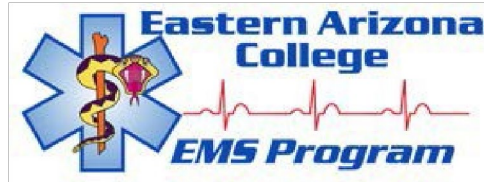




EMERGENCY MEDICAL TECHNICIAN PROGRAM
APPLICANT INFORMATION GUIDE
GILA PUEBLO CAMPUS

Eastern Arizona College
Gila Pueblo Campus
8274 S. Six Shooter Canyon Rd.
Globe, AZ 85501
928-425-8481



EASTERN ARIZONA COLLEGE
EMERGENCY MEDICAL TECHNICIAN APPLICATION

Phone: 928-425-8481

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 every other 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******

Candidates interested in completing the Certificate of Proficiency from EAC in Emergency Medical Technician must also 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 EAC-Gila Pueblo Admission Office at 928-425-8481 for more detailed procedures regarding admission.

GENERAL INFORMATION

Complete the application and bring it with supporting documentation to EAC-Gila Pueblo Campus. This packet is also available for download from our web page or you can obtain it via email from Anjanette Bolinger at anjanette.bolinger@eac.edu. Completed applications with supporting documentation can be submitted to the EAC-Gila Pueblo Campus Attention: Anjanette Bolinger PO Box 2656 Globe, AZ 85502 or submitted via email to anjanette.bolinger@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 (Can 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.
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>
6. Proof of all required items on Student Health Requirements Checklist (see page 5)
7. 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:(not required for EMT103)

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 112, Medical Terminology, 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 – Gila Pueblo Campus Administration Office.

REQUIRED TEXTBOOK FOR EMT 103 COURSE:

Please see the ecampus.com online bookstore.

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 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:

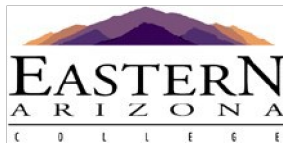
- Copy of Driver's License
- Copy of reading assessment scores
- Current AHA BLS Healthcare Provider Card (Front and back) **or**
- Proof of enrollment in EMT 121 section _____
- Copy of Fingerprint Clearance Card OR copy of receipt of payment to DPS
- Copy of 10 Panel Drug Screen results
- Copy of current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



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)

- 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 Diversified Solutions.

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 _____