



**EASTERN  
ARIZONA  
COLLEGE**

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**Payson Campus**

**EMERGENCY MEDICAL TECHNICIAN**

**PROGRAM APPLICANT  
INFORMATION GUIDE**

Eastern Arizona College  
Payson Campus  
201 N. Mud Springs Rd.  
Payson, AZ. 85541  
928-468-8039

**EASTERN ARIZONA COLLEGE**  
**EMERGENCY MEDICAL TECHNICIAN PROGRAM**  
**PAYSON CAMPUS**

Phone: 928-468-8039

Website: <https://eac.edu/academics/programs/paramedicine/index.php>

The goal of the Eastern Arizona College Emergency Medical Technician Program is to prepare competent entry-level EMTs in the cognitive, psychomotor, and affective learning domains. EAC 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 certification exam for Emergency Medical Technicians. EMT 103 is offered each fall semester as noted below:

**EMERGENCY MEDICAL TECHNICIAN\***

EMT 103 — Emergency Medical Technician

EMT 103G — Emergency Medical Technician Lab

EMT 121 — Cardiopulmonary Resuscitation **OR** provide current AHA BLS Provider 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. Students who accumulate excessive absences throughout the EMT 103 course should be aware they may not complete the number of hours required for the EMT Program.

Entry into the EMT program requires formal admission before the candidate can be registered for courses. Contact the EAC-Payson Administration Office at 928-468-8039 for information 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 the administration office. This packet is also available for download from our web page or you can obtain it via email from Sarah Owens at [sarah.owens@eac.edu](mailto:sarah.owens@eac.edu). Qualified applicants are admitted on a first come first serve basis. Each EMT course is limited to 24 students.

*Applicants are responsible for verifying finalization of their files for registration.*

Contact the EAC Administration Office at 928-468-8039 if you have questions regarding registration.

## **APPLICATION REQUIREMENTS**

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

1. Completed Emergency Medical Technician Training Program Application.
2. Proof of applicants age (All applicants must be 18 years of age or older by the end of the course).
3. Proof of completion of ENG 113, College Reading, or proof of at least a 10<sup>th</sup> grade reading level on College approved assessment test. (Accuplacer Next Generation Reading score of 250 or Accuplacer Classic Reading score of 65) *\*Your EAC reading assessment test score is available on Gila Hank online or from your advisor.*
4. Current American Heart Association BLS Healthcare Provider card or proof of concurrent enrollment in EMT121.
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 Administration Office. Application for the fingerprint clearance card is found at: <http://www.azdps.gov/services/fingerprint>*
6. Proof required immunizations have been completed or are in progress during the first week of class. All documentation must be complete & submitted to Eastern Arizona College no later than 3 weeks from the course start date, or the student will be dropped from the course (See pages 6-9 for Student Health Requirements).
7. Health insurance coverage that remains in effect throughout the course of training and certification process.

## **PROGRAM COSTS**

	<b>Tuition</b>	<b>Fees</b>
EMT 103, Emergency Medical Technician, 9 credits	\$882	\$230

### **Courses needed to complete the Certificate of Proficiency include:**

HCE 156 Science for Allied Health, 4 credits <b>OR</b>	\$392
BIO 160 Introduction to Human Anatomy and Physiology, 4 credits <b>OR</b>	\$392
BIO 201 <b>AND</b> BIO 202, Human Anatomy and Physiology I & II, 8 credits	\$784
EMT 121 Cardiopulmonary Resuscitation, .5 credits	\$49
EMT 170 Vehicular Extrication and Trauma Care, .5 credits	\$49
HCE 112 Medical Terminology, 2 credits	\$196
HCE 116 Medical Dosage Calculations, 2 credits	\$196

The \$230 course fee listed above helps cover the following required and consumable items:

- My Clinical Exchange
- One-month subscription to medictests.com for NREMT test prep
- Reimbursement cost of the students passing NREMT attempt
- One Uniform shirt (Additional shirts may be ordered and paid for by the student, if desired.)
- Program Materials/Equipment

Prices listed above are only the tuition for the specific courses listed. Taking more than one course over 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-Payson Administration Office.

## **REQUIRED TEXTBOOK FOR EMT 103 COURSE:**

Please visit <https://eac.textbookx.com/institutional/index.php> for the latest issue of the required textbook.

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

- Fingerprint Card
- Drug Screening Test
- All Program Required Immunizations
- Additional Immunization Requirements per Clinical/Vehicular sites

## **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 large 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 Payson Campus

## Applicant:

Name: (First)\_\_\_\_\_ (MI)\_\_\_\_\_ (Last)\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_

Phone#:\_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

You must provide documentation for proof of fulfillment for all Student Health Requirements  
(See pages 6-9).

You must attach copies of the following:

- Copy of Driver's License
- Copy of reading assessment score
- 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 current health insurance coverage
- Class uniform order form

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 EAC Administration Office at 201 N. Mud Springs Rd. Payson, AZ. 85541 or via email to [sarah.owens@eac.edu](mailto:sarah.owens@eac.edu) .**

## STUDENT HEALTH REQUIREMENTS

Please complete all requirements listed below. You may meet each requirement with **one** of the listed suggestions. It is mandatory to submit documentation for each requirement to prove fulfillment.

