



**EMERGENCY MEDICAL SERVICES  
INFORMATION AND APPLICATION PACKET  
SUMMER 2021**



**APPLICATION DUE April 23, 2021  
FOR LATE APPLICATION ACCEPTANCE CONTACT PROGRAM DIRECTOR**



CAAHEP  
9355 – 113<sup>th</sup> St. N  
#7709  
Seminole, FL 33775  
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:



Beth Ray  
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Shelby Campus  
[bethray@jeffersonstate.edu](mailto:bethray@jeffersonstate.edu)

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Program Director / Advisor  
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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

**JEFFERSON STATE COMMUNITY COLLEGE**  
**EMERGENCY MEDICAL SERVICES PROGRAM**  
**PROGRAM GOALS**

“To prepare competent entry-level Emergency Medical Services Providers in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains”

**EMT Oath**

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot.

So help me God.

(Written by: Charles B. Gillespie, M.D. Adopted by the National Association of Emergency Medical Technicians, 1978)

2020-2021 EMS Program dates\*

Summer 2021 Application Due April 23, 2021		
Summer 2021 Orientation Dates		
May 4, 2021 – Jefferson Campus Location: TBA Time: TBA	May 5, 2021 – Shelby Campus Location: TBA Time: TBA	
Class Start Dates		
Jefferson Campus – EMT (Mon., Tues., Wed., & Thurs.)	May 26, 2021	1PM – 5PM
Shelby Campus – EMT (Mon., Tues., Wed., & Thurs.)	May 26, 2021	6PM – 10PM
Shelby Campus – AEMT (A Shift)	May 28, 2021	9AM – 5PM
Shelby Campus – Paramedic (A Shift)	May 28, 2021	9AM – 5PM

\*Dates and times are subject to change to meet the needs of Jefferson State Community College and the EMS program.  
Any changes may be made with little to no notification.

## General Information / Approximate Tuition and Fees

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.

EMT	Credit Hours	Tuition	EMS Additional Fees
EMS 118	9	\$164 per credit hour	
EMS 119	1	\$164 per credit hour	
<b>Total:</b>	<b>10</b>	<b>\$1,640</b>	<b>Approximately \$300</b>

**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 a fire department, ambulance service or in private industry.

AEMT	Credit Hours	Tuition	EMS Additional Fees
EMS 155	9	\$164 per credit hour	
EMS 156	1	\$164 per credit hour	
<b>Total:</b>	<b>10</b>	<b>\$1,640</b>	<b>Approximately \$300</b>

**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.

Paramedic	Credit Hours	Tuition	EMS Addition Fees
3 semesters	30	\$164 per credit hour	
<b>Total:</b>	<b>30</b>	<b>\$4,920</b>	<b>Approximately \$300</b>
<b>General Education Courses</b>	23	\$164 per credit hour	
<b>Total:</b>	<b>23</b>	<b>\$3,772</b>	

\*Additional fees may be added by the college. (A tuition and fees calculator can be found at the following link:

<https://www.jeffersonstate.edu/financial/tuition-and-fees-calculator/>

\*Tuition is based off the current listing of \$164 per credit hour and is subject to change by the State Board of Education without prior notice. A current listing can be found at the following link:

<https://www.jeffersonstate.edu/financial/tuition/>

\*EMS additional fees are estimated and are subject to change at the vendor's discretion.

## Emergency Medical Services Admission Information



### Students Seeking admission into the EMS Program must:

- Be enrolled at Jefferson State Community College
- Provide proof of placement test scores (test scores must be within 5 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 13 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 9)
- **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 provider's certification via an agency recognized by ADPH.
- 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 grade of "C" or higher and take the FISDAP Paramedic placement test.
- Have successfully completed EMS 189 OR BIO 201 with a grade of "C" or higher.
- Have completed English 101. Math 100 OR higher (**MTH 116 not accepted**) and SPH 106 or 107

### Completed applications may be returned by one of the following:

1. Scan and email to the program director at: [jnorris@jeffersonstate.edu](mailto:jnorris@jeffersonstate.edu)
2. Hand-deliver or U.S. mail to one of the following addresses:

