

Temple College Department of Emergency Medical Services Professions

Critical Care Paramedic Admissions Packet

Thank you for your interest in the Critical Care Paramedic Program offered by the Emergency Medical Services Professions (EMSP) Department. We strive to consider all applicants in a fair and consistent manner. This packet describes the steps involved in making application.

Temple College and the EMS Professions Department do not discriminate on the basis of race, color, religion/creed, age, gender, disabling conditions, handicaps, or national origin. To be admitted to the Critical Care Paramedic program, students must first meet the basic entrance requirements of Temple College. However, admission to Temple College does not constitute automatic acceptance into the EMS Professions Department's programs.

The program to which you are applying is both mentally and physically challenging. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the EMS Professions Department as soon as possible. While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program's requirements, either with or without reasonable accommodations.

This packet also includes a list of the program's prerequisites and several required forms. Please complete all forms carefully and provide any necessary attachments. You should consult the checklist at the bottom of the form to ensure your application is complete. Please be aware that the time frame for immunizations is lengthy and you should plan accordingly. We do NOT accept incomplete applications. If you have any questions, please contact us. We will be happy to assist you.



EMS Professions
Temple College
2600 South First Street
Temple, TX 76504
Phone: 254-298-8697

Email : emsinfo@templejc.edu

Internet: <http://www.templejc.edu/dept/ems/Welcome.html>

Information for Prospective CCP Students

Prerequisites

Applicants must meet the following prerequisites to be considered for acceptance into the **Critical Care Paramedic** program:

1. Acceptance to Temple College.
2. Currently certified/licensed as a paramedic.
3. Have at least two years experience as a paramedic.
4. Current CPR Certification (AHA or ARC).
5. Completion of the Accuplacer test (or equivalent).
6. Verification of required immunization
7. Negative drug screening test.
8. Pass criminal background check.

Disability Accommodations

Temple College will take the steps required for reasonable accommodation to ensure that no individual is excluded, denied service, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Support assistance may include note takers, interpreters for the deaf, tutoring, counseling and advising, special arrangements, tape recorders, etc. Persons requesting disability services should complete a request for services by contacting the Office of Special Support Services. In many cases, recent documentation of disability may be required.

The Board for Critical Care Transport Paramedic Certification administers a separate process for determining whether accommodations for disabilities will be granted during the certification exams. Eligibility is determined on a case-by-case basis. Therefore, a student who receives an accommodation during the course has no guarantee of receiving an accommodation for the certification exam.

Immunizations

The following immunizations are required:

- Mumps, measles, rubella (2-doses of measles vaccine required)
- Tetanus, diphtheria (within 10-years)
- Hepatitis B
- TB Skin test or chest radiograph results completed within the previous 6 months
- Varicella or proof of disease (chicken pox) (2-doses required unless the first dose was received prior to the age of 13)

Documentation of these immunizations must be on file before you can register. Although the Department does not require it, you should consider also being vaccinated against hepatitis A.

Uniforms

You will be required to wear a uniform during clinicals. Specific information is found in this application packet.

Class Schedules

Class will follow a 24/48 hour rotation, meeting every third day (Monday/Thursday, Tuesday/Friday, or Wednesday/Saturday) from 1pm to 5pm. Classes will not meet on Sundays. The first class day is on January 11, 2009. In addition, you will attend at least 106 hours of clinical rotations. Clinicals will be scheduled for a time outside of class at a time agreed upon by the clinical sites.

Courses

You will need to enroll in two courses for six credit hours. EMSP 2458 - Critical Care Paramedic is the lecture/lab course. EMSP 2263 - Clinical EMS is the clinical course.

Transportation and Travel Costs

Temple College and the EMS Professions Department assume no responsibility for expenses incurred as a result of travel or transportation that must be arranged by students to satisfy course requirements.

Costs

Tuition and General Fees are based on where you live (in district or out of district).

Liability Insurance Fee - \$71.00

Textbook (Critical Care Paramedic by Bledsoe and Brenner) - \$100.00 (costs vary)

FISDAP (Clinical Scheduling and Tracking Database) - \$80.00

Uniform – cost vary

Criminal Background Check – \$28.00 (costs vary)

Drug Screening - \$45.00 (costs vary)

EMSP Student Uniform Information

Students enrolled in EMSP clinical courses are required to purchase a uniform meeting the specifications outlined in the EMSP Student Handbook. This uniform must be worn during all clinical (hospital and field sites) rotations with the exception of Labor & Delivery and OR rotations. The EMSP uniform consists of:

- ◆ a white uniform shirt meeting the specifications of the EMSP Program (e.g. white with epaulettes, right and left vertical seams, and velcro pockets),
- ◆ dark blue or black “Pro-Tuff” type of EMS pants meeting the specifications of the EMSP Program (uniform-style pants with cargo-type pockets, hemmed without drawstrings), [EMS Pants are optional for EMT Students only]
- ◆ a black belt appropriate for the EMS pants,
- ◆ a Temple College EMSP program patch neatly sewn 1 inch down on the right sleeve,
- ◆ a current Texas or National Registry certification patch (EMT-P, EMT-LP) sewn 1 inch down on the left sleeve (if applicable),
- ◆ a Temple College EMSP program photo ID badge,
- ◆ black, low-heeled, closed-toe, clean shoes or boots,
- ◆ other tools or instruments as specified by the program (e.g. penlight, safety vest, eye protection, N95 Respirator, pen, notepad, etc.)

Restrictions are also placed on hair color, facial hair, nail polish, nail length, perfume, tattoos, and jewelry. These restrictions are based on professional and safety standards. The uniform must be clean and pressed. Clinical sites, preceptors or Temple College EMSP program staff may turn you away if they feel your dress or general appearance is inappropriate.

The specific Dress Code and Personal Hygiene policies are contained in the Temple College Student Handbook and the EMS Professions student handbook.

Students who need to purchase uniforms may do so from any source. However, the uniforms must meet the specifications of the EMSP program.

Criminal Background Check Requirement

Scott and White Hospital and Clinic requires all students to complete and submit a criminal background check prior to gaining access to its facilities. The background check must be completed every two years or if the student has not been continuously enrolled in EMSP courses. Students who have been convicted of the following offenses **will not** be allowed onto Scott and White property as a student and thus, will not be allowed to complete clinicals:

1. Criminal homicide;
2. Kidnapping or unlawful restraint;
3. Indecency with a child;
4. Sexual Assault;
5. Injury to a child, elderly individual or disabled individual;
6. Abandoning or endangering a child;
7. Aiding suicide;
8. Agreement to abduct a child from custody;
9. Sale or purchase of a child;
10. Arson;
11. Robbery;
12. Aggravated robbery;
13. Assault (Class A or Felony level);
14. Burglary;
15. Theft (Felony level);
16. Misapplication of fiduciary property or property of a financial institution (Class A or Felony level); or,
17. Securing execution of a document by deception (Class A or Felony level);

Scott and White has agreed to allow the students to use CertifiedBackground.com. Do not obtain a criminal background check from another vendor. Temple College is not affiliated with this company. Questions regarding pricing and policies should be directed toward CertifiedBackground.com.

Do not complete this process until you are advised by the EMS Professions Department!

Drug Screening Requirement

Scott and White Hospital and Clinic requires all students to complete and submit a drug screening (blood draw) prior to gaining access to its facilities. The drug screening must be completed every two years or if the student has not been continuously enrolled in EMSP courses. Students who test positive for the following substances without providing a prescription **will not** be allowed onto Scott and White property as a student and thus, will not be allowed to complete clinicals:

1. Amphetamines;
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolites
5. Marijuana
6. Methadone
7. Methaqualone
8. Opiates
9. Oxycodones
10. Phencyclidine
11. Propoxyphene

In addition, students are subject to further drug screening for cause. Please refer to the Temple College Student Handbook and the EMS Professions Student Handbook for additional information.

Scott and White has agreed to allow the students to use a number of local vendors. You may not use unapproved vendors. Temple College is not affiliated with these vendors. Questions regarding pricing should be directed toward the vendors.

Do not complete this process until you are advised by the EMS Professions Department!

Evaluation of Applicants

The number of students in the program is limited by spaces available for clinical experience in affiliated hospitals and EMS provider organizations. Acceptance into the program is on a first come first serve basis.

Admissions Process

- 1) Apply to Temple College.
- 2) If you have not taken the Accuplacer Exam, an equivalent exam, and you are not exempt, you should contact the Testing Center at 254-298-8586 or the Taylor Center at 512-365-7242 and schedule to take the required entrance exams.
- 3) Complete the Application Form, Criminal History Form and the Hepatitis B Forms.
- 4) Obtain and attached the following documents to your Application Form. **We do NOT accept incomplete applications**
 - a) A current resume or curriculum vitae showing your work history.
 - b) A copy of your current paramedic certification or licensure.
 - c) Verification of the following immunizations
 - i) Tetanus (within 10 years)
 - ii) Diphtheria
 - iii) Mumps, Measles, and Rubella (2 doses of measles required)
 - iv) Varicella or documented proof of chicken pox (2 doses required unless the first dose was received prior to the age of 13)
 - v) Hepatitis B
 - vi) Hepatitis A is not required, but it is recommended
 - vii) Negative results from a tuberculosis skin test or chest x-ray performed within the last 6 months
 - d) Copy of a current CPR Card (AHA or ARC)
 - e) Copy of your Drivers License or State ID card
- 5) Bring your application packet to the EMS Professions Department. Once we verify that all information is present, you will be eligible to enroll in the courses.