### Hepatitis B

- I. Documentation of a positive HbsAB titer.
- II. Documentation of Hepatitis B immunization 2x series if not covered by a 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.

### Quadrivalent Influenza Vaccine (Standard Flu Shot)

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

### 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 you must provide proof of documentation.
- 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.

### Tetanus/Diphtheria/Pertussis (Tdap)

- I. A one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years, or 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 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.

### 11-Panel Drug Screen

11-panel UDS or blood draw screens less than a year old that remains current through the duration of the program. UDS screens for the presence of the following:  
Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolite, Marijuana Metabolite, Methadone, Methaqualone, Opiates, Oxycodone, PCP, Propoxyphene.

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

- I. Documentation of initial completion of a negative 2-Step TB Skin Test or negative IGRA. A 2-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 1 step is necessary.

**Date of TB test must be no more than six (6) months prior to start of class. \*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 & treatment documentation is required.**

# PPD-2-STEP TUBERCULIN SKIN TEST

Facility Name or Physician's Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Have you previously had a POSITIVE result from a PPD Skin Test?:  Negative  Positive

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 require

*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: 1<sup>st</sup> 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: \_\_\_\_\_

**Please read the following in its entirety:** In order for our EMT students to receive the best educational experience possible, personal immunization records are required for this course. These records allow students to participate in clinical and ambulance rotations. These records and providing documentation of them is necessary to help protect students from common, preventable illnesses.

**Please check with your primary physician for your vaccination records.** If you do not have a current immunization record, or if you only have part of the following list completed, please feel free to contact the following vendors for availability, appointments, and current prices. The prices listed are approximate and the locations are not all inclusive. You may check with other providers/vendors as necessary.

*Please note: Your insurance provider may cover the cost of these immunizations/vaccines. You are encouraged to contact them for more information.*

Proof must be provided that **all** items are in progress during the first week of class. All items must be complete and submitted to Eastern Arizona College no later than three weeks from the course start date or the student will be dropped from the course.

### **Local Vaccination Vendor List**

Vaccine/Location	Address	Phone #	Approx. Price	Hours
<b>Hep B (3 shot series) or declination form</b>				
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$95 ea.	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
Gila County Health Dept.	110 W. Main St. Ste. A	928-474-1210	\$276	Mon.-Fri. 8:00am-5:00pm Call to confirm availability & associated fees. <b>By appt. only</b>
Walgreens	100 S. Beeline Hwy	928-474-1599	\$103	Mon.-Fri. 8:00am-8:00pm Sat.-Sun. 9:00am-5:00pm Lunch Daily: 1:00-2:00
Walmart	300 N. Beeline Hwy	928-474-0034	\$80 ea. *Stock Varies	Mon.-Fri. 9:00am-7:00pm Sat. 9:00am-7:00pm Sun. 10:00am-6:00pm Lunch Daily: 1:30-2:00
<b>Quadrivalent Influenza (Standard Flu) or declination form</b>				
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$60 ea.	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
Gila County Health Dept.	110 W. Main St. Ste. A	928-474-1210	\$70(high dose) \$25(under 65)	Mon.-Fri. 8:00am-5:00pm Call to confirm availability & associated fees. <b>By appt. only</b>
Walgreens	100 S. Beeline Hwy	928-474-1599	\$70(under 65) \$107(over 65) <i>varies by brand</i>	Mon.-Fri. 8:00am-8:00pm Sat.-Sun. 9:00am-5:00pm Lunch Daily: 1:00-2:00
Walmart	300 N. Beeline Hwy	928-474-0034	\$41(under 65) \$99(over 65)	Mon.-Fri. 9:00am-7:00pm Sat. 9:00am-7:00pm Sun. 10:00am-6:00pm Lunch Daily: 1:30-2:00
Urgent Care	101 E. State Hwy 260, G	928-596-4570	\$40	Mon.-Sun. 8:00am-8:00pm

