



**COLLEGE OF THE MAINLAND  
EMERGENCY MEDICAL SERVICES  
PROGRAM  
APPLICATION PACKET**





## **EMS Program Overview:**

College of the Mainland (COM) offers courses for students looking to be certified as an **EMT-Basic**, **Advanced EMT**, and **Paramedic**. COM's EMS program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) based upon recommendation from Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).

## **Notice to Students Regarding Licensing:**

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<http://www.dshs.state.tx.us/emstraumasystems/qicriminal.shtm?terms=criminal%20background>

Should you wish to request a review of the impact of criminal history on your potential EMT Certification prior to or during your quest for a degree, you can visit this link and request an EMS Criminal History Prescreening:

<https://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

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## Steps to Successful Admission into Emergency Medical Services Program

- **Apply to College of the Mainland**
  - <https://www.com.edu/admissions/apply/>
  - Fill out FASFA
    - <https://www.com.edu/financial-aid/what-is-fafsa.html>
  - Contact Veterans Center (If Applicable)
    - <https://www.com.edu/veterans/index.html>
  - Fill Out Scholarships -EMS Scholarships are available
    - <https://www.com.edu/paying-for-college/scholarships.html>
- After Enrolling make sure you get your Student ID
  - You can do this in Student Help Center in the Doyle Family Administration Building (Building #2)
- **Make an Appointment to Speak to the Public Service Careers Advisor- Destin Trocheset**
  - An appointment to see the advisor can be made in one of three ways:
    - EAB Navigate App: <https://www.com.edu/navigate/>
    - Academic Advising webpage: <https://www.com.edu/student-services/academic-advising.html>
    - Visit the Welcome Desk in the Doyle Family Administration Building at:  
1200 N. Amburn Rd.  
Texas City, TX 77591  
Building #2
  - New applicants may directly make an appointment with the advisor.
  - Transfer students will need to have their transcripts and admissions documentation prior to meeting with the advisor.



- **Speak with Public Service Careers**

- Contact Public Service Careers in person, over the phone, or through email so one of the Administrative Assistants can explain the packet and process for admissions into the Emergency Medical Technician Program.
- Contact information for Public Service Careers can be found at:
  - <https://www.com.edu/academics/emergency-medical-services/>

- **Complete The Background Check**

- **Background checks are completed through Castle Branch.**
  - Go to <https://mycb.castlebranch.com/>
  - Enter package code: **CV96** in the upper right of the page
  - This unlocks the background check specific for the COM EMS Program
  - By completing the background check you authorize the COM EMS Program the authority to access the records and results.
  - Package: CV96 includes the following:
    - County Criminal History
    - Nationwide Healthcare Fraud and Abuse Scan
    - Nationwide Record Indicator with SOI
    - Social Security Alert
    - Residency History
    - The package includes a search of your current county of residence. If any additional counties are found associated with your name, they will be performed at no additional charge.
    - The package also includes researching records under your current name and any additional names you may have used, if applicable.
  - Your payment options include Visa, Mastercard, Discover, debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.
  - Accessing Your Account
    - To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.
    - For additional assistance, please contact the Castle Branch Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.



- Students that have incidents on their background, excluding traffic tickets, should contact the EMS Program Coordinator Michael Cooper: 409-933-8198 or [mcooper18@com.edu](mailto:mcooper18@com.edu) to discuss any background issues. Ability to attend class does not guarantee the ability to get certified.
- All criminal background information will be kept in confidential electronic files by the investigating agency and archived for seven years. The EMS Program Coordinator and Clinical Coordinator may have access to these files at any time.
- Returning or reenrolling students (i.e., going from EMT Basic to AEMT do not have to complete this step. The results will be accepted for the duration of the student's enrollment in the EMS Program if the participating student has not had a break in enrollment at the College, and if the student has had no disqualifying allegations or convictions while enrolled.
- A break in enrollment is defined as nonattendance of one full semester or more and attendance must be verifiable through the College.
- Wait for a call or email from Public Service Careers. **Once the background check clears, an Administrative Assistant will reach out for further information regarding scheduling classes.**
- **Gather Items from Public Service Careers EMS Application Packet**
  - All items from the Public Service Careers EMS application packet must be gathered prior to the beginning of classes except for the Drug Screen (you must wait until instructed or class begins and instructed to take the drug screen).
  - Hold onto these items until the first week of classes and further instruction is given.
- **Class Registration and Approval**
  - An Administrative Assistant for Public Service Careers will reach out to confirm which courses you will enroll in.
  - **A registration confirmation will go to your new College of the Mainland email address.** This form must be thoroughly looked over for errors in class scheduling and personal identifying information. If the information is correct, it must be approved by the student for it to go to Admissions to be entered into the system. Any delay in performing this confirmation may prevent you from enrolling.



