



EMERGENCY MEDICAL TECHNICIAN PROGRAM
APPLICANT INFORMATION GUIDE
THATCHER CAMPUS

Eastern Arizona College
615 N. STADIUM AVE
THATCHER AZ 85552
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 (see below). Completion of all courses in the program enables the student to petition for the Certificate of Proficiency in Emergency Medical Technician from the college (see certificate of proficiency below). EMT 103 is offered each fall and spring semester.

EMERGENCY MEDICAL TECHNICIAN*

EMT 103 — Emergency Medical Technician
EMT 103G — Emergency Medical Technician Lab
EMT 121 — Cardiopulmonary Resuscitation **OR** current BLS card.

EMERGENCY MEDICAL TECHNICIAN – Certificate of Proficiency**

Completion of additional courses in the program enables the student to petition for the Certificate of Proficiency in Emergency Medical Technician** from the college. **This is not a requirement for national EMT certification.** However, these courses **are** pre-requisites for the Paramedicine Associate of Applied Science Degree and are highly recommended. These courses are listed below:

BIO 160 - Introduction to Human Anatomy and Physiology **OR**
HCE 156 - Science for Allied Health **OR**
BIO 201 **AND** BIO 202 - Human Anatomy and Physiology I & II
EMT 121 - Cardiopulmonary Resuscitation
EMT 170 - Vehicular Extrication and Trauma Care
HCE 112 - Medical Terminology
HCE 116 - Medical Dosage Calculations

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

Complete the application and bring it with supporting documentation to NC8. This packet is also available for download from our web page or you can obtain it via email from Nanci Wallace at nanci.wallace@eac.edu. Qualified applicants are admitted based on a first come first serve basis. Each EMT course is limited to 24 students.

APPLICATION REQUIREMENTS

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

1. Completed Emergency Medical Technician Program Application for Admission (may be completed electronically and printed).
2. Proof of applicants age (all applicants must be 18 years of age or over)
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 items on Student Health Requirements Checklist (see page 5)
8. All other immunizations are highly recommended due to the possibility of exposure during vehicular rotations (see page 5).
9. 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	\$90
EMT 170, Vehicular Extrication and Trauma Care, .5 credits	\$90
HCE 116, Medical Dosage Calculations, 2 credits	\$180

Prices stated above are strictly figuring the tuition for the specific course listed. Taking more than one course of the duration of a semester and other factors may change the total cost for tuition. For accurate estimates of total program costs, please contact the EAC Administration Office.

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:

Class Uniform
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: _____

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

3. You must attach a 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 nanci.wallace@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 registration.

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) ** Use 2 Step TB 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.*

Recommended

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

Date: _____

Student Name: _____ DOB: _____

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

Have you previously had a POSITIVE result from a PPD skin test? Yes ____ No ____

If YES, a chest x-ray within the past five (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 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
<i>*Results must be read within 48-72 hours by trained personnel.</i>	

STEP 2:	
Date given: _____	Signature/Title _____
Date and time read: _____	Signature/Title _____
Step 2 Results: _____ mm	Interpretation ____ Negative ____ Positive
<i>*Results must be read within 48-72 hours by trained personnel.</i>	

Previous or current positive PPD or received BCG	
A chest x-ray is required within two (2) 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 _____	



Student Intern Agreement and Release

Student is enrolled in a course of study at Eastern Arizona College designed to enable student to become a licensed/certified Emergency Medical Technician, Emergency Medical Technician-Paramedic, or other similar pre-hospital health care provider. As part of the curriculum, student will take part in a clinical/vehicular experience which is offered through the school, with company's assistance. The Clinical/Vehicular experience involves: 1) Student performing acquired pre-hospital skills alongside company's personnel and 2) accompanying and observing the Company's personnel providing emergency and non-emergency ambulance transport, care, and related services.

