EMT Basic
Interest Form
Fall 2023 Term

Applications due by September 1, 2023 at 1145
PM

Program Description

The OCCC EMT Program has the responsibility to society to educate competent health care providers to care for their patients/clients using critical judgment, broadly based knowledge, and competent technical skills at the entry level. The Basic EMT course includes two terms of instruction - EMS 105 and EMS 106. After successful completion of all requirements for EMT training, the student is eligible to apply to take the state licensure exams.

EMS 105: Term One Course Description & Objectives - Fall 2023

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, immunization records, and current BLS CPR card through the American Heart Association 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

Course Objectives:

Upon successful completion students should be able to:

1. Perform   basic elements of patient assessment, in order to progress to EMS 106

2. Form a   general field impression of patient condition based on basic patient   assessment tools

3. Integrate knowledge and   observations in the clinical setting to delineate the EMT-Basic roles and responsibilities

4. Assess, treat, transport,   document, and verbally report for a variety of medical emergencies.

EMS 106: Term Two Course Description & Objectives - Winter 2023

Continues EMS 105, Oregon EMT preparation, includes preparation for state and national certification exams. Department permission required. Prerequisite: Successful completion of EMS 105 within the last year; current Healthcare Provider through the American Heart Association CPR card.

Course Objectives:

Upon successful completion students should be able to:

1.Integrate knowledge and observations in the clinical set-
ting to delineate the EMT roles and
   responsibilities
2. Assess, treat, transport, document, and verbally report
for a variety of medical emergencies.

Scheduling Information

Only complete applications will be accepted.

Fall Term Dates: 9/18/2023 - 12/9/2023
Summer Term Dates: 1/8/2024 - 3/23/2024

Lecture classes will provided via ZOOM on Mondays from 6-920 pm. The skills lab will be held at either the North Campus (Lincoln City) or Central Campus (Newport) on Wednesdays from 6-920 pm. Students must attend this class in person, there is no online option. There will be some Saturday classes each term; these dates will be announced the first week of class. The State Psychomotor Exam will be held in the Spring 2024 term, exact date TBA with testing at the OCCC North Campus (Lincoln City).

This course may be eligible for financial aid. Please meet with an academic advisor to discuss your options.

Important Steps of the Application Process

1) Make an Academic Advising Appointment with an Advisor who specializes in Nursing and Allied Health at: https://calendly.com/tempadvising/academic-advising?month=2023-06. Advising appointments are mandatory prior to registering for the class.

2) Visit the Oregon Health Authority Website: EMS Provider Licensure and Training and review the various web pages including Frequently Asked Questions under Professional Standards: https://www.oregon.gov/oha/ph/providerpartnerresources/emstraumasystems/emstrainingcertification/Pages/index.aspx

3) Visit the National Registry of Emergency Medical Technicians website: https://www.nremt.org/

General and Specific Expectations

1) **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.

2) **GED/High School Diploma:** You must have a high school diploma or GED to apply for National Registry of Emergency Medical Technicians (NREMT) and the Oregon EMS license/certification.

3) **Age Requirement:** You must be 18 years or older at the time of application to apply for the National Registry of Emergency Medical Technicians(NREMT) and Oregon EMS license/certification as an EMT.

4) **The COVID-19 Vaccination is required** as part of the EMT program. You must be fully vaccinated according to state and national standards prior to the start of the program.

Instructions:

1. Please complete all forms.
2. Please submit your application during the applica-
tion period.
3. Incomplete applications will not be processed.

Applicant Information

Complete this section by filling in all blanks. If not applicable, indicate n/a. An inability to contact you will result in closure of the application process and re-application will be necessary.

1

Today's Date:

2

What is your full legal name?

3

What other legal names have you had in the past?

4

What is your mailing address?

5

What is your OCCC ID#?

6

What is your OCCC email address?

7

What is the best phone number to reach you at?

8

Are you over the age of 18?

○ Yes

○ No

9

Do you have a High School Diploma or GED?

○ Yes

○ No

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Please sign and date below certifying that the above information is thorough and accurate to the best of your knowledge.

[   ]

Please Carefully Read the Following 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 Emergency Medical Technician (EMT) 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.

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Please sign and date below attesting that you have thoroughly read and understand the above information.

Criminal History Requirements

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 at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=6uvulRyE8-Q0Gt_fu8WfXjAVrSEu1VO9nmOBGvtT1FD8etvcSQFr!-1969788327?selectedDivision=1626

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Please sign and date below attesting that you have thoroughly read and understand the above information.

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 at all times. Breach of confidence is cause for immediate termination of the individual from the Emergency Medical Technician program.

<u>My signature below indicates the following:</u>

1.   I agree not to repeat or discuss, with any unauthorized individuals, confidential information, which I may see