EMERGENCY MEDICAL SERVICES
INFORMATION AND APPLICATION PACKET
FALL 2016

Application Deadline July 22, 2016 4:30 pm

The Jefferson State Community College Emergency Medical Services Program is Accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Emergency Medical Services Professions (CoAEMSP).

CAAHEP
25400 U.S. Highway 19 North
Suite 158
Clearwater, FL 33763
Phone: 727-210-2350

CoAEMSP
8301 Lakeview Parkway
Suite 111-312
Rowlett, TX 75088
Phone: 214-703-8445

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and activities in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Educational Amendments of 1972 and the Americans with Disabilities Act of 1990.
Emergency Medical Services
Contact Information

For Admission Information contact:

**Ginger Stockley**
Office Manager
Jefferson Campus
Phone: (205) 856-7940
Fax: (205) 856-7721
gmvenable@jeffstateonline.com

**Ann Higgins**
Office Manager
Shelby Campus
Phone: (205) 983-5225
Fax: (205) 983-5992
adhiggins@jeffstateonline.com

**James “Pete” Norris**
Program Director
Phone: (205) 983-5206 or (205) 983-5236
jnorris@jeffstateonline.com

**Stacy Clark**
Instructor
Phone: (205) 856-6048
slclark@jeffstateonline.com

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**Shelby Campus**
EMS Program
Jefferson State Community College
GSB 316
4600 Valleydale Road
Birmingham, AL 35242

**Jefferson Campus**
EMS Program
Jefferson State Community College
GLB 107
2601 Carson Road
Birmingham, AL 35215
Emergency Medical Technicians are licensed medical professionals who provide emergency medical care to the sick and injured in an effort to promote health, alleviate suffering and conserve human life. This exciting and fast paced field is rapidly growing, and trained EMT’s of all levels are in high demand.

**Emergency Medical Technician** is designed for students wishing to begin their career in Emergency Medical Services. This course qualifies students to work or volunteer as an Emergency Medical Technician (EMT) for a fire department, ambulance service or in a private industry.

<table>
<thead>
<tr>
<th>EMT</th>
<th>Credit Hours</th>
<th>Tuition</th>
<th>EMS Additional Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS 118</td>
<td>9</td>
<td>$148 per credit hour</td>
<td></td>
</tr>
<tr>
<td>EMS 119</td>
<td>1</td>
<td>$148 per credit hour</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>10</strong></td>
<td><strong>$1,480.00</strong></td>
<td><strong>Approximately $250</strong></td>
</tr>
</tbody>
</table>

**Advanced Emergency Medical Technician** is designed for students wishing to expand their career in Emergency Medical Services. AEMT's expanded scope of practice includes the ability to initiate intravenous therapy and limited pharmacology. This course qualifies students to work or volunteer as an Advanced Emergency Medical Technician (AEMT) for fire department, ambulance service or in private industry.

<table>
<thead>
<tr>
<th>AEMT</th>
<th>Credit Hours</th>
<th>Tuition</th>
<th>EMS Additional Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS 155</td>
<td>9</td>
<td>$148 per credit hour</td>
<td></td>
</tr>
<tr>
<td>EMS 156</td>
<td>1</td>
<td>$148 per credit hour</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>10</strong></td>
<td><strong>$1,480.00</strong></td>
<td><strong>Approximately $250</strong></td>
</tr>
</tbody>
</table>

**Paramedics** are professionals trained to treat life threatening injuries and illnesses in the out of hospital setting. Skills performed by Paramedics include intravenous lines, administration of emergency medications, and advanced airway management procedures. Paramedics are primarily employed by ambulance services, fire departments and hospitals. The training consists of three semesters of classroom work along with clinical rotations that occur both in the field and at hospital emergency departments and critical care units.