Student is fully aware the clinical/vehicular experience is completely volunteer for educational purposes, not for compensation. Student has asked to participate in Clinical/Vehicular Experience knowing that participation will require Student to accompany Company personnel in dangerous and potentially life-threatening situations. Student realizes that Company and Eastern Arizona College could not, and would not, allow Student to accompany Company personnel without his/her agreement to: (i) release the Company and Eastern Arizona College from any and all claims for injury or death which may result from Student's participation in the program; (ii) assume the risk of death or injury associated with the Clinical Experience; (iii) agree to read, understand, and follow Company's policies, procedures, and guidelines; (iv) act in a professional and respectable manner at all times; and (v) follow the instruction/direction of Company personnel with respect to patient care, demeanor, safety, use of personal protective devices, scene control, etc.

Student understands that he or she is exposing himself or herself to certain risks inherent in the activities associated with the Clinical Experience. Student hereby represents that he or she agrees to assume the risks inherent in the activity. These risks include but are not limited to, being hurt or injured; (1) by broken glass (or other scene hazards) including various cuts about the head, face, eyes, hands, legs, and torso; (2) by exposure to tetanus or contagious diseases such as the Hepatitis B virus, Human Immunodeficiency Virus ("HIV"), or COVID 19; (3) injury due to gurney lifts and or drops; (4) injury from slip and fall type incidents; (5) various strains and/or sprains to one and/or all muscle groups; (6) risks associated with emergency vehicle operation; and (7) risks at the scene of emergencies including assault and battery.

In consideration of Company's agreement to provide the Clinical Experience to Student, Student agrees to release and forever discharge Company and its agents, employees, affiliates, parent corporation, successors, as well as Eastern Arizona College and assigns of and from all claims, demands, suits, injuries or damages of any kind arising in any way out of the participation in this program.

By signing this document, you acknowledge that you have been advised that there are risks inherent in this type of activity and have decided to assume that risk and release the Company and Eastern Arizona College of and from all liability. You agree to release the Company and Eastern Arizona College from any claims associated with the event and that you, not the Company or Eastern Arizona College, are assuming complete and total responsibility for any and all injuries, damages, or losses that you may suffer as a result in participating in the clinical/vehicular experience program.

I agree to all terms set forth above.

Date: _____

Signature of Student: _____

Print Name: _____

**GRAHAM COUNTY COMMUNITY COLLEGE DISTRICT
TALENT RELEASE FORM**

I authorize the Graham County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance, or performance on videotape, audiotape, film, photography, or any other medium.
- Use my name, likeness, voice, and biographical material in connection with these recordings.
- Copy and distribute the recording in the whole or in part solely for education related purposes by the Graham County Community College District and those acting under its authority as they deem appropriate.

NAME: _____ DATE: _____
EMAIL: _____ PHONE: _____
SIGNATURE: _____ PARENT/GUARDIAN
SIGNATURE (if under 18) _____



BIOGRAPHICAL INFORMATION

Hometown: _____ High School: _____

Major: _____ Freshman _____ Sophomore _____

Why did you choose EAC?

What is your favorite thing about EAC?

Who is your favorite instructor? Why?

What are your future plans?

EMT T-Shirt Order Form

Shirt(s) required for clinicals and vehicular rotations. One (1) shirt provided with course fee.
Additional shirts may be ordered and paid for by student. Please indicate size below.

Name: _____

Student ID: _____

Phone: _____

Semester: _____

Size	
Small	
Medium	
Large	
X-Large	
XX-Large	
XXX-Large	



Fingerprint Clearance Cards

To obtain information about the DPS fingerprint clearance card application process, go to the DPS website: <http://www.azdps.gov/services/fingerprint/>

You can:

(1) Complete the application packet online (preferred)

OR

(2) Call (602) 223-2279 to request a packet by mail.

****Completing the packet online is 2-3 weeks quicker than waiting for a packet to be mailed.*

When filling out the application, be sure to mark the box next to **Health Science Student and Clinical Assistant ARS 15-1881**.

In order to enroll in class, student must present either the clearance card or proof of submission. Proof of submission includes: (1) a copy of application payment receipt or (2) a screen shot of the receipt.