## Local Vaccination Vendor List Continued

<b>MMR</b>				
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$220 Titer Only \$110 Vaccine	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
Gila County Health Dept.	110 W. Main St. Ste. A	928-474-1210	\$120 ea.	Mon.-Fri. 8:00am-5:00pm Call to confirm availability & associated fees. <b>By appt. only</b>
Walgreens	100 S. Beeline Hwy	928-474-1599	\$121	Mon.-Fri. 8:00am-8:00pm Sat.-Sun. 9:00am-5:00pm Lunch Daily: 1:00-2:00
Walmart	300 N. Beeline Hwy	928-474-0034	\$119	Mon.-Fri. 9:00am-7:00pm Sat. 9:00am-7:00pm Sun. 10:00am-6:00pm Lunch Daily: 1:30-2:00
<b>T-dap</b>				
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$85	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
Gila County Health Dept.	110 W. Main St. Ste. A	928-474-1210	\$67 ea.	Mon.-Fri. 8:00am-5:00pm Call to confirm availability & associated fees. <b>By appt. only</b>
Walgreens	100 S. Beeline Hwy	928-474-1599	\$83	Mon.-Fri. 8:00am-8:00pm Sat.-Sun. 9:00am-5:00pm Lunch Daily: 1:00-2:00
Walmart	300 N. Beeline Hwy	928-474-0034	\$33	Mon.-Fri. 9:00am-7:00pm Sat. 9:00am-7:00pm Sun. 10:00am-6:00pm Lunch Daily: 1:30-2:00
<b>Varicella (1 series 2 shots 30 Days apart) OR Varicella Titer</b>				
Gila County Health Dept.	110 W. Main St. Ste. A	928-474-1210	\$204 ea.	Mon.-Fri. 8:00am-5:00pm Call to confirm availability & associated fees. <b>By appt. only</b>
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$110 *Titer Only*	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
<b>11 Panel Drug Screen</b>				
Diversified Solutions	1107 S. Beeline Hwy	928-978-4663	\$70	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
<b>2 - Step Tuberculosis Test</b>				
Diversified Solutions	1107 S. Beeline Hwy	Office: 928-472-3388 Cell: 928-978-4663	\$40	Call for Appointment Mon.-Thurs. 8:00am-2:30pm Fri. 8:00am-12:00pm
Urgent Care	101 E. State Hwy 260, G	928-596-4570	\$50	Mon.-Sun. 8:00am-8:00pm

## Student Intern Agreement and Release

The student is enrolled in a course of study at Eastern Arizona College designed to enable the 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, the student will take part in clinical/vehicular experiences which are offered through the school, with an outside company (Company/Company's) assistance. The clinical/vehicular experiences involve: 1) Student performing acquired pre-hospital skills alongside Company personnel and 2) accompanying and observing Company personnel providing emergency and non-emergency ambulance transport, care, and related services.

The student is fully aware the clinical/vehicular experience is completely volunteer for educational purposes, not for compensation. The student has asked to participate in clinical/vehicular experiences knowing participation will require the student to accompany Company personnel in dangerous and potentially life-threatening situations. The student realizes the Company and Eastern Arizona College could not, and would not, allow the 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 the 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.

The student understands he or she is exposing himself or herself to certain risks inherent in the activities associated with the clinical experience. The student hereby represents that he or she agrees to assume the risks inherent in these activities. 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 the student, the 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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

# GILA COUNTY PROVISIONAL COMMUNITY COLLEGE DISTRICT

## TALENT RELEASE FORM

I authorize Eastern Arizona College, 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 records.
- Copy and distribute the recording in whole or in part solely for education related purposes by the Gila County Provisional Community College District, and those acting under its authority, as they deem appropriate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

(if under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

Eastern Arizona College  
Emergency Medical Technician  
EMT 103

**APPLICATION SHEET CONTINUED**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Person to contact in case of emergency: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Phone # for emergency contact: \_\_\_\_\_

**For Office Use Only:**

EMT Program Application: \_\_\_\_\_

Copy of ID: \_\_\_\_\_

EAC ACCUPLACER Reading Score: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_

Enrollment in EMT 121: \_\_\_\_\_

Proof of Fingerprint Clearance Card:

Submitted Application: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Proof of Current Insurance: \_\_\_\_\_

Shirt Order Form: \_\_\_\_\_

Statement of Affirmation: \_\_\_\_\_

**Student Health Requirements:**

Hepatitis B: \_\_\_\_\_

Declination: \_\_\_\_\_

Quadrivalent Influenza: \_\_\_\_\_

Declination: \_\_\_\_\_

MMR: \_\_\_\_\_

Tetanus/Diphtheria/Pertussis (Tdap): \_\_\_\_\_

Varicella: \_\_\_\_\_

11-Panel Drug Screen: \_\_\_\_\_

2-Step Tuberculosis (TB): \_\_\_\_\_

Completion Certificate: \_\_\_\_\_

# EMT 103 and EMT 210



## 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.



# EMT T-shirt Order Form

Shirt(s) required for clinicals and vehicular rotations. One (1) shirt is provided with course fee.

Additional shirts may be ordered and paid for by student. Please indicate size below.

**Order sheet with amount due must be turned into EAC Payson Cashier  
upon registration.**

**Cash or Check only;** No direct orders. Make checks payable to: *Tonto Silk Screening*

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Semester: \_\_\_\_\_

Size	Pricing	Quantity	Extended (price x qty.)
	<i>Paid with Course fee</i>	<b>1</b>	<b>\$0.00</b>
<b>Additional Items</b>			
Small	\$25.00		
Medium	\$25.00		
Large	\$25.00		
X-Large	\$25.00		
XX-Large	\$26.50		
XXX-Large	\$27.50		
		Subtotal:	
		Tax 9.48%	
		Total:	

**FOR OFFICE USE ONLY:**

Date paid: \_\_\_\_\_

Date ordered: \_\_\_\_\_

Date received: \_\_\_\_\_

Date student picked up: \_\_\_\_\_