



**INFORMATION AND APPLICATION
PACKET**

ADVANCED EMT

SUMMER SEMESTER

2012



2012 SUMMER SEMESTER
INFORMATION PACKET FOR ADVANCED EMT

Information and Questions

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**DEADLINE TO
 TURN IN
 APPLICATIONS:**

Return application packets no later than 4:30 P.M. May 9, 2012 to:

Jefferson State Community College
 EMS Program
 George Layton Building Room 107 (Jefferson Campus)
 General Studies Building Room 316 (Shelby Campus)

Mailed packets must be received in the EMS Office no later than 4:30 P.M. May 1, 2012.

Packets may also be mailed to: EMS Program
 Jefferson State Community College, GLB 247
 2601 Carson Road
 Birmingham, AL 35215

Faxed applications will not be accepted
Incomplete applications will not be accepted
Retain a copy of the entire application packet for your personal file

Applications from applicants that do not attend orientation will be destroyed. We will not hold applications for the next semester.

Admission to the Program:

Students seeking admission to the Advanced EMT program must:

- **Have taken EMP 189 or BIO 201, or take EMP 189 as a corequisite.**
- **Be admitted to Jefferson State Community College (If you are not already a student, you must go to the Enrollment Services Office and enroll)**
- **Apply to the EMS program by completing all forms in the application packet and turn them in by the deadline (Incomplete applications will not be accepted)**
- **Hold a current, unencumbered State of Alabama EMT-Basic license OR have completed an approved EMT-Basic course in the Spring Semester.** Students can not participate in clinical rotations without a State of Alabama Basic EMT License. Students who do not hold a valid license at the beginning of the semester must be licensed before the end of the semester and complete EMS 156 clinical rotations to test for an Alabama Advanced EMT License.
- **Attend orientation and bring YOUR STUDENT "J" NUMBER and \$125.00 cash for fees**
- **Meet all licensure requirements and essential functions for the EMT as described by the Alabama Department of Public Health, Office of EMS and Trauma**

**REGISTRATION INFORMATION WILL BE GIVEN OUT AT ORIENTATION
NO ONE WILL BE REGISTERED THAT FAILS TO ATTEND ORIENTATION.**

The maximum class size is 30 students and the minimum class size is 15 students. Admission is on the following points system among students that meet the above requirements.

EMT Basic GPA (x 2 Points) EMS 116 and EMS 117 or equivalent. A= 4 Points B= 2 points C = 1 point Non-Credit type courses (Pass / Fail) Pass = 1 point	8.0
Grade for ENG 101 A = 8 points B = 4 points C = 2 points	8.0
Grade for MTH 100, 116 or higher A = 8 points B = 4 points C = 2 points	8.0
Grade for BIO 103 A = 8 points B = 4 points C = 2 point	8.0
Grade for CIS 146 A = 4 points B = 2 points C = 1 point	4.0
Grade for SPH 106 A = 4 points B = 2 points C = 1 point	4.0
Grade for PSY 200 A = 4 points B = 2 points C = 1 point	4.0
Grade for Humanities Elective A = 4 points B = 2 points C = 1 point	4.0
Graduation from an accredited institution with an Associates Degree	2.0
Graduation from an accredited institution with a Bachelor's Degree or higher.	4.0
Points Possible	54

Application Requirements:

The following must be turned in with the application for admission to the EMS Program for the application to be considered complete. Incomplete applications will not be accepted.

Complete Application:

Application Requirements Include:

- **Be admitted to Jefferson State Community College (If you are not already a student, you must go the Enrollment Services Office and enroll)**
- Advanced Application Check List
- Information Verification Form
- Completed Jefferson State Community College EMS Application for Eligibility
- Application Verification Form
- Transcript Release Form
- Completed Class Selection Form
- Completed Physical Exam Form
- Proof of Vaccinations and/or titer
 - TB Skin Test (within 1 year)
 - Hepatitis B (within 5 years)
 - Tetanus/D (within 10 years)
 - MMR
 - Varicella (Chicken Pox)
- Background Check Consent Forms
- Unofficial transcript from last college attended (if never attended college a copy of your high school diploma or GED certificate)
- Copy of Basic EMT License or proof of current Basic EMT class enrollment
- Copy of personal health insurance card or signed waiver form
- Copy of a current valid Drivers License

