

Blinn College EMS Paramedic Program (Spring Application)



The Paramedic Program will begin every spring semester and will finish with an internship in the fall (January to December). We are excited that you have shown an interest in becoming a paramedic, as it is one of the most dynamic and exciting careers in the world. Paramedic training and education is a challenging commitment and applicants are encouraged to visit the EMS Program webpage at www.blinn.edu/emergency-medical-services. For more information regarding our classes, please contact the EMS Program Assistant, Mally R. Hance, at 979-691-2130 or mally.hance@blinn.edu.

Please Note: A class of 10 students must be met for the spring program to take place.

Admission into the Paramedic Program is a competitive entry process to include, but not limited to, submission of a complete application and an oral interview. Regardless of your EMS employment status, affiliation with a clinical agency, or your current certification level, you must complete the application in its entirety. Admission to Blinn College does not imply nor guarantee admission to the Paramedic Program nor does acceptance to the Paramedic Program guarantee admission to Blinn College. You must submit a separate application to each entity. The Program Admissions Committee will consider criteria such as letters of recommendation, EMS work experience, academic scores, etc. to determine spring acceptance. A complete list of criteria to be considered for entry is enclosed within this packet.

PLEASE NOTE: Partial or incomplete applications will not be considered for admission to the Spring Paramedic Program. Your application file must be complete.

Please turn in your application and all required documents by mail, email or deliver directly to the Blinn College EMS Office.

By Mail:

**Please Note* There may be up to a three-day delay in receiving your package.*

Blinn College EMS Program
Attn.: Mally R. Hance – RELLIS ACB1
2423 Blinn Blvd.
Bryan, TX 77802

By Email:

**Please Note* Recommendation letters must be emailed directly to mally.hance@blinn.edu by the person recommending you.*

Drop off at:

Blinn College EMS Program Office
Mally R. Hance – Office # 348
RELLIS - Academic Complex Phase 1
1425 Bryan Road
Bryan, TX 77807

Application Deadlines

**The deadline to apply for the upcoming spring semester is
Friday, October 9, 2026, by 5:00 p.m.**

Always check with the EMS Office for possible extension.

Applicants will be notified via email to schedule an interview within two weeks after the deadline unless the deadline has been extended.

Blinn College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs or activities. For information regarding Title IX, ADA, Section 504 and other anti-discrimination coordinators, see the [Required Notices](#) link at www.blinn.edu.

Blinn College Emergency Medical Services Program Minimum Expectations Goal Statement:
“To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”

To be considered for the Spring Paramedic Program, the following steps **must** be completed:

1. APPLY FOR ADMISSION TO BLINN COLLEGE

Students must meet Blinn College requirements for admission. You may visit www.applytexas.org to submit an application to Blinn College.

2. SUBMIT COPIES OF ALL COLLEGE TRANSCRIPTS

Unofficial transcripts will be accepted for the Paramedic Program application process; however, official copies are required by Blinn for admission to the college.

3. MEET ALL PARAMEDIC PROGRAM REQUIREMENTS FOR CERTIFICATE AND/OR DEGREE

Prerequisites for entry into the Paramedic Program are as follows:

- ❑ **Meet TSI Compliance Standards for the Degree**

A student must be TSI college ready by Blinn College standards. You may visit the Blinn College TSI website at www.blinn.edu/testing/tsi for further information.

- ❑ **College Level Anatomy & Physiology – DEGREE Options:**

Certificate does not require BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.

(Catalog Year 2022-2023 forward) BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.

Complete BIOL 2401, Anatomy & Physiology I prior to entry:

- ❑ Successfully complete one semester of college-level human Anatomy & Physiology (BIOL 2401, Anatomy & Physiology I) prior to acceptance into the Paramedic Academy. If you are taking BIOL 2401, Anatomy & Physiology I during the summer or during the fall, your submitted transcript must reflect enrollment in the class. Must pass course with a letter grade of C or higher.

Co-enrollment in BIOL 2401, Anatomy & Physiology I and BIOL 2402, Anatomy & Physiology II:

- ❑ Co-enroll in college-level BIOL 2401, Anatomy & Physiology I during the spring semester. Co-enroll in college-level BIOL 2402, Anatomy & Physiology II during the summer semester. Must pass both courses with a letter grade of C or higher.

You must complete both BIOL 2401 and BIOL 2402 to fulfill the degree requirements. This fulfills the degree plan requirement for A&P but does not replace BIOL 2404 for other programs. Speak with an advisor for clarification and specific advice. You must achieve a grade of “C” or better in both courses to receive a course completion for the degree.

