when there are more applicants than seats available in the program.

Calculating EMS Faculty	Signature	Date

Reviewing EMS Faculty	Signature	Date

CSN COLLEGE OF SOUTHERN NEVADA

EMS

Paramedic Application Review Process

Initial Review

Upon receipt of an application, a member of the EMS Committee will begin the initial review. This review will be completed within three (3) weeks of application submission or the application deadline, whichever occurs first. During this review, the applicant's primary selection criteria score will be determined based on the submitted documentation. Selection criteria scores will not be automatically distributed; they will be provided upon the applicant's written request after the review is complete. If an application is incomplete, the applicant will be notified by email within the same review timeframe.

Complete Applications

Complete applications will include at a MINIMUM the following documents:

- Paramedic Program Application (with active NSHE ID and valid email address)
- Copies of current/valid EMT/AEMT certificates/licensures
- Copy of the American Heart Association BLS Provider CPR Card
- EMS/Healthcare Experience Form
- Letter of Advising Meeting
- One Letter of Recommendation
- Official College Transcripts (demonstrating completion of pre-requisite course(s))

Additional form(s) and letter(s) may/must be submitted along with these minimum requirements as outlined for consideration on the application checklist and in under selection criteria.

Incomplete Applications

Applications missing one or more of the minimum forms above will be marked incomplete. We will notify the applicant of an incomplete application by email within twenty-two (22) days of application submission or the application deadline (whichever comes first). Incomplete applications will not be considered for Paramedic Program candidate selection unless there are fewer applicants than seats available in the program

Applicant Ranking/Candidate Selection

After the application deadline, the EMS committee will schedule a meeting to review all applications. This review meeting will take place within three (3) weeks after the deadline. During the meeting, the EMS committee will verify the accuracy of all initial selection criteria calculations and rank applicants based on their cumulative scores. All rankings will be determined according to the outlined selection criteria; the ranking and admission process will not consider additional, subjective, or anecdotal information about applicants.

The highest-ranked applicants will be selected first, with all other complete applications considered in rank order until all available program positions are filled. The committee will review incomplete applications only after scoring and ranking all complete applications. Applications with outstanding prerequisite coursework or certification will be scored based on the submitted complete requirements, which may result in a lower overall selection score.

At the conclusion of the EMS committee meeting, all accepted applicants will be notified by email of their acceptance, the program orientation date, and the courses they need to enroll in. Applicants with outstanding pre-

requisite coursework/certification will be awarded contingent acceptance and will be required to provide proof of all in-progress requirements by the program orientation date.

Any applicants who were not accepted will be notified of either the reason for their rejection or their rank and standing on the program waitlist if an accepted student declines admission. Any candidate wishing to review their application documents and ranking must submit a written request to the program director within three (3) weeks of their admission or rejection from the program.

Admission Acceptance

Once acceptance has been granted, candidates must notify the program director of their intent to enroll within one week of receiving the acceptance notification. If they do not respond within this timeframe, the program director will assume they decline the offer and will start offering the seat to the highest-ranked applicants on the waiting list.

If not all program seats are filled, additional applications will be considered on a first-come, first-served basis until the program orientation date. Applications received after the orientation date will only be considered if seats remain and at the explicit discretion of the Program Director.