Shelby Campus  
Jefferson State Community College  
EMS Program  
ATTN: James "Pete" Norris  
General Studies Building #316  
4600 Valleydale Road  
Birmingham, AL 35242

Jefferson Campus  
Jefferson State Community College  
EMS Program  
ATTN: James "Pete" Norris  
George Layton Building #107  
2601 Carson Road  
Birmingham, AL 35215

- ❖ **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, email at [jnorris@jeffersonstat.edu](mailto:jnorris@jeffersonstat.edu), 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!**
- ❖ **All documents turned in as part of the application process become property of JSCC.**

**Application due Friday, April 23, 2021**

**All academic holds and medical documentation must be completed and turned into the EMS office NO LATER than the first day of class.**

## Emergency Medical Services 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. 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 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) 88-4484, 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 and 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.



## Emergency Medical Services Additional Information



### 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, transportations, 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 form. Copies of insurance cards are acceptable. Students will not be allowed to participate in clinical rotations without proof of personal insurance 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 by agency approved by ADPH;
- ❖ 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 while enrolled in the program;
- ❖ Comply with all published policies, procedures, and rules of behavior for students from 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.



### EMS Program Orientation Schedule

Orientation is Mandatory for admission into the EMS program!  
Applicants may attend either orientation.

Orientation Schedule for Summer 2021 is as follows:

Jefferson Campus  
Date: May 4, 2021  
Time: 3:00pm OR 6:00pm  
Building/Room: TBA

Shelby Campus  
Date: May 5, 2021  
Time: 3:00pm OR 6:00pm  
Building/Room: TBA

Orientation may last as long as three (3) hours. Bring pen and paper to the meeting.

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 (205) 983-5206 or, email at [jnorris@jeffersonstate.edu](mailto:jnorris@jeffersonstate.edu), if there are questions or concerns.

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

Class Start Dates		
Jefferson Campus – EMT (Mon, Tues, Wed, & Thurs)	May 26, 2021	1PM – 5PM
Shelby Campus – EMT (Mon, Tues, Wed, & Thurs)	May 26, 2021	6PM – 10PM
Shelby Campus – AEMT (A Shift)	May 28, 2021	9AM – 5PM
Shelby Campus – Paramedic (A Shift)	May 28, 2021	9AM – 5PM

<b>EMS Program Fees</b>	
The following Fees Must Be paid to vendors at Orientation!	
Please have <b>cash</b> to pay vendors. Fees paid to vendors are <b>nonrefundable</b> after orientation.	
<b>Description:</b>	<b>Amount:</b>
Drug Screen	\$46
Background Check	\$14
Clinical Attire	\$65
CPR Certification	\$17
*Vendors Fees are subject to change without notice	<b>Total Due at Orientation: \$142</b>
<b>The following are paid to the JSCC Cashier by the first day of class!</b>	
<b>Description:</b>	<b>Amount:</b>
Identification badge	\$5
Malpractice Insurance	\$15
<b>The following fees are paid directly to online vendor!</b>	
<b>Description:</b>	<b>Amount:</b>
EMT Clinical Fee (Comprehensive Exams, Study Tools, & Internship Package)	\$84.00
AEMT Clinical Fee (Comprehensive Exams & Internship Package)	\$111.25
Paramedic Clinical Fee (Comprehensive Exams & Internship Package)	\$110.25
*Directions for payment to Clinical fee vendor will be given at orientation.	

- 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**.