- **Attend Info Sessions and Orientation**

- Info sessions are great sources for information for students who are confused about the process or just want to touch base on what the program is about. (Every effort should be made to attend these, as mandated on prescribed date and time).

- **Classes Begin**

- The Clinical Director will provide direction on what to do with gathered application documents.

*After the Clinical Director has instructed it, drug screens will also need to be completed.*

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**Notice Regarding  
Texas Administrative Code  
TITLE 25 HEALTH SERVICES  
PART 1 DEPARTMENT OF STATE HEALTH SERVICES  
CHAPTER 157 EMERGENCY MEDICAL CARE  
SUBCHAPTER C EMERGENCY MEDICAL SERVICES TRAINING AND  
COURSE APPROVAL RULE §157.33 Certification**

To qualify for certification EMS students must meet the following:

(a) Certification requirements. A candidate for emergency medical services (EMS) certification shall:

(1) be at least 18 years of age;

(2) have a high school diploma or GED certificate:

(A) the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable;

**Please read the regulation here:**

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=157&rl=33](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=157&rl=33)

**Students will be required to provide proof of a high school diploma or GED/HSE. These documents will be provided during the document dossier process. Any student who cannot provide this documentation will not be allowed to test for certification.**

**###**



## Who Can Help?

The application process can be daunting and must be completed before enrollment in the EMS Program. If you need assistance with the application or have any questions or concerns, Please Contact:

**Public Service Careers Administrative Assistant**

**Valerie Pieper**

**Phone: 409-933-8224**

**[vpieper@com.edu](mailto:vpieper@com.edu)**

**Public Service Careers Administrative Assistant**

**Michele Brown**

**Phone: 409-933-8285**

**[mlbrown@com.edu](mailto:mlbrown@com.edu)**

**Program Director of the EMS Program**

**Michael Cooper LP,**

**Phone: 409-933-8198**

**[mcooper18@com.edu](mailto:mcooper18@com.edu)**

**Clinical Coordinator and EMS Faculty**

**Doug Chappell**

**Phone: 409-933-8155**

**[dchappell@com.edu](mailto:dchappell@com.edu)**

**Chair, Public Services Careers Department**

**Dr. R.E. Davis**

**Phone: 409-933-8313**

**[rdavis29@com.edu](mailto:rdavis29@com.edu)**

**For Questions about Enrolling in College of the Mainland**

**Contact:**

**Destin Trochesset**

**Academic Advisor for Public Service Careers**

**Phone: 409-933-8684**

**[dtrochesset@com.edu](mailto:dtrochesset@com.edu)**

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## **Veterans**

Many Veterans enter Emergency Medical Services and other Public Service Careers. The College of the Mainland Emergency Medical Services Program recognizes and supports the unique skills that Veterans bring to the Program as well as unique challenges they may face.

Upon acceptance into College of the Mainland, if you are an honorably discharged military veteran, please contact the College of the Mainland Veterans Center.

Veteran Center Front Desk

409-933-8455

fax: 409-933-8223

comvets@com.edu

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## Emergency Medical Technician-Basic Cost Breakdown

These costs are approximate for the EMT-Basic to allow for preparation and budgeting. They may not reflect your final cost and should not be viewed as a price guarantee. AEMT and Paramedic will have different costs.

In-District Tuition & Fees	\$519.00 (estimated)
Out-of- District Tuition & Fees	\$799.00 (estimated)

### Additional Fees

Uniforms	\$180.00 (covered in tuition/fees)
Clinical Liability Insurance	\$18.00 (approx.)
Drug Screen*	\$ 25.00 (approx.)
Background check by Castle Branch	\$ 29.00 (approx.)
Physical	\$ 50.00 (approx.)
Purchased Books and Online Platform	\$200.00 (approx.)