Tuition:

<u>10 semester hours</u>	
Tuition	\$1380.00
Malpractice Insurance (Required)	<u>15.00</u>
Total	\$1395.00*

***Tuition and fees subject to change by the State Board of Education**

Malpractice Insurance is **mandatory** for all students participating in clinical and field internship rotations. The cost is \$15.00. This fee is paid to Jeff State *in addition* to tuition at the beginning of the semester. Malpractice insurance is valid for one year. **Failure to pay the Malpractice insurance will result in the student being dropped from the course.**

Students who meet all admission requirements will be enrolled in the EMS program AT ORIENTATION. DO NOT try to enroll at Enrollment Services or online. You cannot pay tuition until you are enrolled in the course at orientation. Once you are enrolled in the course, you may pay your tuition. TUITION MUST BE PAID BEFORE THE FIRST DAY OF CLASS.

<i>Additional Costs:</i>	<p>ADDITIONAL COSTS ARE PAID TO THIRD-PARTY VENDORS IN CASH. THESE COST ARE NON-REFUNDABLE AFTER ORIENTATION</p> <p>Drug Screening - \$46.00 (CASH ONLY) Payment made to the vendor at orientation. Students are subject to a random drug screen anytime during the semester. Students will not be allowed to participate in clinical rotations until results of a drug screen have been received. Failure to pass or participate in drug screening constitutes grounds for immediate dismissal from the program. *Cost subject to change by vendor</p> <p>Background Check - \$14.00 (CASH ONLY) Payment made to the vendor at orientation. In order to participate in clinical rotations, students are required to have a criminal background check performed. Failure to participate in the background check process will constitute grounds for immediate dismissal from the program. *Cost subject to change by vendor</p> <p>Clinical Fee - \$45.00 Payment made to the vendor on line. *Cost subject to change by vendor</p> <p>Clinical Attire - \$65.00 (CASH ONLY) Payment made to the vendor at orientation JSCC EMS Shirt – required for clinical rotations. *Cost subject to change by vendor</p>
<i>Additional Uniform Requirements:</i>	<p>Students are required to wear black pants, black belt, black closed-toe and closed-heel shoes and black socks to all clinical and field internship rotations that do not require scrubs. Extra credit will be given for wearing the same uniform in class. If you do not already own these items, these will need to be purchased.</p> <p>In compliance with Federal Regulation 23 CFR 634, all students doing field rotations where they may be operating with responders on or near a roadway must wear a high visibility vest labeled as compliant with ANSI/ISEA 701-2004 or ANSI/ISEA 207-2006. The rotation sites are not required to provide this equipment. Students who do not own or have access to the required high visibility vest must purchase a compliant vest prior to attending a field rotation that would require this safety attire. These vests range in price from \$40-\$60, and may be purchased from most online and local uniform stores. This item will be free of any printing or logos.</p>
<i>Additional Equipment Required:</i>	<p>When students begin rotations they are required to purchase the following equipment if they do not already own these items:</p> <ul style="list-style-type: none"> Pen Watch with second hand or constant second display Stethoscope Pen light Trauma Scissors
<i>Financial Aid:</i>	<p>For information regarding Financial Aid or any type of student loan or grant, please call 856-8509.</p>
<i>Orientation:</i>	<p><u>Attendance at orientation is required and must be at the campus you will attend</u> May 15, 2012 at 9 AM Shelby Campus – General Studies Building Room 306 May 15, 2012 at 6 PM Shelby Campus – General Studies Building Room 306 May 16, 2012 at 9AM Jefferson Campus – George Layton Building Room 256</p>

<i>Begin/End Date</i>	<u>May 25, 2012 – July 30, 2012</u>			
<i>Location, Times:</i>	Shelby Campus (Day)	Lec	B Shift	GSB 317 9:00 A.M. – 5:00 P.M.
		Lab	B Shift	GSB 320 9:00 A.M. – 5:00 P.M.
	<u>January 10, 2012 – August 1, 2012</u>			
	Shelby Campus (Night)	Lec	M/T/W/R	GSB 306 6:00 P.M. – 10:00 P.M.
		Lab	TBA	GSB 320 6:00 P.M. – 10:00 P.M.
	<u>January 9, 2012 – August 1, 2012</u>			
	Jefferson Campus (Night)	Lec	M/T/W/R	GLB 256 6:00 P.M. – 10:00 P.M.
		Lab	TBA	GLB 241 6:00 P.M. – 10:00 P.M.