<table>
<thead>
<tr>
<th>Paramedic</th>
<th>Credit Hours</th>
<th>Tuition</th>
<th>EMS Additional Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 semesters</td>
<td>30</td>
<td>$148 per credit hour</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>30</strong></td>
<td><strong>$4,440.00</strong></td>
<td><strong>Approximately $250</strong></td>
</tr>
</tbody>
</table>

| General Education Courses | 23 | $148 per credit hour |                      |
| Total:                    | 23 | **$3,404.00** | |

*Additional fees may be added by the college.
*Tuition is based off the current listing of $148 per credit hour and is subject to change by the State Board of Education without prior notice.
*EMS Additional fees are estimated and are subject to change at the vendors discretion.
Emergency Medical Services
Admission Information

Students seeking admission into the EMS Program must:

- Be enrolled at Jefferson State Community College
- Provide proof of Compass placement test scores (test scores must be within 3 years and an official copy must be on file with Jefferson State’s testing office. An unofficial copy must be submitted with the EMS Application Packet) **OR** Proof of completion in MTH 100 or higher and ENG 101 (**MTH 116 not accepted**)
- Submit a completed EMS Application Packet by the scheduled deadline. Refer to page 11 for a complete list of forms. (**Incomplete applications will not be accepted**)
- Attend the scheduled orientation; (Fees are paid at this time, listed on page 8)
- Submit to a background check. 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. 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.
- Maintain a current CPR for healthcare providers certification through the American Heart Association.
- Meet all licensure requirements and essential functions for the EMT as described by the Alabama Department of Public Health, Office of EMS and Trauma

Students entering or continuing the program at the AEMT level must meet the requirements above in addition to the following:

- Hold a current, unencumbered State of Alabama EMS Provider license at the level directly below the level of training being sought **OR** have successfully completed EMS 118 and EMS 119 with a grade of “C” or higher. Students who do not hold a valid license at the appropriate level at the beginning of the semester must be licensed before the start of rotations in order to complete the course.

Students entering or continuing the program at the paramedic level must meet the requirements above in addition to the following:

- Copy of AEMT License **OR** have successfully completed EMS 155, EMS 156 with a “C” or higher. (**AEMT License required for P2 clinical rotations**)
- Have successfully completed EMS 189 or BIO 201 with a grade of “C” or higher.
- Have completed English 101 and Math 100 or have taken the English and Math placement exams and show eligibility for English 101 and Math 100 or higher. (**MTH 116 not accepted**)

Return Completed applications by the deadline to:
- Jefferson State Community College
  EMS Program
  Herald Martin Building Room 120 (Jefferson Campus)
  General Studies Building Room 316 (Shelby Campus)

- Faxed Applications will not be accepted!
- All Applicants must attend the scheduled MANDATORY orientation to be eligible to register for EMS classes. Please contact James “Pete” Norris, EMS Director at 983-5206 or 983-5236, email at jnorris@jeffstateonline.com, if there are questions or concerns.
- Students will not be registered prior to orientation!
- Attendance is mandatory for each of the first scheduled classes!
- Refunds are based on the first day of classes, not the first scheduled class meeting!

Applications will not be accepted after the scheduled deadline!

Application Deadline Friday, July 22, 2016 4:30pm
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. 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

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.

Essential Functions for the EMT—Paramedic 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 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 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.
ADA Accommodations:
Jefferson State complies with the provisions of the Americans with Disabilities Act, which makes it illegal to di-
criminate against individuals with disabilities in employment, public accommodations, public services, transporta-
tions, and telecommunications. The college will provide reasonable accommodations for students with documented
disabilities.
♦ For information regarding ADA Accommodations, please call (205) 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 clini-
cal rotations without proof of personal insurance or a signed waiver form on file.

Progression Requirements:
To complete individual program certificates in the EMS program, you must
♦ Progress through the required courses for each program certificate in the prescribed sequence as published in
  this document;
♦ Complete all of the courses required in the EMS curriculum with a grade of “C” or higher;
♦ 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 form the College and all its
  cooperating health agencies.