NOTE: Please retain copies of all documents you provide as part of the admissions process. Employers frequently require similar documents as part of their application process. The EMS Professions Department does NOT routinely provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files.

Please return the following pages along with the required documents to the EMS Professions Office.

Mail

EMS Professions
Temple College
2600 South 1st Street
Temple, TX 76504

Email

emsinfo@templejc.edu

In Person

Main Campus

Health Science Center #1895

Or

East Williamson County Higher Education Center

Administration Office

516 North Main

Taylor, TX 76574

Critical Care Paramedic Application

| | | | |
|--|------------|-----------------------------------|----------------|
| Last Name | First Name | Middle Initial | Preferred Name |
| Social Security Number | | Date of Birth | |
| Mailing Address | | | |
| City | State | ZIP | |
| Home Telephone (with area code) | | Work Telephone (with area code) | |
| Cell Phone Number (with area code) | | Email Address | |
| Highest Level of Education Completed, including degree and institution if appropriate. | | | |
| Name of Emergency Notification | | Telephone Number (with area code) | |

The nature of EMS duties requires restrictions to be placed on credentialing of persons with criminal histories. Clinical sites will require a criminal background check and a drug screen prior to beginning clinical rotations. If the student does not meet the standards set by the clinical site, the student will not be allowed to attend or complete the clinical at that site. Applicants with criminal histories who wish to be certified by the Board for Critical Care Transport Paramedic Certification are reviewed by that agency on a case by case basis. Therefore, the EMSP Department is not able to advise a student with a criminal history if he/she will be eligible for certification upon course completion. Restrictions from entering a clinical site may not be the same as those of the certification agencies. Questions regarding certification of applicants with criminal histories should be directed to the Board for Critical Care Transport Paramedic Certification.

Have you:

_____ Applied to Temple College?

_____ Arranged with Temple College Testing Center to take the required entrance exams?

Have you attached the following documents to this application?

_____ Current resume or curriculum vitae

_____ Verification of immunization against: tetanus, diphtheria, mumps, measles, rubella, varicella and hepatitis B.

_____ Negative results of a tuberculosis skin test or chest x-ray performed within the last 6 months

_____ Copy of current CPR card

_____ Copy of current Paramedic certification/licensure

_____ Copy of current Drivers License or State ID Card

Incomplete applications will NOT be accepted.

Criminal History **Important Disclosure and Agreement**

Student Name: _____

Student Address: _____

Degree Sought: _____

Field of Study: _____

Student has requested admission or has been admitted to Temple College to seek a degree or certificate in the above field of study. A portion of the curriculum which the Student must complete involves a clinical rotation or observation at a hospital or health care facility. If Student completes the field of study and obtains the degree or certificate sought, Student might have to be licensed or certified by the State of Texas or other jurisdiction before Student can be employed in his or her chosen field.

Before beginning or continuing Student's field of study at Temple College, Student should be aware that a criminal record may have adverse consequences on Student's ability to reach Student's ultimate goal of certification/licensure and employment.

For instance, Student may not be able to complete clinical rotations or observations if Student has a criminal record. Likewise, such a record may prevent Student from being licensed, certified, or employed. A criminal background check may and probably will be required in connection with Student's clinical rotation/observation, licensure/certification, and employment.

Temple College and its faculty, officers, and employees cannot determine with certainty whether Student's criminal record, if any, will have any adverse effect on Student's ability to complete the field of study, obtain the degree sought, be licensed/certified, or be employed.

Student understands that the decision as to whether the Student can attend clinicals or observation at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency. The following offenses will disqualify Student from consideration for clinicals:

- 1. Criminal homicide;**
- 2. Kidnapping or unlawful restraint;**
- 3. Indecency with a child;**
- 4. Sexual Assault;**
- 5. Injury to a child, elderly individual or disabled individual;**
- 6. Abandoning or endangering a child;**
- 7. Aiding suicide;**
- 8. Agreement to abduct a child from custody;**
- 9. Sale or purchase of a child;**
- 10. Arson;**
- 11. Robbery;**
- 12. Aggravated robbery;**
- 13. Assault (Class A or Felony level);**
- 14. Burglary;**
- 15. Theft (Felony level);**
- 16. Misapplication of fiduciary property or property of a financial institution (Class A or Felony level); or,**
- 17. Securing execution of a document by deception (Class A or Felony level);**

Student, by signing below, acknowledges receipt of this document and understands its contents. Student covenants never to sue or seek damages from Temple College as a result of any adverse consequences described above which maybe suffered by Student as a result of Student's criminal record. Student acknowledges that Temple College or a health care provider may have to obtain are part of Student's criminal record or other required information at some time in the future to place Student in a clinical rotation or observation. Student must sign all forms necessary for the College or a health care provider to obtain this criminal report or other required information in order to be admitted into a clinical rotation or observation.