Required Textbooks: Advanced EMT: A Clinical Reasoning Approach, by Alexander and Belle, Published by Brady (ISBN: 0-13-503043-9)

Attendance: ATTENDANCE FOR THE FIRST CLASS MEETING IS MANDATORY.

Advanced EMT is an intensive course of study. Students are expected to attend every class and it is mandatory for students to attend the first class meeting. Several other class meetings will also require mandatory attendance and will be noted in the class syllabus. If a student cannot attend, they should withdraw and enroll at a later date. Should the student desire to no longer attend classes, then a formal withdrawal through the admissions office must be completed.

ADA Accommodations: Jefferson State complies with the provisions of the Americans with Disabilities Act, which makes it illegal to discriminate against individuals with disabilities in employment, public accommodations, public services, transportation, and telecommunications. The college will provide reasonable accommodations for students with documented disabilities. For information regarding ADA Accommodations, please call 856-6077.

Personal Health/Accident Insurance: Students are required to provide proof (original or copy) of personal health/hospitalization and accident insurance or sign a waiver form. Copies of insurance cards are acceptable. Students will not be allowed to participate in clinical rotations without proof of personal insurance or a signed waiver form on file.

Physical Exam and Vaccinations: Students are required to have a physical exam by a physician before starting the program. **Physical Exam forms, provided in this packet, and proof of required vaccinations must be turned in with the application to the EMS Program.** A Physical Exam form is enclosed.

- Students are required to provide proof (original or copy) of the following vaccinations:
- TB Skin Test (within the past year – chest x-ray required if positive)
 - Hepatitis B (have begun or completed the series in the past five years – over five years a titer proving immunity or another series)
 - Tetanus/D (within the past ten years)
 - MMR
 - Varicella (Chicken Pox)

Vaccinations are mandatory for all students participating in clinical rotations. All documentation becomes the property of Jefferson State Community College. **Proof of vaccinations must be turned in with the application to the EMS Program.**

Progression Requirements:

To complete individual program certificates in the EMS program, you must

- attain an average of 75% or above in all coursework to include didactic, laboratory, clinical, and field preceptorship;
- maintain current Basic Life Support Training for the Health Care Provider;
- comply with all "Essential Functions" as published for the EMS program;
- submit acceptable physical examinations at intervals not to exceed twelve (12) months;
- maintain current professional liability, and health/hospitalization, accident insurance, or sign a waiver while enrolled in the program;
- comply with all published policies, procedures, and rules of behavior for students from the College, the EMS Program, and all its cooperating health agencies.

Grades for the EMS program are:

- A - Excellent (93 - 100)
- B - Good (84 - 92)
- C - Average (75 - 83)
- D - Poor (60 - 74)
- F - Failure (below 60)
- W - Withdrawal
- WP - Withdrawal Passing
- WF - Withdrawal Failing
- I - Incomplete

A GRADE OF "C" OR BETTER IS REQUIRED FOR SUCCESSFUL COMPLETION OF ALL EMS COURSES.

Academic Transcripts:

Unofficial transcripts must be included with the application packet for the Emergency Medical Services program only, but, Jefferson State Enrollment Services require official copies of your transcripts as part of the college admission process. Official transcripts must be mailed from the sending institution directly to Enrollment Services at Jefferson State or hand delivered in a sealed envelope. **Faxed and hand delivered unsealed copies are not considered official.**

If you have not attended college, have your high school or GED center mail a copy of your transcript directly to Jefferson State Enrollment Services. High school transcripts must indicate the date of graduation. If you have attended college(s), official transcripts are required from all institutions attended.

Students are allowed to attend class for one semester before all transcripts have been received. **If transcripts have not been received by the start of the second semester, students will not be allowed to register for class.** Students will not be allowed to proceed until all transcripts have been received by Jefferson State.