Grades for the EMS program
are:
♦ A - Excellent (90-100)
♦ B - Good (80-89)
♦ C - Average (75-79)
♦ D - Poor (60-74)
♦ F - Failure (below 60)
♦ W - Withdrawal
♦ WP - Withdrawal Passing
♦ WF - Withdrawal Failing
♦ I - Incomplete

Financial Aid:
For information regarding Financial Aid or any type of student loan or grant, please call (205) 856-6062.
Emergency Medical Services
EMS Program Orientation

EMS Program Orientation Schedule

Orientation is Mandatory for admission into the EMS program!

Orientation Schedule for Fall 2016 is as follows:

**Jefferson Campus**
Date: July 27, 2016
Time: 3:00pm
Building/Room: George Layton Building Room 238

**Shelby Campus**
Date: July 28, 2016
Time: 3:00pm
Building/Room: General Studies Building Room 317

All applicants are required to attend the scheduled MANDATORY orientation to be eligible to register for EMS classes. Please contact James “Pete” Norris, EMS Director at 983-5206 or 983-5236, email at jnorris@jeffstateonline.com, if there are questions or concerns.

Students must pay fees to third party vendors at orientation in order to register for classes!

<table>
<thead>
<tr>
<th>Class Start Dates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson Campus—EMT Basic (Mon, Tue, Wed, &amp; Thu evenings)</td>
<td>Monday, August 22, 2016 6:00pm</td>
</tr>
<tr>
<td>Shelby Campus—EMT Basic (Mon, Tue, Wed, &amp; Thu evenings)</td>
<td>Monday, August 22, 2016 6:00pm</td>
</tr>
<tr>
<td>Shelby Campus—AEMT (B Shift)</td>
<td>Tuesday, August 23, 2016 9:00am</td>
</tr>
<tr>
<td>Shelby Campus—Paramedic (B Shift)</td>
<td>Tuesday, August 23, 2016 9:00am</td>
</tr>
</tbody>
</table>
Students are subject to a random drug screen anytime during the semester at the expense of the student. 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 a drug screening constitutes grounds for immediate dismissal from the program.

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.

Students are required to have the following on Clinical and Field Rotations:
- Pen
- Watch with second hand or constant second display
- Stethoscope
- Pen light
- Trauma Scissors

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.

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### EMS Program Fees

The following Fees Must Be paid to vendors at Orientation!

Please have cash to pay vendors. Fees paid to vendors are nonrefundable after orientation.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug screen</td>
<td>$46</td>
</tr>
<tr>
<td>Background Check</td>
<td>$14</td>
</tr>
<tr>
<td>Clinical Attire</td>
<td>$65</td>
</tr>
<tr>
<td>CPR Certification</td>
<td>$17</td>
</tr>
</tbody>
</table>

*Vendors Fees are subject to change without notice

**Total Due at Orientation: $142**

The following are paid to the JSCC Cashier by first day of class!

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification badge</td>
<td>$5</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$15</td>
</tr>
</tbody>
</table>

The following fees are paid directly to FISDAP online vendor!

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT Clinical Fee</td>
<td>$65</td>
</tr>
<tr>
<td>AEMT Clinical Fee</td>
<td>$80</td>
</tr>
<tr>
<td>Paramedic Clinical Fee</td>
<td>$60</td>
</tr>
</tbody>
</table>

*Directions for payment to Clinical fee vendor will be given at orientation.
# Emergency Medical Services Curriculum