## Required Textbooks

### **EMT-Basic**

*Spring, Summer, and Fall*

#### E-Book

Jones & Bartlett's Emergency Care and Transportation of the Sick and Injured, 12th Edition, Including Navigate Advantage with FISDAP Internship Package

<https://www.jblearning.com/cart/Default.aspx?bc=23666-8&ref=psg&coupon=COMAINTX21>

OR

#### Print

Jones & Bartlett's Emergency Care and Transportation of the Sick and Injured, 12th Edition, Including Navigate Advantage with FISDAP Internship Package

<https://www.jblearning.com/cart/Default.aspx?bc=23665-1&ref=psg&coupon=COMAINTX21>

### **AEMT**

*Spring and Fall*

#### E-Book

Advanced Emergency Care and Transportation of the Sick and Injured, Fourth Edition, Including Navigate 2 Advantage Access

<https://www.jblearning.com/cart/Default.aspx?bc=24417-5&ref=psg&coupon=COMAIN25>

OR

#### Print

Advanced Emergency Care and Transportation of the Sick and Injured, Fourth Edition, Including Navigate 2 Advantage Access

<https://www.jblearning.com/cart/Default.aspx?bc=22814-4&ref=psg&coupon=COMAIN25>

AND

#### Print

ITLS for Emergency Care Providers – 9<sup>th</sup> Edition

Available in the COM Bookstore



## **Paramedic**

*Spring Only*

Print With E-Book Included

Nancy Caroline's Emergency Care in the Streets, Eighth Edition, Including Navigate 2 Advantage Access

<https://www.jblearning.com/cart/Default.aspx?bc=13723-1&ref=psg&coupon=COMAINTX21>

OR

Print

Nancy Caroline's Emergency Care in the Streets, Eighth Edition, Including Navigate 2 Advantage Access

Available in the COM Bookstore

AND

Print

2020 ACLS Provider Manual

Available in the COM Bookstore

## **Textbook Purchasing**

A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

## **Textbook Price Matching**

The College of the Mainland Bookstore may be able to match the price of other retailers. Please contact them and see the following link.

[http://www.combookstore.com/StoreFiles/95-SchoolFiles/95-Price\\_Match.pdf](http://www.combookstore.com/StoreFiles/95-SchoolFiles/95-Price_Match.pdf)

*Please be cautious about ordering textbook packages from Amazon as they may not be correct. For any questions regarding this, please contact the EMS Coordinator Michael Cooper at 409-933-8198.*

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## EMERGENCY MEDICAL SERVICES PROGRAM MEDICAL SECTION

### Academy/EMS Physical Form

*College of the Mainland Fire Academy and EMS programs requires a physical examination by a licensed physician/health care provider to ensure the student's ability to safely complete the programs.*

**STUDENT:** Complete following *prior* to visiting the doctor. **Please PRINT clearly.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

In case of emergency, please notify:

\_\_\_\_\_  
Last First Relationship Phone Number

Please check if you have had any of the following:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
	<input type="checkbox"/>	Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	Fear of closed spaces
	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Panic attacks/ anxiety
	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems
	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Glasses/ contacts
	<input type="checkbox"/>	Abnormal chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	Surgery of any type
	<input type="checkbox"/>	Recent cold, flu, bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss
	<input type="checkbox"/>	Have you ever smoked?	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aid
	<input type="checkbox"/>	Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications
	<input type="checkbox"/>	Fainting or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems
	<input type="checkbox"/>	Neurological problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart-related issues
	<input type="checkbox"/>	Any other condition which may impact program performance	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion/heat stroke



Please explain any “Yes” answers:

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Do you have any Allergies (food, medication, environmental)? Please describe reaction. Do you carry an EpiPen?

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*I hereby attest that the medical information supplied includes all medical conditions that would affect my participation in the EMS or Fire Academy. I authorize the release of current medical information on my medical history or current condition to clinical affiliates. In case of emergency, I authorize release of same information to relevant medical professionals.*

*If false information is given, or if significant medical information is withheld, I understand I **will be dismissed from the program.***

Student Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Fire Academy/EMS Physical Form Continued

**Medical Provider:** Please evaluate the student's ability to meet the following standards:

Yes      No      N/A

**Sufficient eyesight:** observe patients, read records, manipulate equipment. Function in dim light, drive in hazy conditions. Wear protective eyewear.

**Sufficient hearing:** to hear blood pressures and function in high-noise environments.

**Sufficient speaking, reading, and writing skills:** to effectively and promptly communicate in English.

**Sufficient gross and fine motor coordination:** to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend, and lift under emergency conditions.

**Satisfactory physical strength and endurance:** to move immobile patients, lift/carry/balance 125lbs. while walking, stand in place for long periods of time, complete clinical rotation of 12 to 24 hours.

Tolerate environmental extremes (heat/cold/wet/poor ventilation/noise/vibrations). **Satisfactory psychological function:** ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.

**Can this student medically tolerate various types of respirators?** Examples include simple N95 to avoid infectious exposure and various hazmat/firefighting masks. Examples of these include air-purifying respirators, supplied-air respirators, and self-contained breathing apparatus.