## Emergency Medical Services Curriculum



Major Courses	Credit Hours
<b>Emergency Medical Technician</b>	
<b>EMS 118</b> Emergency Medical Technician	<b>9</b>
<b>EMS 119</b> Emergency Medical Technician Clinical	<b>1</b>
<b>Advanced Emergency Medical Technician</b>	
<b>EMS 155</b> Advanced Emergency Medical Technician	<b>9</b>
<b>EMS 156</b> Advanced Emergency Medical Technician Clinical	<b>1</b>
<b>Paramedic Pre-requisite Courses</b>	
<b>EMS 189</b> Anatomy and Physiology for the Paramedic OR <b>BIO 201</b> Human Anatomy and Physiology I	<b>4</b>
<b>*MTH 100</b> Intermediate College Algebra OR higher ( <b>MTH 116 NOT Accepted</b> )	<b>3</b>
<b>*ENG 101</b> English Composition I	<b>3</b>
<b>*SPH 106</b> Fundamentals of Oral Communications OR <b>SPH 107</b> Fundamentals of Public Speaking	<b>3</b>
<b>Paramedic</b>	
<b>P1</b>	
<b>EMS 240</b> Paramedic Operations	<b>2</b>
<b>EMS 242</b> Paramedic Patient Assessment	<b>2</b>
<b>EMS 243</b> Paramedic Pharmacology	<b>1</b>
<b>EMS 244</b> Paramedic Clinical I	<b>1</b>
<b>P2</b>	
<b>EMS 241</b> Paramedic Cardiology	<b>3</b>
<b>EMS 245</b> Paramedic Patient Assessment	<b>3</b>
<b>EMS 246</b> Paramedic Trauma Management	<b>3</b>
<b>EMS 248</b> Paramedic Clinical II	<b>3</b>
<b>P3</b>	
<b>EMS 247</b> Paramedic Special Populations	<b>2</b>
<b>EMS 253</b> Paramedic Transition to the Workforce	<b>2</b>
<b>EMS 254</b> Advanced Competencies for Paramedic	<b>2</b>
<b>EMS 255</b> Paramedic Field Preceptorship	<b>5</b>
<b>EMS 256</b> Paramedic Team Leadership	<b>1</b>
<b>Additional A.A.S. Requirements</b>	
<b>*BIO 103</b> Principles of Biology I *A higher level Biology course will satisfy this requirement	<b>4</b>
<b>PSY 200</b> General Psychology	<b>3</b>
<b>Humanities / Fine Arts</b> Art/Humanities/Religion/Theater/Music/Philosophy/Foreign Language/Literature course	<b>3</b>

**EMS 189 or BIO 201 is a pre-requisite to Paramedic level courses**

**\*MTH 100 and ENG 101 is a pre-requisite for the Paramedic Program**

**\*SPH 106 OR SPH 107 is a pre-requisite for 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.

Jefferson State Community College  
EMS Program Application



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#

City State Zip Code

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ JSCC Student #: \_\_\_\_\_

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 have 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 (**Math 116 not accepted**) \_\_\_\_\_ 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 admission criteria. Faxed application will not be accepted. *Due to space, students may be ranked based upon Placement 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 placement test scores OR proof of completion in MTH 100 or higher and ENG 101. (MTH 116 not accepted)
3. \_\_\_\_\_ Complete EMS Application Packet (pages 12-22)
  - \_\_\_\_\_ Class selection form
  - \_\_\_\_\_ Student Drug and Alcohol Screen Participation Form
  - \_\_\_\_\_ Background Check Consent Form
  - \_\_\_\_\_ Copy of personal health insurance card (**Required**)
  - \_\_\_\_\_ Copy of valid driver's license
  - \_\_\_\_\_ Complete Medical Form (test results must be provided) to include: (see pages 15 & 16)
    - TB Skin Test (negative test within 1 year)
    - Hepatitis B (proof of completed series and **Positive titer is required**) see pages 15 & 16
    - 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)

### 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 the previous semester. (EMT License required for clinical rotations)

### Additional requirement for Paramedic applicants:

- \_\_\_\_\_ Copy of current AEMT License or have successfully completed EMS 115 and EMS 156 the previous semester with a grade of "C" or higher (AEMT License required for clinical rotations).
- \_\_\_\_\_ Have successfully completed EMS 189 OR BIO 201 with a grade of "C" or higher.
- \_\_\_\_\_ Have completed ENG 101, SPH 106 or 107 and MTH 100 or higher (**MTH 116 not accepted**)

I hereby verify that I have read and understand the 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.

\_\_\_\_\_  
Applicants Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicants Printed Name

### Applications due April 23, 2021 to the following locations

George Layton Building Room 107 (Jefferson Campus) or General Studies Building Room 316 (Shelby Campus)

**EMS Class Selection**

Summer 2021

May 26, 2021 – August 9, 2021

**Please mark the section that applies to you.**

A min. number of students are required to form a class. If the class, you select is unavailable due to low enrollment you may reselect at orientation.