<i>Refunds:</i>	Refunds are based on the first official day for the term and are not based on the first class day for individual courses. Before the official first day of the term, students will receive a full refund when completely withdrawing from the Course. After the Schedule Adjustment period ends, refer to the Prorated Refund Schedule available in the Jefferson State Semester Schedule.
<i>Background Checks:</i>	In order to participate in clinical rotations, students are required to have a criminal background check performed. Applicants with a history of criminal arrest or convictions should discuss the matter with the EMS Program Director or Clinical Coordinator for guidance. Failure to participate in the background check process will constitute grounds for immediate dismissal from the program. Payment for the background screening will be made directly to the vendor. Students who fall out of progression for any reason will be required to submit to additional background checks prior to performing clinical or field rotations.
<i>CPR Certification:</i>	All students enrolled in the EMS Program MUST attend and successfully complete CPR for Healthcare Provider Certification at Jefferson State <u><i>regardless</i></u> of current certification status. This course is held in conjunction with the Basic EMT course and will be noted on the course syllabus. Any student not certified under the 2010 AHA guidelines must be re-certified.

ADDITIONAL INFORMATION

Licensure Requirements

If you plan to apply for admission to the program (for any certificate level), you may be required to comply with additional requirements in order to become licensed at any level of Emergency Medical Technician (even if you are admitted to the program). There are specific licensure requirements as set forth by the National Registry of Emergency Medical Technicians and the Alabama Department of Public Health, Office of EMS and Trauma. Areas that may prevent a student from becoming licensed include (and may not be limited to)

- not being eighteen (18) years of age or older
- having been convicted of any criminal act, including but not necessarily limited to, driving under the influence (DUI) and felony convictions
- having previously been and/or currently being addicted to the use of intoxicating liquors or controlled substances
- (for the ambulance driver) not taking the approved emergency vehicle operations course (EVOC)
- not having 180 degrees peripheral vision capacity
- not possessing a valid driver's license
- not meeting other requirements of the Alabama Department of Public Health Office of EMS and Trauma Rules

You may be required to send documentation to the National Registry of EMTs if you have not complied with items 2 and 3 above. Additional information about licensure requirements for EMTs may be obtained from the National Registry of Emergency Medical Technicians at (614) 888-4484, or from the Office of EMS and Trauma of the Alabama Department of Public Health at (334)-206-5383.

Admissions Policy

Jefferson State offers equal opportunity in its employment, admissions, and educational programs and activities in compliance with Title VI and VII of the Civil Rights Act of 1964, as amended, Section 504, of the Rehabilitation Act of 1973, as amended, the Age of Discrimination Act of 1975, as amended, and the Americans with Disabilities Act of 1990.

This form must be completed and turned in with the completed application forms

Student Name: _____ **J#** _____

Campus () **Jefferson Night** () **Shelby Day** () **Shelby Night**

ADVANCED EMT PROGRAM CHECKLIST

It is the student's responsibility to submit a **complete** EMS admission packet. The following must be turned in with the application for admission to the EMS Program for the application to be considered complete. **Incomplete applications will not be accepted.** Students must initial beside each statement below to ensure that they meet the minimum admissions criteria. **The maximum class size is 30 students and the minimum class size is 15 students. Admission is on a point's basis among students that meet the requirements below.**

1. _____ Be admitted to Jefferson State Community College if not already enrolled
2. _____ Completed application to the EMS Program. All forms must be completely filled out **INCLUDING STUDENT NUMBER**
3. _____ Information Verification Form
4. _____ Application Verification Form
5. _____ Transcript Release Form
6. _____ Completed Class Selection Form
7. _____ Completed Physical Form/With Proof of Vaccinations and/or titer (current JSCC EMS students in good standing may have their physical forms carried over if the date on the physical form does not exceed one year during the summer 2012 semester)
 - TB Skin Test (within 1 year) Date _____
 - Hepatitis B (within 5 years) Date _____
 - Tetanus/D (within 10 years) Date _____
 - MMR
 - Varicella (Chicken Pox)
8. _____ Background Check Consent Form/With witness signature
9. _____ Copy of personal health insurance card or signed waiver form
10. _____ Copy of valid Driver's License
11. _____ Copy of Basic EMT License or proof of current Basic EMT class enrollment
12. _____ Unofficial transcript from last college/university attended or high school diploma/GED certificate if no college credit

NOTE: Faxed applications will not be accepted.