**\*Fire Academy Candidates Only** (mark N/A if student does not plan to attend Fire Academy now or within the year): perform while wearing protective clothing/gear, approximately 50 lbs., lift and climb/descend ladders (with victims up to 200 lbs.).



## Fire Academy/EMS Physical Form Continued

Remarks/Abnormal Findings:

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*After careful physical examination, it is my opinion that this student has no current or past medical issues which will prevent him/her from **safely completing** indicated program(s).*

***Please indicate:***

- ☐ **EMS Program**
- ☐ **Fire Academy** (see special section, above)

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Medical License Number:

\_\_\_\_\_

- ☐ Physician (MD/DO)
- ☐ Physician Assistant
- ☐ Nurse Practitioner





## Pre-Clinical Work

Emergency Medical Services Program classes require a clinical component to be able to test for certification. This is a separate class that will help you to learn the professional practices and processes of the profession. You will be working in hospital and ambulance service settings to learn and practice EMS skills.

In most cases clinicals are taken concurrently with the academic courses. However, if your grades in the academic coursework do not meet the Program requirements you may need to take clinicals in a separate semester.

Because there is limited time to complete clinical requirements it is important to begin before the start of the semester the process of getting your medical information gathered and organized.

Our clinical partners set the standards on what information is needed to be able to enter and work within their facilities.

Once you have the following in order hang on to it until instructed to upload the data by the Clinical Coordinator.

**This material needs to be ready for the first week of classes.**

### Checklist of material to have before the first day of class

What	Where	Completed
College of the Mainland ID Card	Student Help Center in the Doyle Family Administration Building (Building #2)	
<b>Completed Physical Exam Form</b> (with acknowledgement of physical requirements)	In this packet  Take this to your physician or WellNowHealth  <a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a>	

<b>AHA-BLS CPR certification</b> (ONLY American Heart Association BASIC LIFE SUPPORT PROVIDER CPR is acceptable)—expiration MUST be after the end of the semester in which you are attending EMS class.	Any American Heart Association Training Center For Example: <a href="https://rchealthservices.com/">https://rchealthservices.com/</a>	
<b>TB Test</b> <b>PPD within the last 12 months</b> - proof of a negative TB skin test or negative chest x-ray report  <b>Cannot expire thought the end of the semester</b>	Any Doctor, Clinic, WellNowHealth or AnyLabTestNow  <a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a> <a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a>	
<b>Flu Vaccine</b> —evidence of inoculation in the current year  You must have the provider fill out the attached Flu Vaccine Verification Form	Any Doctor, Clinic, Local Pharmacy, Clinic, WellNowHealth or AnyLabTestNow  <a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a> <a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a>	
<b>Hepatitis C Antibody TITER</b> —(also known as “Hep C Screen”; tests for previous exposure to Hep C)	WellNowHealth or AnyLabTestNow  <a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a> <a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a>	
PROOF of immunizations: <b>Measles Mumps Rubella MMR--2 inoculations or antibody titer</b>	Any Doctor, Clinic, Clinic, WellNowHealth or AnyLabTestNow  <a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a> <a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a>	

<p>PROOF of immunizations: <b>Varicella (Chicken Pox)—</b> <b>inoculation or history of disease</b> <b>or titer</b></p>	<p>Any Doctor, Clinic, Local Pharmacy, Clinic, WellNowHealth or AnyLabTestNow</p> <p><a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a></p> <p><a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a></p>	
<p>PROOF of immunizations: <b>Tdap</b> <b>(tetanus/diphtheria/pertussis)—</b> <b>inoculation within last 10 years</b></p>	<p>Any Doctor, Clinic, WellNowHealth or AnyLabTestNow</p> <p><a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a></p> <p><a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a></p>	
<p>PROOF of immunizations: <b>Hepatitis B—3 inoculations or</b> <b>antibody titer</b></p> <p><b>Start this series of three</b> <b>inoculations for clinical eligibility</b></p>	<p>Any Doctor, Clinic, WellNowHealth or AnyLabTestNow</p> <p><a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a></p> <p><a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a></p>	
<p>PROOF of immunizations: <b>COVID-19 Vaccine(s)</b></p> <p><b>All clinical sites require full</b> <b>vaccination prior to entry there</b> <b>may not be a religious or medical</b> <b>exemption available.</b></p>	<p>Any Doctor, Clinic, WellNowHealth or AnyLabTestNow</p> <p><a href="https://wellnowhealth.net/">https://wellnowhealth.net/</a></p> <p><a href="https://www.anylabtestnow.com/">https://www.anylabtestnow.com/</a></p>	
<p>AEMT Students only: <b>Current NREMT / DSHS EMT</b> <b>Basic certification</b></p>		
<p>Paramedic students only: Current <b>NREMT AEMT and/or DSHS</b> <b>AEMT certification</b></p>		

