



Fall 2015 EMT Program Application Packet

**Application Period Closes on
Fall Semester - August 12, 2015**

Please Submit application packet to the admissions office at any campus or mail to;

**Emergency Medical Services Office
Mohave Community College
1971 Jagerson Avenue
Kingman, AZ 86409**

**If you have any questions concerning the application
Please contact the EMS Office at
(928) 757-0887**

Prerequisites

- Must be at least 18 years old prior to the completion of the program.
- Attain appropriate **reading score** on the Assessment Test (Compass 74-100, Asset 39-53) OR complete PCS021 (Reading Stage 2), OR, provide documentation proving college level reading skills. (Degree, transcripts, etc.)
- Attain appropriate **writing score** on the Assessment Test (Compass 70-100, Asset 44-54) OR complete TRE089 (Transitional English).
- Must be able to pass a drug screening and background check.

Application Requirements

- Completed Student Application Sheet
- Completed Physical Examination Form
- Copy of Immunization Records
- Copy of Health Insurance Card
- Completed Pre-Check Background Check and Drug Screening

Note: You MUST have all the requirements completed prior to submitting your application. Please do not turn in your application and required paperwork until it is completed.

Background Check and Drug Screening

The hospitals associated with our clinical education programs are requiring background checks and drug screenings on all students rotating through their facilities. Background checks and drug screenings are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Please Note the Hospital requirements on criminal history are more stringent than those of the Arizona Department of Health and may prevent you from participating in the Mohave Community College EMS training program. Background Check and Drug Screen must be completed within 6 months before the program start date or it will not be accepted.

There is a criminal history component to the Arizona Department of Health Services Bureau of EMS certification application. A criminal history may prevent you from participating in the Mohave Community College EMS training program. It also may prevent you from being certified as an EMT Basic with the AZDHS/BEMS.

If you have any questions regarding this, you must contact the

Arizona Department of Health Services.

(800) 200-8523

Health Insurance

MCC is now requiring proof of personal health insurance in order to enroll in health-related programs (EMS, Dental, Nursing, PTA). If you are not covered by health insurance, a short-term policy may be purchased. Students must have health insurance to participate in clinical and field rotations. Failure to provide and maintain health insurance will prevent you from participating in the Mohave Community College EMS training program.

Proof of Immunizations and Physical

Proof of Immunity is required in order to participate in the program to protect the student in the clinical and field environment. Proof may be submitted either by immunization record or positive titer.

The physical can be performed by your primary doctor or can be completed at most urgent care facilities. Please take the provided Physical Examination form to your appointment for completion by the doctor.

Required Immunizations

- Negative Tuberculin Skin Test (within last 6 months) OR Chest X-ray (within last 6 months)
- Measles/Mumps/Rubella (MMR Immunization)* OR Measles/Mumps/Rubella Acquired Immunity Titer.
- Varicella (Chicken Pox) Immunization OR Varicella Acquired Immunity Titer
- Hepatitis B Series - It is not mandatory that you complete the series of shots prior to enrollment. If you have just started the series, you only need to indicate the date the first shot was received.
- Influenza

*MMR vaccination could be substituted for titer if not contraindicated as in pregnancy.

Program Costs

In-state Tuition

8 credits x \$80 per credit = \$640.00
 Course Fee = \$160.00
 Practical Exam Fee = \$75.00
 Technology Fee: 8 credits x \$6 per credit = \$48.00
 Student Activity Fee: 8 credits x \$1 per credit = \$8.00
 Total = \$931.00

Out-of-state Tuition

8 credits x \$280 per credit = \$2,240.00
 Course Fee = \$160.00
 Practical Exam Fee = \$75.00
 Technology Fee: 8 credits x \$6 per credit = \$48.00
 Student Activity Fee: 8 credits x \$1 per credit = \$8.00
 Total = \$2,531.00

MCC excludes Allied Health courses with the following prefixes from the WUE rate: CHD, DEH, EMS, NUR, PTA, and SGT.

Textbooks	Title/Author	Emergency Care, 13E Limmer & O'Keefe
	Publisher	Prentice Hall
	ISBN	ISBN: 9780134034904 (with access code for MYBradyKit)
		ISBN: 9780134024554 (stand-alone text only)
	Title	Emergency Care Workbook, 13E
	Publisher	Prentice Hall

Textbook and Workbook can be purchased through mohave.bncollege.com or other online sources.

Background Check/Drug Screen = \$95.50 completed on line

Financial Assistance

Financial assistance is available to eligible students. Students are encouraged to contact the Financial Aid Advisor at their local campus to determine eligibility and the types of aid that may be availability

Clinical and Field Internships

ALS program students will be required to complete clinical and vehicular field internship as part of the program. Transportation to and from clinical and field internship and all meals are the responsibility of the student.

Thank you for your interest in our program.

