



EMERGENCY MEDICAL TECHNICIAN PROGRAM
APPLICANT INFORMATION GUIDE
THATCHER CAMPUS

Eastern Arizona College
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928-428-8502



EASTERN ARIZONA COLLEGE EMERGENCY MEDICAL TECHNICIAN APPLICATION

Phone: 928-428-8502

Website: http://www.eac.edu/Academics/Programs_of_Study/Paramedicine/

PROGRAM INFORMATION

Eastern Arizona College offers an Emergency Medical Technician education program for qualified candidates. Completion of the EMT 103 – Emergency Medical Technician course, prepares the student to sit for the national examination for Emergency Medical Technicians. EMT 103 is offered each fall and spring semester. Completion of additional courses in the program enables the student to petition for the certificate of proficiency in Emergency Medical Technician from the college **but is not a requirement for the EMT certification**. Other courses offered within the EMT program are listed below. The goal of the Eastern Arizona College Emergency Medical Technician Program is to prepare competent entry-level EMT's in the cognitive, psychomotor, and affective learning domains.

EMERGENCY MEDICAL TECHNICIAN

EMT 103 — Emergency Medical Technician

EMT 103G — Emergency Medical Technician Lab

EMT 121 — Cardiopulmonary Resuscitation **OR** current AHA BLS card.

Candidates interested in completing the Certificate of Proficiency in Emergency Medical Technician must complete the following courses in addition to completing EMT 103:

BIO 160 – Introduction to Human Anatomy and Physiology **OR**

BIO 201 and BIO 202 – Human Anatomy and Physiology I & II

EMT 170 – Vehicular Extrication and Trauma Care

HCE 112 – Medical Terminology

All courses must be completed with a grade of “C” or better.

Entry into the EMT program requires formal admission before the candidate can register for courses. Please contact the EMS Department at 928-428-8502 For more detailed procedures regarding admission.

GENERAL INFORMATION

We appreciate your interest in the EMT Program and hope the following information will help you determine whether you are currently qualified for admission to the program. If you feel you are qualified, an application is included in this packet. Complete the application and bring it with supporting documentation to NC-8. This packet is also available for download from our web page or you can obtain it via email from Tricia Claridge at tricia.claridge@eac.edu. Qualified applicants are admitted based on a first come first serve basis. Each EMT course is limited to 24 students.

DIRECTIONS FOR APPLICATION

Applicants are responsible for verifying completeness of their files for registration. Contact the EMS Office at 928-428-8502 if you have any questions regarding registration.

APPLICATION REQUIREMENTS

All applicants must meet the following qualifications at time of application:

1. Completed Emergency Medical Technician Program Application for Admission (Can be completed electronically and printed).
2. Proof of applicants age (All applicants must be 18 years of age or over by the end of the course.)
3. Current American Heart Association BLS Healthcare Provider card or proof of concurrent enrollment in EMT121. *If enrolling in EMT 121, student must select one of the first 3 classes offered in the semester.*
4. Proof of completion of ENG 113, College Reading, or proof of at least a 10th grade reading level on College approved assessment test. **Your EAC reading assessment test score is available on Gila Hank online or from your advisor.*
5. Arizona DPS fingerprint clearance card. **Receipt of payment to DPS will be accepted with your application, until a copy of the fingerprint card can be submitted to the program director. Application for the fingerprint clearance card is found online at: <http://www.azdps.gov/services/fingerprint>
Electronic submission is preferred; same fee (\$73) and within 10-day turnaround time. To schedule your fingerprinting appointment, go to www.fieldprint.com to find a local electronic fingerprinting location.
6. Proof of a 10 Panel Drug Screen Urinalysis. *Only students with negative results will be accepted into the program.*
7. Proof of all required immunization and student health requirements have been completed or are in progress on the first week of class. All documentation must be complete and submitted to EAC EMS Office no later than three weeks from the course start date, or the student will be dropped from the course. (See pages 5, 6, and 7, Student Health Requirements)
8. Current health insurance coverage that must remain current throughout the course of training and certification process.