## Patient Consent Form For Seasonal Influenza Vaccine

I have read, or have had explained to me, the CDC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barré's syndrome. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me (or person named below for whom I am authorized to make this request). **Please print:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? \_\_\_\_ Yes \_\_\_\_ No

Does the person receiving the vaccine have a history of Guillain-Barré's syndrome or a persistent neurological illness? \_\_\_\_ Yes \_\_\_\_ No

Is the person receiving the vaccine pregnant? \_\_\_\_ Yes \_\_\_\_ No (If yes, LAIV contraindicated, TIV recommended)

Is the person receiving the vaccine allergic to Thimerosal (Preservative found in contact lens solution), any vaccine ingredient, or latex? \_\_\_\_ Yes \_\_\_\_ No

Signature of person receiving vaccine

Date

**DO NOT WRITE IN THIS SPACE- OFFICE USE ONLY**

**VIS Edition Provided:** \_\_\_\_\_

**Lot number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CHECK ONE:**

- \_\_\_\_ 0.5 mL IM Influenza Virus Vaccine given in \_\_\_\_ left \_\_\_\_ right deltoid – TIV or QIV  
 \_\_\_\_ 0.5 mL IM Influenza HIGH Dose Virus Vaccine given in \_\_\_\_ left \_\_\_\_ right deltoid (65+) TIV-SR  
 \_\_\_\_ 0.2 mL Live Attenuated Influenza Virus Vaccine given intranasally (half each nostril)  
 \_\_\_\_ 0.5 mL FluBlok Influenza Virus Vaccine given in \_\_\_\_ left \_\_\_\_ right deltoid  
 \_\_\_\_ Children 6-35 months: 0.25 mL/ dose given in \_\_\_\_ left \_\_\_\_ right deltoid (1 or 2 doses per season)  
 \_\_\_\_ Children 3-8 years: 0.5 mL/ dose given in \_\_\_\_ left \_\_\_\_ right deltoid (1 or 2 doses per season)  
 \_\_\_\_ Children older than 9 years: 0.5 mL/ dose given in \_\_\_\_ left \_\_\_\_ right deltoid (1 dose per season)

\_\_\_\_  
**Organization (Walgreens, HEB, name of clinic, etc.)**

X \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Nurse/ MA/ Provider's Signature, Date, and Time**

**ATTACH DOCUMENTATION (IF ANY) TO THIS FORM.**



## **College of the Mainland Emergency Medical Services Drug Screen Information**

- **After enrollment you will be required to take a drug screen.**
  - **Failure to pass the drug screen will result in dismissal from the program and may result in loss of tuition.**
  - COM encourages impaired students to seek assistance.
  - The applicant will be required to provide documentation of successful treatment, after a minimum of one-year ineligibility, prior to being considered for future admission to the EMS Program.
  - The student will pay the cost of the drug screening at the time of the testing. The approximate cost of the screening is \$25.00
  - Results of the drug screening and background check will be sent directly to the EMS Program at the College.
  - **You must sign the Drug Screening Waiver form that will be provided to you and take it with you to the collection site. Forms will be distributed prior to testing by a COM Faculty Member.**

Non-negative drug screens will result in dismissal. Except for persons who can verify a positive screen from prescriptions. COM encourages impaired students to seek assistance voluntarily and assume responsibility for their personal conduct. The applicant will be required to provide documentation of successful treatment, after a minimum of one-year ineligibility, prior to being considered for future admission to the EMS Program.

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## **Texas Department of State Health Services Emergency Medical Technician Functional Job Description**

### **Qualifications:**

Must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift without interruption; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light and confined spaces.

### **Competency Areas**

#### EMT Emergency Medical Technician

Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum and the FEMA document entitled "Recognizing and Identifying Hazardous Materials". EMT 1994 curriculum includes objectives pertaining to the use of the pneumatic antishock garment, automated external defibrillator, epinephrine auto-injector and inhaler bronchodilators.

#### EMT- P Paramedic

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic, EMT-I curriculum, and the EMT-P curriculum. The EMT-P has reached the highest level of pre- hospital certification.

### **Description of Tasks**

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.



Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to that facility, asks for direction from hospital physician or emergency department. Observes patient in-route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulances cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

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**END OF APPLICATION PACKET**