#### GREAT BASIN COLLEGE

**AAS-Paramedic**

**For Nationally Registered Paramedics**

***Pathway from Certification to a Degree***

**APPLICATION FOR ADMISSION – 2019**

**GENERAL INFORMATION**

1. **Transcripts:**

In order to be considered for admission to the AAS-Paramedic program, all students must meet the requirements for formal admission to Great Basin College. College level courses of equivalent semester hour credit and content may be transferred by direct credit from other regionally accredited institutions.

To be considered eligible for admission into Great Basin College’s AAS-Paramedic Program, applicants must show evidence of current national registry status as a paramedic.State certified paramedics are not eligible for this degree offering.

For colleges and/or universities you attended (other than GBC), request (in writing) that an official copy of transcripts from each institution be sent to:

Great Basin College

Admission and Records

Attn: AAS-Paramedic Program

1500 College Parkway

Elko, NV 89801

**Important:** For institutions other than GBC, allow at least four to six weeks for transcripts to be received and articulated. Incomplete files will not be considered in the selection process.

1. **Minimum Criteria:**

Students applying for the AAS-Paramedic Program must meet the following minimum criteria:

A. Nationally Registered Paramedic in good standing.

B. Current state licensure.

C. SAT/ACT scores. If SAT/ACT scores are not available, the student will be required to take Accuplacer tests to be placed into the appropriate general education courses.

1. **Advisement with Paramedic Program Advisor**

Prior to submitting an application, for Great Basin College’s Paramedic Program, it is strongly recommended that all students schedule an advisement meeting with a Paramedic Advisor. Unofficial copies of college transcripts and application criteria are reviewed at this time. To arrange an appointment, call 775-753-2007 or email, david.ellis@gbcnv.edu. An advisement form is included to help you plan your course sequencing.

1. **Other Information:**

Each applicant is responsible for ensuring that his/her application package is complete. Applicants will not be notified if items are missing from their file. Incomplete application packages will not be considered in the selection process.

Students will be notified of their admission status to the NRP to AAS-Paramedic program once all application documents have been received and reviewed. All application materials must be received by the deadline in order to allow for timely review. A maximum of 30 students will be accepted to the GBC NRP to AAS-Paramedic Program. When there are more qualified applicants than there are available spaces in the program, preference will be given to those with the highest points. Meeting minimum application criteria does not guarantee admission to the NRP to AAS-Paramedic Program. Those students who meet or exceed the minimum criteria but are not admitted, may re-apply in future semesters.

**ALL APPLICATION DOCUMENTS SHOULD BE SENT TO:**

**Great Basin College**

**Attn: NRP to AAS-Paramedic Program**

**1500 College Parkway**

**Elko, NV 89801**

**ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN January 13, 2017 FOR CONSIDERATION FOR January 23, 2017 ADMISSION.**

#### GREAT BASIN COLLEGE

**AAS-Paramedic Program**

**Nationally Registered Paramedic to AAS-Paramedic Program**

**APPLICATION FOR ADMISSION – 2019**

**APPLICATION PACKAGE TO INCLUDE:**

1. Nationally Registered Paramedic to AAS-Paramedic Program Advisement Form
2. Completed Application for Admission to GBC. (This can be done online at http://www.gbcnv.edu and must be done prior to receipt of transcripts.)
3. Program Application. (This is a separate process from admission to the college.)
4. Current Resume

An up-to-date resume that minimally includes information related to: a) education and training, b) certifications, c) work experience, d) professional achievements, and e) professional organizations/affiliations.

1. Essay

An essay of no less than 200 words and no more than 300 words (double-spaced, APA format) addressing your career goals and the importance of the AAS-Paramedic to the profession.

1. Letters of Recommendation (2)

Two letters of reference: From a work supervisor, a former or current paramedic faculty member, *OR* a former or current non-paramedic faculty member *that specifically addresses your ability to succeed academically in Nationally Registered Paramedic to AAS-Paramedic Program.*

**ALL APPLICATION DOCUMENTS SHOULD BE SENT TO:**

**Great Basin College**

**Attn: Paramedic Program**

**1500 College Parkway**

**Elko, NV 89801**

***ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN 5:00 PM, January 11, 2019, FOR CONSIDERATION FOR January 25, 2019 ADMISSION.***

**Great Basin College Health Science and Human Services Department**

**Advisement Checklist for Nationally Registered Paramedic to AAS-Paramedic Program**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anticipated Entry into AAS Program:** \_\_\_\_\_\_\_

**Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Bachelor Degree?** Yes☐ No ☐ **If Yes,** **From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Courses for Degree** | **Completed****(GBC/Transfer)** | **Credits Received** | **Courses to be taken** | **Anticipated enrollment** |
| INT 100 (0.5 credits) |  |  |  |  |
| ENG 101 or ENG 107 (3 credits) |  |  |  |  |
| ENG 102 or ENG 108 (3 credits) |  |  |  |  |
| Math 120, Math 126 or higher (3 credits)  |  |  |  |  |
| Science Select from General Education Requirements (3 credits) |  |  |  |  |
| Humanities/Fine Arts Select from General Education Requirements (3 credits) |  |  |  |  |
| PSC 101 Introduction to American Politics (3 credits) |  |  |  |  |
| HMS 200 Ethics in Human Services or PSY 208 Psychology of Human Relations (3 credits) |  |  |  |  |
| Electives (8.5 credits) |  |  |  |  |
| **Program Requirements** |  |  |  |  |
| NRP (29 credits) |  |  |  |  |
| Paramedic Refresher Course (3 credits) |  |  |  |  |

**ADVISOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:** Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**



**Associate of Applied Science-Paramedic**

**For National Registered Paramedics Only**

**APPLICATION FOR ADMISSION**

**GREAT BASIN COLLEGE**

**1500 COLLEGE PARKWAY**

**ELKO, NV 89801**

Desired Date of Admission: Spring 2019

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS PARAMEDIC PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Registry License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_

**(Note: Evidence of current national registry status must accompany this application).**

State Paramedic LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: a copy of your state paramedic license must accompany this application)**

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City) (State) (Zip)

PHONE: HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your paramedic license ever been revoked or restricted? No\_\_\_\_ Yes\*\_\_\_\_

2. Have you ever been convicted of a gross misdemeanor or felony? No\_\_\_\_ Yes\*\_\_\_\_

 **\*If you answered yes to either of these questions, please attached a detailed**

 **explanation along with any related documentation.**

**NRP to AAS-Paramedic Program**

EDUCATIONAL EXPERIENCE: IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT, LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED SINCE HIGH SCHOOL.

|  |  |  |  |
| --- | --- | --- | --- |
| INSTITUTION | LOCATION | DATES | DEGREE RECEIVED/CREDITS COMPLETED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

WORK EXPERIENCE: IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT, LIST ALL PARAMEDIC WORK EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER NAME AND ADDRESS | DATES(From-To) | POSITION HELD | REASON FOR LEAVING |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I do hereby certify that the statements in this application are true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in disqualification of my application.

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

 Signature Date

**GREAT BASIN COLLEGE**

 **Associate of Applied Science Degree in Paramedicine**

 **(NRP to AAS-Paramedicine Program)**

**GOOD STANDING STATEMENT**

Students admitted to Great Basin College and the NRP to AAS-Paramedicine Program must maintain their status as students in good standing based upon the following:

1. Current (active status) paramedic licensure in the state where you currently practice
2. Current (active status) paramedic licensure through National Registry.
3. Current health care provider CPR certification, ACLS, and PALS provider’s cards throughout enrollment.
4. Overall 2.5 GPA in program coursework, with no grade less than C in any course.

*Note: It is the student’s responsibility to immediately notify the Paramedic Program Director in writing of any changes in licensure, certification and/or health status. Failure to do so could result in dismissal from the program.*

I have read and understand the information regarding maintaining good standing.

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

 Signature Date

|  |
| --- |
| **Nondiscrimination for Disability**Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in Berg Hall, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271. |

**GREAT BASIN COLLEGE**

**ASSOCIATE OF APPLIED SCIENCE- PARAMEDIC**

**REQUEST FOR REFERENCE**

This section to be completed by Applicant (check one):

\_\_\_ I hereby waive my right of access and review to letters and statements of recommendation in my applicant file or in

my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended. I understand that the contents of these letters and statements will not be available to me now or at any time, except that this waiver is void if the following statements and recommendations are used for a purpose other than originally intended.

\_\_\_ I do not waive my right of access and review to letters and statements of recommendation in my applicant file or in my

educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is applying for admission to the AAS-Paramedic Program at Great Basin College. The purpose of this reference form is to help the Admissions Committee assess the applicant’s potential for success in an AAS-Paramedic program. Therefore, this form is to be completed by an individual who has had sufficient contact with the applicant to be able to attest to the applicant’s past performance and potential for the coursework study. Please return the form at your earliest convenience as it is required before action can be taken on the application. If you are not able to complete this form, please notify the Office of Student Affairs by calling 775-753-2273.

1. How long have you known the applicant? From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How well do you know the applicant?

 [ ] Better than I know most students (employees)

 [ ] As well as I know most students (employees)

 [ ] Not very well

3. What was your professional relationship with the applicant?

 [ ] Teacher [ ] Employer [ ] Supervisor

 [ ] Major Advisor [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please rank the applicant’s past performance in comparison with other students you have taught or other paramedics

 you have supervised, regarding the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Outstanding** | **Above****Average** | **Adequate** | **Below****Average** | **No Basis for****Judgment** |
| Intellectual ability | 4 | 3 | 2 | 1 | 0 |
| Conceptual ability | 4 | 3 | 2 | 1 | 0 |
| Written communication skills | 4 | 3 | 2 | 1 | 0 |
| Verbal communication skills | 4 | 3 | 2 | 1 | 0 |
| Research interest and ability | 4 | 3 | 2 | 1 | 0 |
| Goal motivation and perseverance | 4 | 3 | 2 | 1 | 0 |
| Creative ability | 4 | 3 | 2 | 1 | 0 |