Signature of Student

Date

Temple College Hepatitis B Immunization Information

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Short-term consequences of Hepatitis B include an average of seven (7) weeks lost from work and the risk of permanent liver damage. Long-term consequences include chronic active Hepatitis, cirrhosis of the liver, and liver cancer.

In the health care setting, Hepatitis B patients are difficult to identify. In many cases, they do not show symptoms and it may not be known that they are infected with the Hepatitis B virus. The virus is primarily spread to health care workers through contact with infected blood or other body fluids. Health care workers have three (3) to five (5) times the risk of the general public of acquiring Hepatitis B. Hepatitis B represents the major occupational infectious disease hazard of health care workers.

THE CENTER FOR DISEASE CONTROL (CDC) AND THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) RECOMMEND VACCINATION OF ALL HEALTH CARE WORKERS.

As a student in a health care field, you will have direct contact with patients who could be Hepatitis B carriers. THEREFORE, IT IS REQUIRED THAT YOU OBTAIN THE SERIES OF THREE (3) IMMUNIZATIONS FOR HEPATITIS B, OR PROVIDE PROOF OF SEROLOGIC CONFIRMATION OF IMMUNITY TO HEPATITIS B VIRUS OR YOU MUST QUALIFY FOR ONE OF THE EXCLUSIONS LISTED IN RULE 97.62.

Hepatitis B Immunization Information

I, _____, hereby affirm that I have been well advised and thoroughly informed of the hazards of not obtaining the **Hepatitis B immunizations**.

I understand that participating in clinical rotations involves certain risks, and injuries can occur that result in extensive treatments, personal injury and even death. I understand that it is my responsibility to obtain the **Hepatitis B immunizations and to provide proof of such to Temple College**.

_____ I have already been vaccinated against **Hepatitis B** and will provide proof of these to Temple College.

_____ I will immediately start and obtain the entire series of **Hepatitis B** immunizations prior to any clinical rotations or other activities involving patient care and will provide proof of these to Temple College. Completion of the **Hepatitis B** series takes approximately four (4) to six (6) months to complete. **Please see schedule regarding admission requirements.** Watch your dates closely.

_____ I Choose NOT to obtain the **Hepatitis B** immunizations. I understand if I choose not to obtain the **Hepatitis B** immunizations and I do not qualify for any of the Exclusions in Rule 97.62, I will not be considered for admission into this program.

EXECUTED this _____ day of _____, 20____.

Signature _____

Printed Name: _____

Release of Liability

In consideration of being allowed to enroll in clinical rotation courses, I hereby affirm that REGARDLESS OF MY HEPATITIS IMMUNIZATION STATUS, I DO HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE TEMPLE COLLEGE, ITS GOVERNING BOARD, ITS EMPLOYEES, INSTRUCTORS, AGENTS, AND REPRESENTATIVES (THE “RELEASED PARTIES”), FROM ALL LIABILITY WHATSOEVER TO ME FOR PERSONAL INJURY, DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OR BY ANY STATUTORY VIOLATION, OR CAUSED BY MY CONTRACTING HEPATITIS OR ANY CONTAGIOUS DISEASE WHATSOEVER, INCLUDING INJURIES OR DISEASES CAUSED BY “SHARP” CUTS, NEEDLE STICKS, OR EXPOSURE TO PATIENTS OR THEIR BODILY FLUIDS OR RESPIRATIONS, AND I EXPRESSLY HEREBY DISCHARGE AND RELEASE THE SAID RELEASED PARTIES ABOVE NAMED FROM ANY CLAIM, DEMAND, CAUSE OF ACTION OR DAMAGE OF ANY DESCRIPTION IN ANY WAY RELATED TO MY CONTRACTING INFECTIOUS DISEASES AND MY OBTAINING OR FAILING TO OBTAIN IMMUNIZATIONS AGAINST THESE DISEASES. THIS RELEASE WILL BE APPLICABLE TO DAMAGES SUSTAINED BY ME CAUSED BY THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, EVEN IF THEY ARE DISCHARGED OR PROTECTED AGAINST THEIR OWN NEGLIGENCE.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE OF LIABILITY BY READING IT AND THE TEMPLE COLLEGE HEPATITIS B INFORMATION DOCUMENT BEFORE SIGNING BELOW.

EXECUTED this _____ day of _____, 20____.

SIGNATURE _____

Printed Name: _____

Hep B Rev: May, 2005