For additional information please contact:

Linda K

EMS/Public Safety Secretary

Mohave Community College

Kingman Campus

(928) 757-0887

EMS@mohave.edu

EMT Program Application

Campus
(Please Check One)

Kingman Lake Havasu Bullhead City North Mohave Other

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Student ID# _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Tee Shirt Size

Long Sleeve Short Sleeve

(Please note if you have visible tattoos you will be required to wear a long sleeve shirt during clinical and field rotations)

M L XL XXL XXXL

FOR OFFICE USE ONLY

COMPASS READING SCORE: _____

Physical Exam Negative Drug Screening

COMPASS WRITING SCORE: _____

MMR Varicella TB Test (2-step)

or OTHER DOCUMENTATION

Hepatitis B Influenza

Proof of Health Insurance

Accepted - Rejected -

Precheck Background # _____

Reason - _____

"STUDENT USE ONLY"
(Student must complete this side)

Student Name: _____ Social Security #: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMT Student Qualifications

An EMT Student MUST be able to perform the following functions:

1. Stand and walk continuously for up to eight hours.
2. Visual acuity and depth perception to read doctor's orders and medical dosages on syringes and vials.
3. Hearing acuity and to hear machine alarms, announcements on PA systems, normal conversations, and through stethoscopes.
4. Safely handle blood and other body excretions and secretions.
5. Perform basic resuscitation and emergency procedures according to CPR protocols.
6. Lift, move, position, and otherwise handle patients to minimize discomfort and provide basic care.
7. Ability to lift 125 pounds from floor to waist-high; 250 pounds with assistance.
8. Lift, move, and operate equipment used in the care of patients.
9. Assist with or administer treatments and therapies using potentially hazardous equipment (i.e. needles, caustic drugs, X-rays).
10. Manual dexterity to manipulate syringes, vials, pills, buckle and unbuckle, apply dressings and binders.
11. Psychological stability to perform effectively under stress.
12. Ability to exercise critical thinking reasoning and judgment in a client care situation.

Understanding of Requirements

As an EMT Student of MCC, I understand I must be able to meet the above physical requirements. I have read and understand the requirements, and I am able to perform all the above listed functions.

As an EMT Student of MCC, I understand that I must provide the following requirements:

- 1) Proof of current vaccinations or verification of immunity through positive titer's
 - a. MMR
 - b. Varicella
 - c. Hepatitis B Series
 - d. Influenza
- 2) Negative TB (2-step) or Chest X-ray
- 3) Negative Drug screen (positive results must be followed up with verifiable proof of prescriptions)
- 4) Current Physical Examination provided by a physician found on the back of this form.

As an EMT Student of MCC, I understand that failure to provide **CURRENT** documentation will result in dismissal from the program.

Student Name (*please print*): _____ Date: _____

Student Signature: _____

"PHYSICIAN USE ONLY"
(Physician must complete this side)

STUDENT NAME: _____

HEENT: _____ Lungs: _____ Heart: _____ Abdomen: _____

Vital Signs: _____ Extremities/Joints: _____ Neurological/Mental: _____

VISION: (R) _____ (L) _____ CORRECTED: (R) _____ (L) _____

Please list all prescription medications being used by the student and the reason: _____

Please list all chronic conditions or medical problems the client has: _____

****Please utilize the back of this form or other H and P Form if additional space is needed****

Record of Immunizations: (PROOF is required for all Immunizations or Titters)

Hospitals utilized for MCC EMT Student Clinical Experiences require proof of all of the following Immunizations or tests. Students will only be allowed an exception based on a medical condition and a physician's note is required.

MMR Date: _____ <i>(or) Positive Titer Titters</i> Date: _____	Varicella Date: _____ <i>(or) Positive Titer Titters</i> Date: _____	Influenza Date: _____ <i>(Annual)</i>
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Hepatitis B Series <i>(or) status of Immunity With a Titer</i> #1. Date: _____ #2. Date: _____ #3. Date: _____ Titters Date: _____	TB Skin Test <i>Negative (2-Step) (or) Negative X-Ray</i> #1. Date: _____ #2. Date: _____ X-Ray Date: _____ Results _____
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EMT Student Qualifications

An EMT Student must be able to perform the following functions:

1. Stand and walk continuously for up to eight hours or more.
2. Hearing acuity to hear machine alarms, normal conversations, emergency signals, listening to breath/heart sounds, and radio transmissions.
3. Safely handle blood and other body excretions and secretions.
4. Perform basic resuscitation and emergency procedures according to CPR protocols.
5. Lift, move, position, and otherwise handle patients to minimize discomfort and provide basic care.
6. Ability to lift up to 125 pounds from floor to waist-high; 250 pounds with assistance.
7. Lift, move, and operate equipment used in the care of patients.
8. Assist with or administer treatments and therapies using potentially hazardous equipment (i.e. needles, caustic drugs, X-rays.)
9. Manual dexterity to manipulate pills, buckle and unbuckle, apply dressings and binders, takes blood pressures, and apply other equipment in the care of patients.
10. Psychological stability to perform effectively under stressful conditions.
11. Ability to exercise thinking, reasoning and judgment in a patient care situation.
12. Work in various environmental conditions, with exposure to potential hazards.

