



OREGON COAST  
COMMUNITY COLLEGE

**Oregon Coast Community College**

**Application for  
Advanced Emergency Medical Technician**

**Fall 2019**

**Application Deadline:**

**September 7, 2019**

## EMS 135: Term One Course Description,

Develop skills for recognizing symptoms of illness and injury. Covers proper procedures of emergency care at the Advanced EMT level. Requires passing criminal background check and drug screen before placement into mandatory clinical and internship experience. Part 1 of the 2-part Advanced EMT course.

### Course Objectives

Upon successful completion students, should be able to:

1. Employ basic and advanced elements of Advanced EMT patient assessment, to develop treatment plans for simulated patient encounters.
2. Perform interventions within the Advanced EMT scope of practice, about anatomical, physiological, and pathophysiological differences in a variety of simulated patient conditions.

## EMS 135: Term Two Course Description:

Develops skills for recognizing symptoms of illness and injuries. Covers proper procedures of emergency care at the Advanced EMT level. Continuation of AEMT Part I. Requires passing criminal background check and drug screen before placement into mandatory clinical and internship experience. Part 2 of the 2-part Advanced EMT course sequence. Department permission required. Prerequisites: EMS 135 at PCC within the last year and Current HCP CPR card; Current Oregon EMT licensure.

### Course Objectives

Upon successful completion students, should be able to:

1. Employ basic and advanced elements of Advanced EMT patient assessment, to develop treatment plans for live patient encounters in clinical and prehospital environments
2. Perform appropriate interventions within the Advanced EMT scope of practice, regarding anatomical, physiological, and pathophysiological differences in a variety of live patient encounters in clinical and prehospital environments

### General and Specific Expectations

**Attendance:** The Oregon Health Division requires a specific number of hours to be eligible to apply for certification and thus if you do not attend classes as required you will not be eligible to take the final exam or the State exam. Hours required: as laid out in the course syllabus that you will receive the first day of class.

## Application Checklist

### Admission Requirements: The following items must be completed for your application to be approved:

Make an Academic Advising Appointment with an Advisor who specializes in Nursing and Allied Health at: <http://www.oregoncoastcc.org/advising-appointments/> Advising appointments are mandatory prior to registering for the class. If you are not in the Central Coast area, your initial appointment can occur over the phone. Be sure to state this on the appointment page. Bring all unofficial transcripts to the advising appointment. If this is a phone appointment, send transcripts via email to the Academic Advisor before the appointment. Your Advisor will direct you regarding registering for the class

- Read the Disqualifying and Potentially Disqualifying crimes on the OCCC College Website: EMT.
- Visit the Oregon Health Authority Website: EMS Provider Licensure and Training and review the various web pages including Frequently Asked Questions under Professional Standards
- Visit the National Registry of Emergency Medical Technicians website
- Review the National Emergency Medical Services Educational Standards
- Sign the Acknowledgement and Agreement Form.
- Create your account with Complio through American DataBank for background check and drug screening. Results will be communicated directly to the OCCC allied health department. Failure to complete or pass the drug screen will result in dismissal from the EMS course.
  - The drug screening must be completed at Samaritan Health Services, Occupational Medicine. They are located at 740 SW 9<sup>th</sup> Street, Newport (next door to the Samaritan Center for Health Education building) in a temporary trailer with the Walk-In Clinic. No appointment is necessary. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675 and their hours are 8:00 am - 11:30 am and 1:00 pm - 4:30 pm.

Documentation of all immunizations on the OCCC Health Form (located at the end of the application or on the OCCC/EMT website) must be completed and turned in to the allied health office, 2<sup>nd</sup> floor at the OCCC Newport campus.

Steps to providing current Immunization documentation:

- Your parent or guardian may have a copy of your childhood records
- Contact the most recent school you have attended
- Contact your medical provider

***If none of these suggestions provide the information you need, schedule an appointment at:***

**Lincoln Community Health Center FQHC  
1010 Coast Highway 101, Newport OR 97365  
Office: 541-265-4947**

They will be able to access the ALERT IIS system and provide required immunizations at a reduced cost.