PROGRAM COSTS

	Tuition	Fees
EMT 103, Emergency Medical Technician, 9 credits	\$810	\$250

Additional courses needed to complete the Certificate of Proficiency include:

BIO 160, Introduction to Human Anatomy and Physiology, 4 credits OR	\$360
BIO 201 and BIO 202, Human Anatomy and Physiology I & II, 8 credits	\$720
EMT 121, Cardiopulmonary Resuscitation, .5 credits	\$45
EMT 170, Vehicular Extrication and Trauma Care, .5 credits	\$45
HCE 112, Medical Terminology, 2 credits	\$180

The fee amount listed will help to cover the following required and consumable items:

My Clinical Exchange subscription

One month subscription to medictests.com for NREMT test prep

Reimbursement cost of the student passing NREMT attempt

One (1) uniform shirt (additional shirts and/or hoodies may be ordered and paid for the by the student, if desired)

Program Materials/Equipment

REQUIRED TEXTBOOK FOR EMT 103 COURSE:

Please see the ecampus.com online bookstore.

Emergency Care and Transport of the Sick and Injured, 11th Edition

ISBN: 978-1284080179

In addition to tuition, fees, and textbooks for the course, the following additional costs will be required in order to successfully complete the EMT 103 course:

Fingerprint Clearance Card

Drug Screening Test

Additional Immunization Requirements per Clinical/Vehicular requirements

HELPFUL SUGGESTIONS TO BE SUCCESSFUL IN EMT SCHOOL

- Develop good communication and people skills with an emphasis on development of good patient rapport.
- Develop **STRONG** leadership skills. Learn to delegate and give direction to others in a decisive manner without being too abrupt.
- The EMT course requires a huge time commitment. Make sure you are ready to commit the time and energy to your education. Do not fall behind.
- Find a study regimen that works for you and stick with it.
- **Be dedicated to your education and to the program. Make becoming an EMT your #1 goal.**



Emergency Medical Technician Training Program Application

1. Applicant:

Name: (First)_____ (MI)____ (Last)_____

Address:_____

City:_____ State:_____ Zip:_____

Phone#:_____ Cell#_____

Email: _____ Shirt size: _____

One short sleeve t-shirt will be provided as part of the class uniform.

** Additional shirts and/or hoodies may be ordered and purchased by the student if desired.*

2. You must complete a Student Health Requirements Checklist and attach necessary documentation. (attached)

3. You must attach copies of the following:

- Copy of Driver's License
- Copy of reading assessment scores
- Current AHA BLS Healthcare Provider Card (Front and back) **or**
- Proof of enrollment in EMT 121 section _____
- Copy of Fingerprint Clearance Card OR copy of receipt of payment to DPS
- Copy of 10 Panel Drug Screen results
- Copy of current health insurance coverage

I certify that all the information provided by me is true, complete and accurate. I am responsible for provision of all requested information. Failure to provide proper documentation may adversely affect my admission into the program.

I hereby further authorize and consent to the release of information by this college, hospitals or other departments as appropriate regarding information relevant to the training program as long as such release of information is done in good faith and without malice, and I hereby release from liability Eastern Arizona College and its representatives for so doing.

I understand that Eastern Arizona College and their clinical/vehicular sites acknowledge that certain information pertaining to the condition and care of patients is confidential and, unless waived by the patient, is entitled to protection from disclosure under the law.

Applicant Signature:_____ Date:_____

Completed applications with supporting documentation can be submitted to the EMS Department at NC8, mailed to the EAC EMS Department at 615 N. Stadium Ave. Thatcher, AZ 85552 or submitted via email to john.clegg@eac.edu.



STUDENT HEALTH REQUIREMENTS CHECKLIST

Please complete all the requirements listed below. You may meet the requirement with **one** of the listed suggestions. All requirements require submission of documentation to prove fulfillment of the requirement. Requirements must be completed prior to the start of class.