❑ EMT Certification - Two Options:

1. Submit Current Certification: Submit a copy of your certification as an EMT from either the National Registry of EMT's (NREMT) or Texas Department of State Health Services (TDSHS).
2. Submit Proof of Eligibility to Test: Submit a letter of explanation, when you expect to take the NREMT Exam, and proof of EMT Training (transcript or other). **If you are accepted to the program, you must provide evidence of certification as an EMT within 30 calendar days of the first day of the Paramedic Program. If you are not certified within 30 days, you will not be allowed to continue in the Paramedic Program.**

For information on EMT training please visit our webpage at www.blinn.edu/emergency-medical-services.

Requirements after Acceptance/Enrollment

These are not prerequisites for entry but will be required upon acceptance:

❑ CPR Certification

You must be certified in CPR at the Healthcare Provider/Professional Rescuer level to participate in clinical rotations. Specific deadlines to submit CPR certification will be given once you begin the Paramedic Program. The EMS Program offers CPR courses at the beginning of every semester.

❑ Immunizations

All accepted students to the Paramedic Program will be required to submit documentation of all immunizations required by the Blinn College Division of Health Sciences before being allowed to participate in clinical rotations.

Once you begin the program, you will be given a deadline to have all immunizations completed and submitted to the program. If documentation is not submitted by the specified deadline, you will be considered ineligible to continue in the Paramedic Program. A list of the required immunizations is provided on the next page.

Health Sciences Required Immunizations

TB Test

- Date of vaccine must be good within a year (Must be valid throughout your entire program)
- Accepted TB tests:
 - TB skin test (with a negative result)
 - If positive, then complete Tspot or Quantiferon Gold
 - T-Spot (with a negative result)
 - If positive, get x-ray
 - Quantiferon Gold (with a negative result)
 - If positive, get x-ray
 - X-ray (negative chest x-ray)
 - Valid for three years
 - Must upload the radiology report
 - Must complete an annual TB questionnaire
 - If you have received the BCG vaccination, then you must follow x-ray protocol or get a T-spot (with a negative result).

TDAP (Tetanus, Diphtheria, and Pertussis)

- Date of the vaccine must be within 10 years.
- Must have the combo vaccine that contains all 3 vaccines.
- May appear on immunization history as TDAP or DTAP.

MMR (Measles, Mumps, Rubella)

- Option A: 2 vaccines (that are at least 4 weeks apart)
- Option B: A positive titer/serologic test for measles, mumps, and rubella
 - Must be a quantitative test
 - If your titer test is negative, you must get booster vaccines following the test.

Varicella

- Option A: 2 vaccines, a minimum of 4 weeks apart
 - May appear on immunization history as VAR or MMRV.
- Option B: A positive titer/serologic test for Varicella
 - Must be a quantitative test
 - If your titer test is negative, you must get booster vaccines following the test.

Meningitis

- Follow Blinn College Policies, : <https://www.blinn.edu/immunizations/index.html>

Influenza

- 1 vaccine within a year
 - Must be within the current flu season

COVID Vaccine

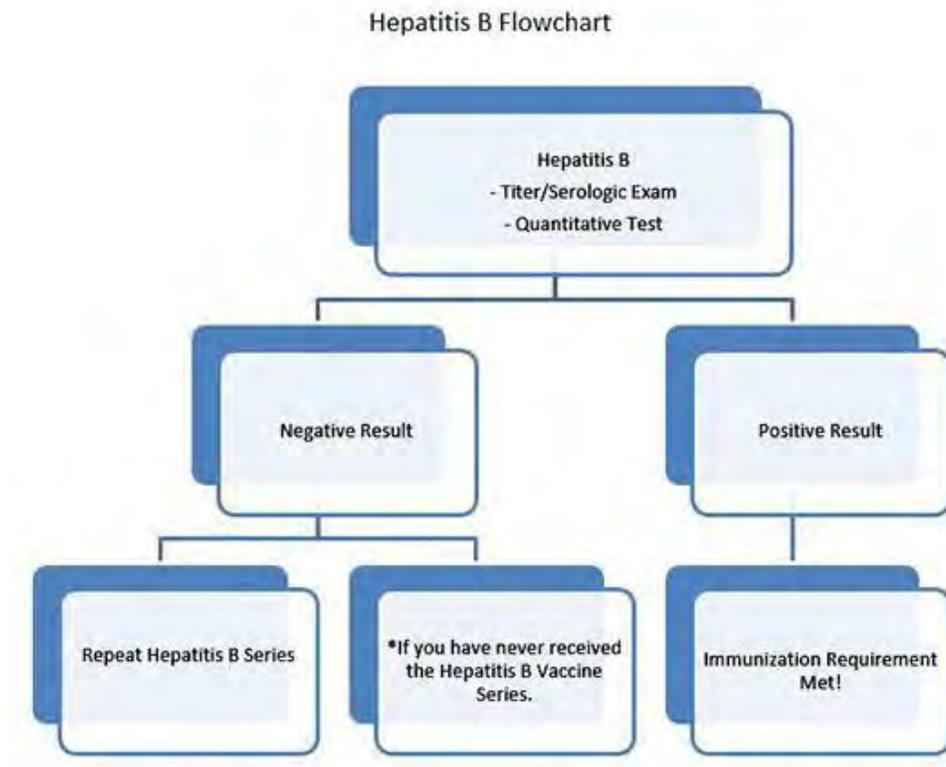
- Per Clinical Facility requirements

Physical

- A physical exam is required once accepted into the program or as directed by the program.