Students are also required to have current CPR certification through the American Heart Association "Health Care Provider: BLS: Basic Life Support". You may check the Samaritan website (<https://www.samhealth.org/health-services/classes-and-events>) for dates/times or call the Yachats Fire Department for class information @ 541.547.3266

- If you have any questions about the class or required documents, please call Vickie Jones -Briggs at 541-867-8548.



## **Advanced Emergency Medical Technician (EMT/EMS) Program Acknowledgement and Agreement Form**

### **Please Read the Following Carefully Before Signing**

I certify that the information set forth by my signature in this Application is true, complete, and accurate to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for refusal of admission to the Oregon Coast Community College Advanced Emergency Medical Technician (AEMT) Program. I understand that acceptance into the program is dependent on successful completion of all the application requirements.

I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reasons arising out of furnishing such information. If these requirements are not met by the deadline given, I understand that OCCC has the right to drop me from the program and I am not eligible for a refund for any fees related to the class.

### **Criminal History Requirements and Policies**

Participation in the EMS Program requires passing a criminal background check and a drug screen. My signature below indicates that I have read and understand the Oregon Department of Human Resources and Lists of Potentially Disqualifying Crimes and Disqualifying Crimes (available on the OCCC college website, EMT section).

### **Confidentiality Agreement**

Medical records and hospital information are confidential for the protection of patients, families, employees, medical staff, students/interns, and the hospital. Confidential information includes any information that a student hears or sees while conducting evaluation, research, or educational activities at any health care facility. Patient privacy is to be respected always. Breach of confidence is cause for immediate termination of the individual from the EMS Program.

**My signature below indicates the following:**

1. I agree not to repeat or discuss, with any unauthorized individuals, confidential information, which I may see or hear in conducting evaluation, research, or educational activities while at any healthcare facility.
2. I agree not to obtain or distribute any originals or copies of any health care facilities' documents that are considered confidential or part of a patient's medical record.
3. I understand that breach of confidence is cause for immediate termination of my enrollment in the OCCC Advanced EMT- program.
4. I understand that unauthorized release of confidential information may subject me to civil liability under the provisions of state and federal laws.
5. I visited the Oregon health Authority Website: EMS Provider Licensure and Training and review the various web pages including Frequently Asked Questions under Professional Standards
6. I reviewed the National Emergency Medical Services Educational Standards

My signature below further indicates that I have received, read, and understand the disclosure statement, enrollment agreement, and program policies available in this document and on the college website.

**I certify that the above information is thorough and accurate to the best of my knowledge and that I understand and agree to comply with the disclosure statement.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

# Oregon Coast Community College Health Form

Student/Faculty Name:

Program:

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements always.* Required immunizations must include mm/dd/yyyy if available.

If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the need documentation.