<table>
<thead>
<tr>
<th>Major Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Medical Technician</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 118 Emergency Medical Technician</td>
<td>9</td>
</tr>
<tr>
<td>EMS 119 Emergency Medical Technician Clinical</td>
<td>1</td>
</tr>
<tr>
<td><strong>Advanced Emergency Medical Technician</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 155 Advanced Emergency Medical Technician</td>
<td>8</td>
</tr>
<tr>
<td>EMS 156 Advanced Emergency Medical Technician Clinical</td>
<td>2</td>
</tr>
<tr>
<td><strong>Paramedic Pre-requisite Courses</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 189 Anatomy and Physiology for the Paramedic OR BIO 201 Human Anatomy and Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>*MTH 100 Intermediate College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>*ENG 101 English Composition I</td>
<td>3</td>
</tr>
<tr>
<td>*SPH 106 Fundamentals of Oral Communications OR SPH 107 Fundamentals of Public Speaking</td>
<td>3</td>
</tr>
<tr>
<td><strong>Paramedic</strong></td>
<td></td>
</tr>
<tr>
<td><strong>P1</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 240 Paramedic Operations</td>
<td>2</td>
</tr>
<tr>
<td>EMS 242 Paramedic Patient Assessment</td>
<td>2</td>
</tr>
<tr>
<td>EMS 243 Paramedic Pharmacology</td>
<td>1</td>
</tr>
<tr>
<td>EMS 244 Paramedic Clinical I</td>
<td>1</td>
</tr>
<tr>
<td><strong>P2</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 241 Paramedic Cardiology</td>
<td>3</td>
</tr>
<tr>
<td>EMS 245 Paramedic Medical Emergencies</td>
<td>3</td>
</tr>
<tr>
<td>EMS 246 Paramedic Trauma Management</td>
<td>3</td>
</tr>
<tr>
<td>EMS 248 Paramedic Clinical II</td>
<td>2</td>
</tr>
<tr>
<td><strong>P3</strong></td>
<td></td>
</tr>
<tr>
<td>EMS 247 Paramedic Special Populations</td>
<td>2</td>
</tr>
<tr>
<td>EMS 253 Paramedic Transition to the Workforce</td>
<td>2</td>
</tr>
<tr>
<td>EMS 254 Advanced Competencies for Paramedic</td>
<td>2</td>
</tr>
<tr>
<td>EMS 255 Paramedic Field Preceptorship</td>
<td>5</td>
</tr>
<tr>
<td>EMS 256 Paramedic Team Leadership</td>
<td>1</td>
</tr>
<tr>
<td><strong>Additional A.A.S Requirements</strong></td>
<td></td>
</tr>
<tr>
<td>*BIO 103 Principles of Biology I * A higher level Biology course will satisfy this requirement</td>
<td>4</td>
</tr>
<tr>
<td>PSY 200 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>Humanities / Fine Arts</td>
<td>3</td>
</tr>
<tr>
<td>Art/Humanities/Religion/Theater/Music/Philosophy/Foreign Language/Literature course</td>
<td></td>
</tr>
</tbody>
</table>

EMS 189 or BIO 201 is a pre-requisite to Paramedic level courses
*MTH 100 and ENG 101 must be completed before entering the 3rd semester of the Paramedic Program
*SPH 106 OR SPH 107 is a Co-Requisite to 3rd Semester of the Paramedic Program
25% of the course work for the AAS degree must consist of JSCC classes. This is approximately equal to six 3-semester hour courses.
Please check one of the following:

☐ Basic  ☐ Advanced  ☐ Paramedic

Please Print Legibly or Type

All fields must be filled out completely for form to be complete.

Personal Information

Full Name: _________________________________________________________________________________________________

Last                                                                                               First

M.I.

Address:     ________________________________________________________________________________________________

Street Address

Apartment/Unit #

________________________________________________________________________________________________

Home Phone: __________________________________________  Alternate Phone: _____________________________________

E-mail Address: ______________________________________________________      Date of Birth ________________________

Social Security Number: _______________________________________ J Number: ___

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 or higher ____________ YES ____________ NO

EMS 189 or Biology 201 ____________ YES ____________ NO

Do you plan to pursue an Associate’s Degree in EMS at Jefferson State? ____________ YES ____________ NO
Application 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. Faxed applications will not be accepted. Due to space, students may be ranked based upon Compass exam scores and satisfactory completion of general education courses for admission into the EMS Program.

1. ____________ Students applying must submit an application to Jefferson State if you are not already enrolled, along with the EMS Program Application. Official transcripts from last college/university attended or high school diploma/GED certificate if no college credit must be submitted to enrollment services.