Required and must remain current through the entire course and clinical/vehicular time:

Influenza Vaccine (Flu Shot)

- I.** Documentation of recent immunization. *"Recent" is within the last year.*
- II.** Signed medical or religious exemption form. *This will require that a mask be worn during the designated flu season.*

2-Step Tuberculosis (TB) Please use attached designated form on page 7.

- I.** Documentation of initial completion of a negative Two-Step TB Skin Test or negative IGRA. *Two-step TB Skin Test consists of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test. If a student has a documented 2-step with negative results, then only a one step is necessary.*
***If TB skin test results are POSITIVE, documentation of a clear chest X-ray is required. If chest x-ray is POSITIVE, further referral to a county public health and treatment documentation is required.**

10- Panel Drug Screen

*10-panel UDS or blood draw screens for the presence of the following drugs; cocaine, opiates, marijuana (THC), PCP, amphetamines, benzodiazepines, barbiturates, methadone, propoxyphene and Quaaludes. This can be obtained at Gila Health Resources or Graham County Health Department. *Only negative results will be accepted.*

Hepatitis B

- I.** Documentation of a positive HbsAB titer.
- II.** Documentation of Hepatitis B immunization series x2 if not covered to positive HbsAB titer on the first series. *One "series" of Hepatitis B immunizations includes three injections, an initial injection followed by a second injection given 1 to 2 months after the first dose and a third injection 4 to 6 months after the first dose.*
- III.** Signed Declination form.

MMR (Measles/Rubeola, Mumps & Rubella):

- I.** Documentation of positive IgG titer for Measles/Rubeola, Mumps and Rubella. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and provide proof of documentation. The second MMR must be completed after 28 days and documentation submitted.
- II.** Documentation of completion of one series of MMR immunizations. *One "series" of immunizations includes two immunizations for each disease on separate dates at least 28 days apart (at least 4 weeks).*

Tetanus/Diphtheria/Pertussis (Tdap)

- I.** A one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years, after 5 years in the event of a needle stick exposure. *Tdap=Tetanus/Diphtheria/Pertussis, Td=Tetanus/Diphtheria*

VARICELLA (Chicken Pox)

- I.** Documentation of positive IgG titer for Varicella or documentation of history of the active disease. This must be documented by a physician or health department records. If any of the titer results are NEGATIVE or EQUIVOCAL, you must provide proof of your first Varicella vaccination and documentation of the second vaccination completed 30 days later.

- II.** Documentation of completion of one series of Varicella immunizations. *One "series" of immunizations includes two immunizations at least 30 days apart.*



PPD- 2-STEP TUBERCULIN SKIN TEST

Facility Name or Physician's Office: _____ Phone #: _____

Student Name: _____ Date: _____

DOB: _____

Have you previously had a POSITIVE result from a PPD Skin Test: YES NO
If YES, a chest x-ray within the past 5 years is required – *attach report*.

Unless documentation can be provided to indicate a NEGATIVE baseline 2 Step PPD within the last twelve months, a baseline two-step PPD is required.

Visit 1, Day 1: PPD antigen is applied under the skin.

Visit 3, Day 7-21: a second PPD skin test is applied

Visit 2, Day 3: 1st PPD Test is read (within 48-72 hours of placement)

Visit 4, PPD Test is read (within 48-72 hours of 2nd placement).

Two-step PPD (Mantoux)

Note: QuantiFERON blood test, tine, or monovac are not acceptable.

STEP 1:

Date given: _____ Signature/Title: _____

Date and time Read: _____ Signature/Title: _____

Step 1 Results: _____ mm Interpretation: Negative Positive

** Results must be read within 48-72 hours by trained personnel.*

STEP 2:

Date given: _____ Signature/Title: _____

Date and time Read: _____ Signature/Title: _____

Step 2 Results: _____ mm Interpretation: Negative Positive

** Results must be read within 48-72 hours by trained personnel.*

Previous or current positive PPD or received BCG

A chest x-ray is required within two years and screened for absence of active TB symptoms.

Chest x-ray date: _____ Results: _____

Medical Treatment Plan: _____

Student **can** **cannot** participate in providing patient care in all clinical areas.

Provider's Signature/Title: _____