5. Please rank applicant as to capability of undertaking an AAS-Paramedic program:

 [ ] Definitely capable [ ] Capable [ ] Questionable [ ] Not capable

6. Additional comments would be appreciated. Please attach additional typed comments to this form.

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(printed or typed)**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to: Great Basin College**

 **Health Science and Human Services Dept.**

 **1500 College Parkway**

 **Elko, NV 89801**

**GREAT BASIN COLLEGE**

**ASSOCIATE OF APPLIED SCIENCE- PARAMEDIC**

**REQUEST FOR REFERENCE**

This section to be completed by Applicant (check one):

\_\_\_ I hereby waive my right of access and review to letters and statements of recommendation in my applicant file or in

my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended. I understand that the contents of these letters and statements will not be available to me now or at any time, except that this waiver is void if the following statements and recommendations are used for a purpose other than originally intended.

\_\_\_ I do not waive my right of access and review to letters and statements of recommendation in my applicant file or in my

educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is applying for admission to the AAS-Paramedic Program at Great Basin College. The purpose of this reference form is to help the Admissions Committee assess the applicant’s potential for success in an AAS-Paramedic program. Therefore, this form is to be completed by an individual who has had sufficient contact with the applicant to be able to attest to the applicant’s past performance and potential for the coursework study. Please return the form at your earliest convenience as it is required before action can be taken on the application. If you are not able to complete this form, please notify the Office of Student Affairs by calling 775-753-2273.

1. How long have you known the applicant? From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How well do you know the applicant?

 [ ] Better than I know most students (employees)

 [ ] As well as I know most students (employees)

 [ ] Not very well

3. What was your professional relationship with the applicant?

 [ ] Teacher [ ] Employer [ ] Supervisor

 [ ] Major Advisor [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please rank the applicant’s past performance in comparison with other students you have taught or other paramedics

 you have supervised, regarding the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Outstanding** | **Above****Average** | **Adequate** | **Below****Average** | **No Basis for****Judgment** |
| Intellectual ability | 4 | 3 | 2 | 1 | 0 |
| Conceptual ability | 4 | 3 | 2 | 1 | 0 |
| Written communication skills | 4 | 3 | 2 | 1 | 0 |
| Verbal communication skills | 4 | 3 | 2 | 1 | 0 |
| Research interest and ability | 4 | 3 | 2 | 1 | 0 |
| Goal motivation and perseverance | 4 | 3 | 2 | 1 | 0 |
| Creative ability | 4 | 3 | 2 | 1 | 0 |

5. Please rank applicant as to capability of undertaking an AAS-Paramedic program:

 [ ] Definitely capable [ ] Capable [ ] Questionable [ ] Not capable

6. Additional comments would be appreciated. Please attach additional typed comments to this form.

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(printed or typed)**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to: Great Basin College**

 **Health Science and Human Services Dept.**

 **1500 College Parkway**

 **Elko, NV 89801**

**GREAT BASIN COLLEGE**

**ASSOCIATE OF APPLIED SCIENCE- PARAMEDIC**

**ADMISSION EVALUATION CRITERIA FORM**

|  |
| --- |
|  |
| **RESUME** (Graded in each area and average of score = Points awarded) |
| Education/Training | Certifications | WorkExperience | ProfessionalAchievements | ProfessionalOrganizations/Affiliations |
| **Points:** |  Absent = 0 |  Unclear = 1 | Generally clear = 2 | Clear, precise, well-organized = 3 |
|  |
| **ESSAY** (Graded in each area and average of score = Points awarded) |
| **Points**: | Unacceptable = 0 | Weak = 1 | Adequate = 2 | Good = 3 | Excellent = 4 |
| 1. The essay used the conventions of standard edited English (spelling, punctuation, grammar,paragraphing, etc.). |
| 2. The essay completes the assignment specified by the application requirement. |
| 3. The essay’s main points are clear, persuasive, and not based on emotion-based statements. |
| 4. The essay demonstrates insight regarding purpose and importance of the AAS-Paramedic degree to the paramedic profession. |
| 5. The essay is well-organized, focused, and unified with an effective beginning, middle and end.Transitions between paragraphs and sections are clear. |
| 6. The essay uses appropriate language and tone. |
| 7. The essay is typed, double-spaced and uses APA format. |
|  |
| **REFERENCE LETTERS** |
| Work supervisor’s letter addresses the ability of the applicant to succeed in the program | Former/current nursing faculty member or former/current non-nursing faculty member’s letter addresses the ability of the applicant to succeed in the program. |
| **Points** – No = 0 Yes = 1 | **Points** – No = 0 Yes = 1  |
| **RESIDENCY STATUS** |
| Student in service area = 1 point | Student out of service area = 0 points |
| **VETERAN STATUS** |
| Veteran of the Armed Forces = 1 point (If Yes, please include a copy of your DD 214)  |
|  |  **TOTAL POINTS POSSIBLE: 11** |