

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.oregoncoast.edu/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
- Submit the online application located on the EMT webpage
- Create your account with Complio through American DataBank for background check and drug screening. This is located on the EMT webpage. Results will be communicated directly to the OCCC allied health department. The cost is approximately \$79.00. 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 9th 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. Please let them know that you are an OCCC student, so the correct chain of custody is used for the drug screen.

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, 2nd 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". Rapid Rescue offers BLS/CPR classes in Newport and they may be reached at 360-421-6268.

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

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 at all times.*

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.

SUBMITTED ONCE

TUBERCULIN STATUS

- If no previous records or more than 12 months since last TST → **OR**
- QuantiFERON (QFT) TB Gold test within 12 months **OR**
- If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check **OR**
- If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray, and symptom check by healthcare provider in 12 months

HEPATITIS B

- Series of 3 vaccines completed at appropriate time intervals **OR**
- Provide documentation of positive titer (anti-HBs) **OR**
- If titer is **negative or equivocal** Proof of vaccinations (3 doses at appropriate intervals dated AFTER the titer)

MEASLES, MUMPS, AND RUBELLA

- Proof of vaccination (2 doses at 28 days apart) **OR**
- Proof of immunity by titer
- If titer is **negative or equivocal** Proof of vaccinations (2 doses at appropriate intervals dated AFTER the titer)

VARICELLA (Chicken Pox)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of immunity by titer or
- Physician documentation of proof of disease

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- Tdap **required** every 10 years **OR**
- Td (dated within the last 24 months) and Pertussis.

CPR

- American Heart Association BCLS Healthcare Provider Certificate

SUBMITTED EVERY YEAR

TUBERCULIN STATUS

- Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider.

INFLUENZA

- Proof of annual vaccination(s)

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SUBMITTED ONCE

Check the applicable letter in each box

SUBMITTED EVERY YEAR

Check the applicable letter in each box

TUBERCULIN STATUS

A. One-step TST: Skin Test Date _____ Result:
Neg ___ Pos ___ mm ___

B. QuantiFERON (QFT) Date _____ Result: _____

OR

C. If New Positive/Exam/X-ray Date: _____

OR

D. Positive TST/Negative X-ray Date: _____

INFLUENZA

A. Proof of annual vaccination(s)
Date 1 _____ Date 2 _____ **OR**

HEPATITIS B (3 primary series shots: (at 0,1,6, mo) plus titer confirmation (6-8 weeks later)

A. Vaccination Dates

1) _____

2) _____

3) _____

B. Immunity confirmed by titer Date _____

MMR (Measles, Mumps, Rubella)

A. Vaccination Dates

1) _____ 2) _____ **OR**

B. Immunity by titers: Measles Date _____

Mumps Date _____ Rubella Date _____

VARICELLA (Chicken Pox)

A. Vaccination Dates

1) _____ 2) _____ **OR**

B. Immunity by titer Date _____

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

A. Tdap Date _____

B. Td Date _____

C. Pertussis: Date: _____ (if you obtained a Td)

CPR AHA BCLS Healthcare Provider Certificate

Expiration Date _____