2. ____________ Students must provide proof of Compass placement test scores (test scores must be within 3 years) OR proof of completion in MTH 100 or higher and ENG 101. (MTH 116 not accepted)

3. ____________ Completed EMS Application Packet (pages 10–18)

   • ____________ Class selection form
   • ____________ Completed Medical Form (test results must be provided) to include:
     - TB Skin Test (negative test within 1 year)
     - Hepatitis B (proof of completed series or positive titer)
     - Tetanus/D (within 10 years)
     - Influenza Vaccine/Mist (administered when seasonal flu vaccine/mist is available)
     - MMR (proof of vaccination or positive titer)
     - Varicella/Chicken Pox (proof of vaccination or positive titer)
     - Physical (bottom of form must be checked and signed off by a physician or Nurse Practitioner)

Incomplete Medical Forms will not be accepted

   • ____________ Student Drug and Alcohol Screen Participation Form
   • ____________ Background Check Consent Form/with witness signature
   • ____________ Copy of personal health insurance card or signed waiver form
   • ____________ Copy of valid driver’s license

Additional requirement for AEMT applicants:

   • ____________ Copy of current EMT License or have successfully completed EMS 118 and EMS 119 with a grade of “C” or higher (EMT license required for clinical rotations)

Additional requirement for Paramedic applicants:

   • ____________ Copy of current AEMT License or have successfully completed EMS 155 and EMS 156 with a grade of “C” or higher (AEMT License required for p-2 clinical rotations).
   • ____________ Have successfully completed EMS 189 OR BIO 201 with a grade of “C” or higher.
   • ____________ Have completed ENG 101 and MTH 100 or higher or show proof of eligibility (MTH 116 not accepted)

I hereby verify that I have read and understand the information in this information and application packet, and 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.

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and activities in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Educational Amendments of 1972 and the Americans with Disabilities Act of 1990.

___________________________________________________________________________   Date:_______________________________
Applicants Signature

________________________________________________________________________________________________________
Applicants Printed Name

Applications may be returned to the following locations

Herald Martin Building Room 120(Jefferson Campus)     or     General Studies Building Room 316 (Shelby Campus)
Please mark the section that applies to you. 15 students are required to form a class. If the class you select is unavailable due to low enrollment you may reselect at orientation.

| EMS Class Selection | Fall 2016 | August 22—December 16, 2016 |

**EMT**

**Jefferson Campus**  
(Class Start Date: Monday, August 22, 2016)  
- Mon, Tue, Wed, and Thu afternoons 6:00pm—10:00pm

| Shelby Campus | (Class Start Date: Monday, August 22, 2016) | Mon, Tue, Wed, and Thu evenings 6:00pm—10:00pm |

**Advanced EMT**

**Shelby Campus**  
(Class Start Date: Tuesday, August 23, 2016)  
- B Shift Classes weekdays 9:00am—5:00pm

**Paramedic**

**Shelby Campus**  
(Class Start Date: Tuesday, August 23, 2016)  
- B Shift Classes weekdays 9:00am—5:00pm

Orientation is Mandatory for admission into the EMS Program! Refer to page 7 for date, time, and location.
Immunization Requirements

The EMS program adheres to the following CDC guidelines. Each requirement must be documented on the EMS medical form provided (page 15) of the EMS Program Application Packet. Additional information may be found at: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</td>
</tr>
<tr>
<td></td>
<td>• Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).</td>
</tr>
<tr>
<td></td>
<td>• Get anti-HBs serologic tested 1–2 months after dose #3.</td>
</tr>
<tr>
<td><strong>Flu (Influenza)</strong></td>
<td>Get 1 dose of influenza vaccine annually.</td>
</tr>
<tr>
<td><strong>MMR (Measles, Mumps, &amp; Rubella)</strong></td>
<td>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the MMR ACIP vaccine recommendations.</td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)</strong></td>
<td>If you have not had chickenpox (varicella), if you haven’t had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.</td>
</tr>
<tr>
<td><strong>Tdap (Tetanus, Diphtheria, Pertussis)</strong></td>
<td>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.</td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>Those who are routinely exposed to isolates of N. meningitidis should get one dose.</td>
</tr>
</tbody>
</table>
Jefferson State Community College
Emergency Medical Services Program
Medical Form

Student Name: ______________________________  SS#: ____________________________  Phone Number: ______________________________

Person to call in case of emergency: ______________________________  Relationship: ______________________________

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable/transferable diseases. 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.