Hepatitis B Titer test

- A positive titer/serologic test for Hepatitis B
 - Must be a quantitative test
 - If your titer test is negative, you must get booster vaccines/repeat series following the test.
- *If you never had the Hepatitis B vaccination, see Hepatitis B Flowchart



*Hepatitis B Series Options

Option A: 3 dose series Hepatitis B (Energix B, Recombivax HB). Doses received at 0, 1, 6 months.

Option B: 2 dose series Hepatitis B (Heplisav B). Doses received at least 4 weeks apart.

Option C: 3 dose series Hepatitis A – Hepatitis B (Twinrix). Doses received at 0, 1, 6 months.

Once the series is completed, a new Hepatitis B titer/serologic test must be taken.

Definitions:

- Titer/Serologic test: a test where blood is drawn to test the antibody levels in your system.
 - A positive result means that you have the correct number of antibodies in your system for the tested immunization.
 - A negative result means that you do not have the correct number of antibodies in your system.
- Quantitative test: a test that shows numerical values.
- Reference range: acts as a key to determine what the values of your quantitative titer/serologic test results mean.

Application Deadlines

The deadline to apply for the upcoming spring semester is

Friday, October 9, 2026, by 5:00 p.m.

Always check with the EMS Office for possible extension.

Applicants will be notified via email to schedule an interview within two weeks following the deadline unless the deadline was extended. If you have not received notice from us **after** two weeks, please contact the EMS office at 979-691-2130 or mally.hance@blinn.edu.

Application Grading Criteria

Blinn College Paramedic Program applicants will be scored based on the following criteria:

- College and/or High School G.P.A.
- Recommendation letters
- Years of Active EMS Service
- A&P Grade
- Years of Military Service
- Years of Volunteer Service

Interview Process

Once all applications have been received and reviewed, the interview process will begin. Students that have submitted a complete application and meet all prerequisite criteria will be contacted to schedule an interview.



Blinn College
Health Sciences Program
Student Spring Application
PARAMEDIC PROGRAM APPLICATION
CHECKLIST
(*must be included with application*)

Submit your application in the following order.

THIS PAGE SHOULD BE THE **FIRST PAGE PRIOR** to the program application.

- Completed Student Application
- EMS Background Questionnaire
- Copies of all college transcripts
 - Blinn Students have access to this information through myBLINN
- Current EMT Certification (attach copy of front and back) **OR** letter of explanation with date of EMT Course and expected date of NREMT exam.
- Three letters of recommendation with the accompanying evaluation form. Each letter **must** be sealed and signed across the seal by the evaluator.

By Email:

**Please Note* If emailing, recommendation letters must be emailed directly to mally.hance@blinn.edu by the person recommending you.*

By providing my signature on this form, I acknowledge that I have read and understand **all** the requirements and prerequisites that must be completed to be considered for entry into the Paramedic Program.

Printed Name

Signature

Date



Blinn College
Health Sciences Program
Student Spring Application

PLEASE PRINT ALL
 INFORMATION
 REQUESTED EXCEPT
 SIGNATURE

NOTE: YOU MUST SUBMIT AN APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE HEALTH SCIENCES PROGRAMS.

Select the program you are applying for:

<input type="checkbox"/> Associate Degree Nursing <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Licensed Vocational Nurse – Transition to ADN <input type="checkbox"/> Paramedic Academy (SPRING PROGRAM)	<input type="checkbox"/> Physical Therapist <input type="checkbox"/> Radiologic Technology <input type="checkbox"/> Vocational Nursing	Campus <input type="checkbox"/> RELLIS	Degree or Certificate <input type="checkbox"/> Emergency Medical Services AAS Degree <input type="checkbox"/> Paramedic Tech. Certificate – Level 1
--	--	--	--

APPLICANTS WILL BE REQUIRED TO COMPLETE DRUG SCREENS AND BACKGROUND CHECKS UPON ACCEPTANCE. SPECIFIC PROGRAM REQUIREMENTS CAN BE ACCESSED FROM EACH PROGRAM’S WEBSITE AT www.blinn.edu/health-sciences

Name: _____
 Last First Middle Maiden Name Previous Name

Mailing Address: _____
 Number Street City State Zip

E-Mail: _____

Telephone: () _____ **Cell Phone:** () _____

Permanent Address: _____
 Number Street City State Zip

Blinn ID#: _____

*Your Blinn ID # will be sent to your Blinn email account once you have applied and been accepted to Blinn College

HAVE YOU PREVIOUSLY APPLIED TO A BLINN COLLEGE HEALTH SCIENCE PROGRAM?