**EMT**

**Jefferson Campus**

**(Class Start Date: May 26, 2021)**

☐ Mon, Tues, Wed, and Thu evenings 1:00pm – 5:00pm

**Shelby Campus**

**(Class Start Date: May 26, 2021)**

☐ Mon, Tues, Wed, and Thu evenings 6:00pm – 10:00pm

**AEMT**

**Shelby Campus**

**(Class Start Date: May 28, 2021)**

☐ (A Shift)

**Paramedic**

**Shelby Campus**

**(Class Start Date: May 28, 2021)**

☐ (A Shift)

***Orientation is Mandatory for admission into the EMS Program!***

***Refer to page 9 for date, time, and location.***

***Application Due April 23, 2021 4:00pm***

## Immunization Requirements

The EMS program adheres to the following CDC guidelines. Each requirement must be documented on the EMS medical form provided (page 14) 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 disease. 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.

Vaccines	Recommendations in brief
<b><u>Hepatitis B</u></b>	<p>If you don't have documented evidence of a complete Hep B 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:</p> <ul style="list-style-type: none"> <li>• Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).</li> <li>• <b>Get anti-HBs serologic tested (titer) 1-2 months after dose #3. REQUIRED</b></li> </ul>
<b><u>Flu (Influenza)</u></b>	Get 1 dose of influenza vaccine annually.
<b><u>MMR (Measles, Mumps, &amp; Rubella)</u></b>	<p>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), <b>get 2 doses of MMR (1 dose now and the 2<sup>nd</sup> dose at least 28 days later).</b></p> <p>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 rebella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rebella component is in the combination vaccine with measles and mumps.</p> <p>For HCWs born before 1957, see the <a href="#"><u>MMR ACIP vaccine recommendations</u></a>.</p>
<b><u>Varicella (Chickenpox)</u></b>	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 ( <b>i.e., no serologic evidence of immunity or prior vaccination</b> ) <b>get 2 doses of varicella vaccine, 4 weeks apart.</b>
<b><u>Tdap (Tetanus, Diphtheria, Pertussis)</u></b>	<p>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).</p> <p>Get Td boosters every 10 years thereafter.</p> <p>Preganant HCWs need to get a dose of Tdap during each pregnancy.</p>
<b><u>Meningococcal</u></b>	Those who are routinely exposed to isolates of N. meningitis should get one dose.



## HEALTH CARE PROVIDER – PLEASE READ AND INSURE ALL OF YOUR PATIENT’S DOCUMENTATION IS COMPLETE.

Please complete all requirements listed below. You may meet the requirements with **one** of the listed suggestions. All requirements must have documentation submitted to prove the fulfillment of the requirement. All requirements must be fulfilled by **first day of class**.

### MMR (Measles/Rubeola, Mumps & Rubella):

- Documentation of positive IgG titer for Measles/Rubeola, Mumps & Rubella.
  - If any of the titer results are NEGATIVE or EQUIVOCAL, the student must get the first MMR vaccination and provide proof of documentation. The second MMR vaccination must be completed after 28 days and documentation submitted
- Documentation of completion of one series of MMR immunizations. *One “series” of immunizations includes two immunizations for each disease on separate dates at least 28 days (4 weeks) apart*

### Varicella (Chicken Pox)

- Documentation of positive IgG titer for Varicella. *Documentation of history of the active disease is not sufficient.*
  - If the titer result is NEGATIVE or EQUIVOCAL, the student must get the first Varicella vaccination and provide proof of documentation. The second Varicella vaccination must be completed 30 days later, and documentation submitted
- Documentation of completion of one series of Varicella immunizations. *One “series” of immunizations includes two immunizations at least 30 days apart*

### Tetanus/Diphtheria/Pertussis (TDAP)

- Documentation of vaccination within last 10 years

### Influenza Vaccine (Flu Shot)

- Documentation of current season immunization (Fall and Spring Semesters)
- Signed medical exemption form. *This will require that the student wears a mask during the designated flu season.*