Applicants Signature: _____

Date: _____

For Office Use Only:

Packet Reviewed By: _____

Date & Time: _____

INFORMATION VERIFICATION FORM

I have read and understand the information presented in this **2012 SUMMER SEMESTER INFORMATION PACKET FOR ADVANCED EMT.**

Applicant (printed name) _____

Applicant Signature _____ Date _____

**JEFFERSON STATE COMMUNITY COLLEGE
ADVANCED EMT PROGRAM – APPLICATION FOR
ELIGIBILITY
(ONLY STUDENTS ADMITTED TO JEFFERSON
STATE COMMUNITY COLLEGE ARE ELIGIBLE TO
USE THIS APPLICATION)
(Please Print)**

Date: _____ Semester for which you are enrolling: _____

Full Name: _____
Last First Middle Initial

Student Number (Required) J00 _____ Social Security Number: _____

Birth Date _____ Age _____

Home Telephone #: () _____ Cell Phone #: () _____

E-mail Address: _____

Mailing Address: (All correspondence from Jeff State will be sent to this address)

Street Address City State Zip Code

Are you currently enrolled at Jefferson State Community College? ____ YES ____ NO

Have you ever attended the Jefferson State EMS Program? ____ YES ____ NO

Are you currently enrolled at another college or institution? ____ YES ____ NO

If yes, name of college _____

Do you currently or have you previously worked with an EMS/Fire Service?
____ YES ____ NO

EDUCATIONAL BACKGROUND

Are you a high school graduate? (Diploma received) ____ YES ____ NO

If yes, Name of High School _____

Date of Graduation _____

Are you a GED recipient ____ YES ____ NO

If yes, date received _____

Name of GED Center _____

Have you completed any of the following college courses?

English 101 or higher	_____	YES	_____	NO
Math 100, 116 or higher	_____	YES	_____	NO
EMS 189 or Biology 201 <i>and</i> 202)	_____	YES	_____	NO

Do you plan to pursue an Associates Degree in EMS at Jefferson State?

_____ YES _____ NO

NOTE: If accepted into the EMS Program, official copies of all college transcripts, other than Jeff State, must be received by Enrollment Services by the end of the first semester. If transcripts are not received by that time, students will not be allowed to register for the next semester. If you have not attended college, have your high school or GED Center send a copy of your transcripts directly to Jeff State.

WORK EXPERIENCE - (Paid or volunteer, beginning with the most current)

Employer: _____

Dates of Employment: _____

Job Title/Description: _____

Supervisor Name: _____

Employer: _____

Dates of Employment: _____

Job Title/Description: _____

Supervisor Name: _____

Employer: _____

Dates of Employment: _____

Job Title/Description: _____

Supervisor Name: _____

REFERENCES – Please list three

Name: _____

Address: _____

City/State: _____ Zip Code _____

Phone: _____

Name: _____

Address: _____

City/State: _____ Zip Code _____

Phone: _____

Name: _____

Address: _____

City/State: _____ Zip Code _____

Phone: _____

JEFFERSON STATE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM
ADVANCED EMT

APPLICATION VERIFICATION

I hereby verify that the information submitted to the Jefferson State Community College EMS Program is true and complete to the best of my knowledge. My signature verifies that I meet and will comply with the eligibility requirements of the program including the ability to meet the essential functions required. I understand that falsification of information on this application may result in dismissal from the EMS program or other disciplinary action as determined by the college.

Student Signature

Date

Student Printed Name

TRANSCRIPT RELEASE FORM

I authorize the release of my Jefferson State Community College academic record and any other academic records that may be on file with Jefferson State Enrollment Services to the EMS Program.

Student Signature

Date

Student Printed Name

COURSE SELECTION
ADVANCED EMT C SHIFT – SUMMER 2012

NAME: _____

STUDENT NUMBER: _____

Please indicate in which class you would like to enroll.