If so, which program? _____ **When?** _____

PREVIOUS EDUCATION

Provide unofficial transcripts from every College/University you have attended with this application.
It is your responsibility to provide Blinn College Admissions with an official transcript. You must also be a high school graduate or have obtained a GED to be admitted to any Health Sciences Program.

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years/Hrs. Completed	Major & Degree
High School / GED				
College				

EMPLOYMENT
(Begin with the most recent years or attach a resume.)

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Telephone (Home): _____	Telephone (Home): _____
(Cell): _____ (Work): _____	(Cell): _____ (Work): _____

SIGNATURE

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion and/or dismissal from the application process. If accepted into the program, I agree to meet all entrance requirements and to conform and abide by the letter and spirit of the rules, regulations, and procedures of Blinn College and the Paramedic Program.

Signature: _____ Date: _____



**Blinn College
Health Sciences Program
Student Spring Application**

Student Name: _____ **Date:** _____

EMS Background Questionnaire

1. What is your current EMS certification level? _____

2. Where did you take your EMT courses? _____

3. How long have you been certified? _____ Years _____ Months

4. Are you currently employed with an agency utilizing your EMS certification? **Yes** **No**

If yes,

a. Which agency are you employed by? _____

b. How long have you been employed by the above agency? _____ Years _____ Months

5. Have you served in the military? **Yes** **No** If yes: years of service: _____

6. Have you completed any volunteer hours? **Yes** **No**

If yes, with which agency or organization? _____

*****Please Note*****

Immunization records will be turned in during Orientation, which is the first day of the class.



Blinn College
Health Sciences Program
Student Spring Application

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAME	Last	First	Middle
B-00-			
Blinn College ID			Date

Please check the appropriate box indicating your desire to waive or not to waive the right of access to the completed form.

- Waive - I hereby waive my right of access to, and authorize Blinn College to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic Program.
- Do not waive

Student Applicant Signature: _____ Date: _____



Blinn College
Health Sciences Program
Student Spring Application

Student Name you are Recommending

To be Completed by the Recommender:

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. **Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.**

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by circling the number that represents your opinion:

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperativeness	4	3	2	1
Decision making skills	4	3	2	1
Total Score:				

Recommendation (please check one)

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name: _____ Signature: _____

Place of Employment: _____

Title/Position: _____

Please add any comments that might assist the department in making a judgment about the applicant's admission to the Paramedic Program. Attach a separate letter in a sealed envelope with signature across the seal.



Blinn College
Health Sciences Program
Student Spring Application

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAME	Last	First	Middle
B-00-			
Blinn College ID			Date

Please check the appropriate box indicating your desire to waive or not to waive the right of access to the completed form.

- Waive - I hereby waive my right of access to, and authorize Blinn College to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic Program.

- Do not waive

Student Applicant Signature: _____ Date: _____



Blinn College
Health Sciences Program
Student Spring Application

Student Name you are Recommending

To be Completed by the Recommender:

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. **Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.**

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by circling the number that represents your opinion:

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperativeness	4	3	2	1
Decision making skills	4	3	2	1
Total Score:				

Recommendation (please check one)

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name: _____ Signature: _____

Place of Employment: _____

Title/Position: _____

Please add any comments that might assist the department in making a judgment about the applicant's admission to the Paramedic Program. Attach a separate letter in a sealed envelope with signature across the seal.



Blinn College
Health Sciences Program
Student Spring Application

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAME	Last	First	Middle
B-00-			
Blinn College ID			Date

Please check the appropriate box indicating your desire to waive or not to waive the right of access to the completed form.

- Waive - I hereby waive my right of access to, and authorize Blinn College to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic Program.
- Do not waive

Student Applicant Signature: _____ Date: _____



Blinn College
Health Sciences Program
Student Spring Application

Student Name you are Recommending

To be Completed by the Recommender:

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. **Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.**

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by circling the number that represents your opinion:

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperativeness	4	3	2	1
Decision making skills	4	3	2	1
Total Score:				

Recommendation *(please check one)*

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name: _____ Signature: _____

Place of Employment: _____

Title/Position: _____

Please add any comments that might assist the department in making a judgment about the applicant's admission to the Paramedic Program. Attach a separate letter in a sealed envelope with signature across the seal.