Physicians Signature of Authorization

Based on this physical examination, do you find this person capable of performing ALL of these functions without ANY reservations? YES: ___ NO: ___

(If No, Please Explain): _____

Physician Name *(please print)*: _____ Date: _____

Physician Signature: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

HEPATITIS VACCINE RECOMMENDATION

General Information

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). Individuals who work in health care settings are at more risk than others for acquiring this infection. Because of this increased risk, the Department of EMS strongly recommends that EMT's receive the Recombivax HB vaccine as a protective measure. A high percentage (85-95%) of healthy people who receive two doses of the vaccine and a later booster achieve high levels of antibody development (ant-HBV) and receive protection against Hepatitis B. Full immunization requires three doses of vaccine over a six month period. The duration of immunity, while believed to be life-long, is unknown at this time. The incidence of side effects is low, however, it is not known whether the Recombivax HB vaccine can cause fetal harm when administered to a pregnant woman; therefore, the Recombivax HB vaccine should not be given to pregnant women.

You may obtain the Recombivax HB vaccine series from your physician, the County Department of Health Services, or the Occupational Health Clinic at your local hospital. The choice of receiving the Hepatitis vaccine is yours. You must, however, fill in the applicable information on this form.

It is not mandatory that you complete the series of shots prior to enrollment. If you have just started the series, you only need to indicate the date the first shot was received.

TO BE COMPLETED IF YOU HAVE HAD HEPATITIS B VACCINE:

1. I received the Hepatitis B vaccine on dates listed below (If you have just started the series, indicate the date the first shot was received):

#1 _____ #2 _____ #3 _____

Boosters (if any) _____

2. Hepatitis B antibody titer _____ () immune () not immune

Student Participant (Please print)

Student Participant Signature

Date

* * * * *

OR

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Student Participant (Please print)

Student Participant Signature

Date

DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE

Name (printed): _____ 3-4 ID or Last 4 of SSN: _____

Facility: _____ Department: _____

This facility has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I DO NOT WANT A FLU SHOT.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. [In California, influenza usually begins circulating in early January and continues through February or March.]
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the 2014-2015 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

I am declining due to the following reasons (check all that apply):

- I believe I will get influenza if I get the vaccine.
 - I do not like needles.
 - My philosophical or religious beliefs prohibit vaccination.
 - I have an allergy or medical contraindication to receiving the vaccine.
 - Other reason – please tell us. _____
- I understand that if I choose to decline the influenza vaccine, and my job duties may cause me to infect patients or to become infected, I will be required to wear a surgical mask or respirator, as appropriate, within 6 feet of patients or in designated areas during influenza season.
 - I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.
 - I have read and fully understand the information on this declination form.

Signature

Date

StudentCheck

Look beyond grade point averages.

INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK and DRUG SCREENING FOR A CLINICAL EDUCATION PROGRAM

Mohave Community College District-EMS Background Check and Drug Screen

Background checks and drug screening are required on incoming students to ensure the safety of the patients treated by students in the clinical education program. You will be required to order your background check and complete the drug screening in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete, and turnaround time of the drug screening results is determined by a variety of factors. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. The drug screening service is conducted by E-Screen/Pembroke. All your orders must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as **Mohave Community College District-EMS Background Check and Drug Screen**

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$103.38** and **New Mexico** residents will pay **\$102.42**. Residents in **all other states** will pay **\$95.50**. For your records, you will be provided a receipt and confirmation page of background check and drug screening through PreCheck, Inc.

Drug Screening:

You must pre-register for drug screen collections before heading to a collection lab.

- If you pay by credit card, the link to the instructions for pre-registration will be provided at the confirmation page after you complete your order.
- If you are paying by money order, you will be emailed instructions to obtain your drug screen once payment has been received.

Note on Drug Screen Collection Pre-Registration and Appointments: This process only pre-registers you for a drug screen and does not set up an appointment time with the collection site. Collection sites have different policies on setting up appointments for drug screening. For your convenience, we recommend calling your chosen collection site ahead of time to set up an appointment. It is also your responsibility to pre-register and complete the drug screen at the time frame required by the school. For most students, the Electronic Chain of Custody (ECOC) process will register them to a collection site instantly; however the location of some students may require us to mail a paper Chain of Custody Form to get you to a collection site close to your location. We encourage you to pre-register with enough time to allow mailing time, if needed.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com, with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- How long does the drug screening take to complete? Screening can be impacted by a variety of factors.
- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on "Check Status", and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report and will need to contact PreCheck directly to request this.
- Do I get a copy of the drug screening? Your school or clinical site may have a designated administrator who receives results via fax or through e-results, however if they direct you to contact PreCheck please email your name, request, and the last 4 digits of your SSN to studentcheck@precheck.com. We will advise you of whether we house the results.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.