_____	<u>Shelby Day</u>	<u>May 25, 2012 – July 30, 2012</u> Shelby Campus (Day) 9:00 A.M. – 5:00 P.M.	Lec	B Shift	GSB TBA
			Lab	B Shift	GSB 320
		9:00 A.M. – 5:00 P.M			
_____	<u>Shelby Night</u>	<u>May 24, 2012 – August 1, 2012</u> Shelby Campus (Night) 6:00 P.M. – 10:00 P.M.	Lec	M/T/W/R	GSB 306
			Lab	TBA	GSB 320
		6:00 P.M. – 10:00 P.M			
_____	<u>Jefferson Night</u>	<u>May 24, 2012 – August 1, 2012</u> Jefferson Campus (Night) 6:00 P.M. – 10:00 P.M.	Lec	M/T/W/R	GLB 256
			Lab	TBA	GLB 241
		6:00 P.M. – 10:00 P.M			

Student Signature

Jefferson State Community College
Center for Health and Biological Sciences
Emergency Medical Services Program
FORM (2012)
2601 Carson Road
Birmingham, AL 35215-3098

Exam Due Date: _____

INITIAL MEDICAL

STUDENT NAME: _____ SS# _____

Person to call in case of emergency: _____

Relationship: _____ Phone number: _____

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable/transferable disease or illnesses. The College will provide instruction regarding safe health care practices when caring for patients with communicable/transferable conditions. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this physical. I understand that my personal protection against communicable/transferable conditions is my responsibility. The physician performing this physical examination has permission to release the findings to the Emergency Medical Services Program.

Date _____
Student's Signature

HEALTH ASSESSMENT

LAB TESTS/IMMUNIZATIONS:

1. **TB skin test (Mantoux only, TINE test not acceptable):** Date: _____

Results: _____

a. Chest X-ray (**required only if TB test is positive; suggested for smokers**):

Date: _____ Results: _____

b. Antitubercular drug therapy administered? Yes ___ no ___

Drugs given: _____

IMMUNIZATIONS: (Must have MMR/chicken pox vaccination within ONE year or positive titer within FIVE years). Because each lab has different criteria for positive immunity, please state positive immunity for titers. **All of the following must be addressed by circling either vaccination or titer and positive immunity - they are not optional.** Having had the illness does not establish immunity, only the titer or vaccination will stand as proof (***please circle either titer or vaccination***)

1. Measles: Vaccine / titer: Date: _____ Titer results: _____

2. Rubella: Vaccine / titer: Date: _____ Titer results: _____

3. Mumps: Vaccine / titer: Date: _____ Titer results: _____

4. Varicella Vaccine/titer: Date: _____ Titer results: _____

5. Tetanus: Date: _____ (**must be within 10 years**)

6. Hepatitis B: (**Must have proof of #1 and #2 injections before participating in clinical activities**)

#1 Date: _____ #2 Date: _____ #3 Date: _____

Titer required after five years: Date: _____ Results: _____

Students are expected to be in good health since they will deal directly with patients in health care settings. The Emergency Medical Services Program requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student's level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during campus and clinical laboratories. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent. NOTE: *Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.*

******Based on the history and your examination**, is this student's mental and physical health sufficient to perform the classroom and clinical duties of an Emergency Medical Services student? **(see reverse)**

Yes _____ No _____

_Vision (corrected) _____ / _____ uncorrected_ _____ / _____

Additional Comments: _____

Physician/ CRNP Name (please print) _____

Signature: _____

Address: _____

Date of Exam: _____ Phone Number: _____

THE ALABAMA COLLEGE SYSTEM
Emergency Medical Services (EMS) Program
ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for EMS program admission, progression and graduation and for the provision of safe and effective EMS care. The essential functions include but are not limited to the ability to:

Essential Functions for the EMS Program

Essential functions are required of persons entering and participating in the EMS programs. If you wish to enter one of the EMS/EMT programs, you must satisfy several special admission requirements. For admission to any of the programs, you must:

(Physical Demands)

- have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain
- have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance)
- see different color spectrums
- have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medications

(Problem-Solving Abilities, data collection, judgment, reasoning)

- be able to send and receive verbal messages as well as to operate appropriately the communication equipment of current technology
- be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at ninth-grade reading level or higher)
- be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory, and tactile observations
- be able to make good judgment decisions and exhibit problem-solving skills under stressful situations;
- be attentive to detail and be aware of standards and rules that govern practice
- implement therapies based on mathematical calculations

(Worker Characteristics)

- possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates;
- be able to handle stress and work well as part of a team
- be oriented to reality and not be mentally impaired by mind-altering substances;
- not be addicted to drugs or alcohol
- be able to work shifts of 24 hours in length
- be able to tolerate being exposed to extremes in the environment, including variable aspects of weather, hazardous fumes, and noise
- **possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map**
-
- Students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license (if a resident of Alabama), or possess a valid driver's license (if a resident of another state and employed in Alabama), and must be able to operate a motor vehicle safely and competently in accordance with State law

NOTE: The Alabama Infected Health Care Worker Management Act mandates that any health-care worker performing invasive procedures who is infected with human immunodeficiency virus (HIV) or hepatitis B virus shall notify the State Health Officer, or his designee, of the infection. The contact person for this reporting requirement is Ms. Charlotte Denton at (334) 206-2984.