Student’s Signature: ______________________________  Date: ______________________________

Must be within 1 year

<table>
<thead>
<tr>
<th>TB Test</th>
<th>Description</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Test</td>
<td>Mantoux test only, Tine test unacceptable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>Required only if TB skin test is positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antitubercular medications given?</td>
<td>Name of Medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider Signature: __________________________________________  Agency: ______________________________

IMMUNIZATIONS: The EMS program adheres to following CDC guidelines. Each of the requirements listed must be documented prior to admission into the EMS program. CDC guidelines can be found on page 14 of the EMS Application Packet and by clicking the following link:
http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

<table>
<thead>
<tr>
<th>Vaccine Requirements</th>
<th>Vaccination Dates</th>
<th>Titer Date</th>
<th>Titer Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza: Annually</td>
<td></td>
<td></td>
<td>POS   NEG</td>
</tr>
<tr>
<td>Varicella: proof of vaccine or positive titer</td>
<td></td>
<td></td>
<td>POS   NEG</td>
</tr>
<tr>
<td>Tdap: Within 10 years</td>
<td></td>
<td></td>
<td>POS   NEG</td>
</tr>
<tr>
<td>Hepatitis B Series: proof of completed series and positive titer</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
</tr>
<tr>
<td>MMR: proof of vaccine or positive titer</td>
<td>1st</td>
<td>2nd</td>
<td></td>
</tr>
</tbody>
</table>

Lab results must be attached.
Note: Depending on titer results students may be required to have a vaccination to insure covered protection against virus.

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 Emergency Medical Services Program Essential Functions)

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 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 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 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), 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

Are you currently taking any medications prescription or over the counter? YES NO
Will you be requesting any special accommodations? YES NO

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. I agree to provide a complete description any special accommodations that will be requested and a complete list of medications that I am taking both prescription and over the counter.

_________________________       _________________________               ___________________
Printed Name                                                                       Signature                Date

Attach listings 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

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
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 drug screen which shows negative results for selected classes of drugs and for alcohol. Because of this, I understand that, I must submit to a drug and alcohol screen, at the time and place determined by the EMS program and provide a certified negative result from that screen to the Clinical Coordinator of the EMS Program. I also understand that random or incident testing may also be required.

I further understand that if I fail to provide such a certified negative drug result, either on initial screening or on random or incident related screening, I will be unable to participate in the EMS program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE CLINICAL AGENCIES’ REQUIREMENT TO SUBMIT TO A DRUG AND ALCOHOL SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT TO THE CLINICAL AGENCY AND THE EMS PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE LABORATORY PERFORMING THE DRUG AND ALCOHOL SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG SCREEN TO THE EMS EDUCATION PROGRAM. I DIRECT THAT THE LABORATORY HEREBY RELEASE THE RESULTS TO THE CLINICAL COORDINATOR OF THE EMS PROGRAM.

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.

____________________________________
Student’s Signature

____________________________________
Student’s Printed Name

____________________________________
Date
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 Clinical Coordinator of EMS within seven days will result in immediate and permanent dismissal from the EMS program.

__________________________________________________________________________  ______________________________________________________________________
Student's Signature                                               Witness’s Signature

__________________________________________________________________________  ______________________________________________________________________
Student’s Printed Name                                               Witness' Printed Name

__________________________________________________________________________  ______________________________________________________________________
Date                                                                Date