<b>SUBMITTED ONCE</b> Check the applicable letter in each box	<b>SUBMITTED EVERY YEAR</b> Check the applicable letter in each box
<p><b><u>TUBERCULIN STATUS</u></b></p> <p>A. One-step TST: Skin Test Date _____ Result: Neg ___ Pos ___ mm ___</p> <p>B. QuantiFERON (QFT) Date _____ Result: _____</p> <p style="text-align: center;"><b>OR</b></p> <p>C. If New Positive/Exam/X-ray Date: _____</p> <p style="text-align: center;"><b>OR</b></p> <p>D. Positive TST/Negative X-ray Date: _____</p>	<p><b><u>INFLUENZA</u></b></p> <p>A. Proof of annual vaccination(s) Date 1 _____ Date 2 _____ <b>OR</b></p>
<p><b><u>HEPATITIS B</u></b> (3 primary series shots: (at 0,1,6, mo) plus titer confirmation (6-8 weeks later)</p> <p>A. Vaccination Dates</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>B. Immunity confirmed by titer Date _____</p>	
<p><b><u>MMR (Measles, Mumps, Rubella)</u></b></p> <p>A. Vaccination Dates</p> <p>1) _____ 2) _____ <b>OR</b></p> <p>B. Immunity by titers: Measles Date _____ Mumps Date _____ Rubella Date _____</p>	
<p><b><u>VARICELLA</u></b> (Chicken Pox)</p> <p>A. Vaccination Dates</p> <p>1) _____ 2) _____ <b>OR</b></p> <p>B. Immunity by titer Date _____</p>	
<p><b><u>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</u></b></p> <p>A. Tdap Date _____</p> <p>B. Td Date _____</p> <p>C. Pertussis: Date: _____ (if you obtained a Td)</p>	
<p><b><u>CPR AHA BCLS Healthcare Provider Certificate</u></b></p> <p>Expiration Date _____</p>	



## Advanced Emergency Medical Technician Certificate Curriculum Map 2019-2020

Course Number	Course Name	Credits
EMS 105	<b>EMT 1:</b> Develops skills for the recognition of symptoms of illness and injuries and proper procedures of emergency care. Requires passing criminal background check and drug screen before placement into mandatory clinical observation in hospital emergency department and ambulance ride-along experience. Part 1 of the 2-part Oregon EMT course. Department permission required. Prerequisite: WR 115; MTH 20; RD 90; current BLS HCP CPR card.	5
EMS 106	<b>EMT II:</b> Continues EMS 105, Oregon EMT preparation. Includes preparation for state and national certification exams. Department permission required. Prerequisite: Successful completion of EMS 105 at OCCC within the last year; current BLS HCP CPR card.	5
EMS 135	<b>Advanced EMT Part 1:</b> Develops skills for recognizing symptoms of illness and injuries. Covers proper procedures of emergency care at the Advanced EMT level. Requires passing criminal background check and drug screen before placement into mandatory clinical and internship experience. Part 1 of the 2-part Advanced EMT course. Department permission required. Recommended: BI 121, BI 122, or higher, WR 121, and MTH 60. Prerequisite: EMS 106, WR 115, MTH 20, RD 90 (or higher levels); current BLS HCP CPR card; current Oregon EMT licensure.	5
EMS 136	<b>Advanced EMT Part II:</b> Develops skills for recognizing symptoms of illness and injuries. Covers proper procedures of emergency care at the Advanced EMT level. Continuation of AEMT Part I. Requires passing criminal background check and drug screen before placement into mandatory clinical and internship experience. Part 2 of the 2-part Advanced EMT course sequence. Department permission required. Recommended: BI 121, BI 122, or higher, WR 121, and MTH 60. Prerequisite: EMS 135 at OCCC within the last year and Current BLS HCP CPR card; Current Oregon EMT licensure.	5

### Pre-Requisites

Placement in Writing 121 or completion of WR 115 with a "C" or better  
 Completion of Reading 115 with a "C" or better or placement out of RD 115  
 Placement in Math 60 or higher

### Estimated Costs for the Advanced Emergency Program 2019-2020

<b>EMS 135 Tuition 5 Credit Hours</b>	<b>\$575.00</b>
<b>EMS 135 Fees</b>	<b>\$ 80.00</b>
<b>EMS 136 Tuition 5 Credit Hours</b>	<b>\$575.00</b>
<b>EMS 136 Fees</b>	<b>\$ 80.00</b>
<b>Criminal Background Fee and Drug Screen</b>	<b>\$ 79.00</b>
<b>Textbook: Brady: Advanced EMT: A Clinical Reasoning Approach with Workbook, MyLab ISBN: 13: 9780134207759</b>	<b>\$250.00</b>
<b>Immunization costs will vary</b>	
<b>Total Program Cost</b>	<b>\$1, 639.00</b>