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the EMS Program faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program. Describe any special accommodations requested on a separate sheet.

Signature

Date

Printed Name

Attach listing of all current medications, prescription and OTC, with diagnosis for each, along with any significant health history including disease or surgery

JEFFERSON STATE COMMUNITY COLLEGE
CENTER FOR HEALTH AND BIOLOGICAL SCIENCES
EMS PROGRAM

STUDENT BACKGROUND SCREEN ACKNOWLEDGEMENT FORM

I understand that Jefferson State Community College has a required component of clinical rotations.

I also understand that the health care agencies require that, because I am participating in the clinical rotation at these facilities, I will be subject to the same rules as the employees. I understand that these agencies require all employees to have a background check. Because of this, I understand that prior to participation in clinical rotations, I must submit to a background check at my own expense.

I further understand that if I refuse to have a background check I will be unable to participate in the clinical portion of the EMS program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE CLINICAL AGENCIES' REQUIREMENT FOR A BACKGROUND CHECK TO PARTICIPATE IN THE CLINICAL COMPONENT OF THE EMS PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE DESIGNATED BACKGROUND CHECK SCREENING COMPANY TO PERFORM THE BACKGROUND CHECK AND TO RELEASE THE RESULTS TO THE EMS PROGRAM. I DIRECT THAT THE DESIGNATED BACKGROUND CHECK SCREENING COMPANY RELEASE THE RESULTS TO THE DIRECTOR OF EMS AND/OR EMS CLINICAL COORDINATOR. FURTHERMORE, I DIRECT JEFFERSON STATE COMMUNITY COLLEGE TO RELEASE MY BACKGROUND SCREEN RESULTS TO CLINICAL AGENCIES THE COLLEGE HAS CONTRACTED FOR CLINICAL ROTATIONS.

I further understand that my continued participation in the Jefferson State Community College EMS program is conditioned upon satisfaction of the requirements of the clinical agencies providing clinical rotations for the EMS program. Conviction of a criminal offense that would make me ineligible to participate in the clinical component of the course will result in my dismissal from the program. If convicted of a criminal offense while enrolled in the program I understand that I must report the conviction to the Clinical Coordinator of EMS within seven days of the conviction. Failure to notify the Director of EMS within seven days will result in immediate and permanent dismissal from the EMS program.

Student Signature

Witness Signature

Student Printed Name

Witness Printed Name

Date

Date

JEFFERSON STATE COMMUNITY COLLEGE
RELEASE OF LIABILITY /INDEMNIFICATION
HEALTH/HOSPITALIZATION AGREEMENT

I, _____ acknowledge that I currently do not hold health and/or hospitalization insurance. I, the undersigned, hereby knowingly and voluntarily waive, release, and discharge Jefferson State Community College and its officers, employees, and agents (hereafter collectively "JSCC") from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance JSCC from and against any and all liability arising out of or connected in any way with my enrollment in the EMS Program at JSCC.

I understand that as part of my participation in the EMS Program, I may perform, participate in, or observe a variety of activities or events, which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occur. I acknowledge that individuals engaged in or performing life-saving activities and functions occasionally sustain personal injuries, such as, but not limited to, lacerations, sprains, and possible exposure to and contraction of the AIDS virus and/or other communicable diseases. Knowing and understanding the risks involved in the EMS Program, nevertheless, I hereby agree to assume any and all risk of injury and further agree to indemnify and hold harmless JSCC, its officers, employees and agents from and against any and all judgments, claims, damages, of, connected with, or resulting from my enrollment in and participating in the EMS Program of JSCC.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMS Program at JSCC.

Dated this the _____ day of _____, 20 _____.

_____ Printed Name

_____ Signature

_____ Witness Signature