### Hepatitis B

- Documentation of complete 3 shot series AND POSITIVE anti-HBs serologic testing
- Documentation of complete 3 shot series with NEGATIVE anti-HBs serologic testing AND signed waiver. *Student must begin new 2 or 3 shot (depending on vaccine) series with follow-up anti-HBs serologic testing.*
- Documentation as nonresponder AND signed waiver. *Nonresponder is defined as anti-HBs serologic testing less than 10 mIU/L following two complete series of Hep B vaccination.*

### Tuberculosis (TB)

- Documentation of a negative TB skin test (PPD) within the last year. Must be renewed annually
  - If TB skin test results are POSITIVE, documentation of a clear chest X-ray is required. If chest X-ray is Positive, student should have appropriate treatment and documentation

### Physical Examination

- Documentation of physical examination and EMS Essential Functions completed by a licensed healthcare provider. Form provided by EMS program. Examination and form must be completed within the last year. Must be renewed annually.

**Jefferson State Community College  
Emergency Medical Services Program  
Medical Form**

**Student Name:** \_\_\_\_\_ **Social or A#** \_\_\_\_\_

**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.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Must be within 1 year**

TB Skin Test	Description	Date	Results
Skin Test	Mantoux test only, Tine test unacceptable		
Chest X-ray	Required only if TB skin test is positive		
Antitubercular medication given?		Name of Medication?	

**Provider Signature:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

IMMUNIZATIONS: The EMS program adheres to the 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 15 of the EMS Application Packet and by clicking the following link:  
<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Vaccine Requirements (Dates REQUIRED)	Vaccination Dates			Titer Dates	Titer Results
<b>Influenza:</b> Annually					POS NEG
<b>Varicella:</b> proof of vaccine or positive titer	1 <sup>st</sup>	2 <sup>nd</sup>			POS NEG
<b>Tdap:</b> Within 10 years					
<b>Hepatitis B Series:</b> proof of completed series AND positive titer (REQUIRED)	1 <sup>st</sup>	2 <sup>nd</sup>	3rd		POS NEG
<b>MMR:</b> proof of vaccine or positive titer	1 <sup>st</sup>	2 <sup>nd</sup>			POS NEG

**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:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **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 program, 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 judgement 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.

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**Printed Name**

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**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**

## **Code of Ethics for EMS Practitioners** *(Originally written by: Charles B. Gillespie, M.D., NAEMT 6/14/13)*

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other healthcare practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

**JEFFERSON STATE COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES PROGRAM**

**STUDENT DRUG AND ALCOHOL SCREEN PARTICIPATION 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 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.

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**Student's Signature**

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**Witness's Signature**

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**Student's Printed Name**

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**Witness's Printed Name**

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**Date**

---

**Date**

**JEFFERSON STATE COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES 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 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.

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**Student's Signature**

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**Witness's Signature**

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**Student's Printed Name**

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**Witness's Printed Name**

---

**Date**

---

**Date**

# JEFFERSON STATE EMS PROGRAM UNIFORM ORDER FORM

STUDENT NAME: \_\_\_\_\_

LEVEL: \_\_\_\_\_ EMT/AEMT \_\_\_\_\_ PARAMEDIC

CAMPUS: \_\_\_\_\_ JEFFERSON \_\_\_\_\_ SHELBY OTHER \_\_\_\_\_

CONTACT INFORMATION:

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMT / AEMT	ITEM	RECOMMENDED	COST	SIZE	NUMBER ORDERED
Royal Blue	Shirt, Polo w/Embroidery	1	\$36.00 EA		
Gray	Shirt, Tee w/Embroidery	2	\$12.00 EA		
PARAMEDIC	ITEM	RECOMMENDED	COST	SIZE	NUMBER ORDERED
Maroon	Shirt, Polo w/Embroidery	1	\$36.00 EA		
Maroon	Scrub Top	1	\$22.00 EA		
Maroon	Scrub Pants	1	\$18.00 EA		
Gray	Shirt, Tee w/Embroidery	2	\$12.00 EA		
Black	Baseball Cap w/Embroidery	1	\$20.00 EA		

**Turn in the uniform order form to vendor at orientation.**

**Please be prepared to pay the vendor at that time.**

**MAC Uniforms and Equipment  
2208 3<sup>rd</sup> Avenue North  
Birmingham, AL 35203**

**(205) 324-6011**