



GLENDALE COMMUNITY COLLEGE

EMT104

2012 ***Advisement Packet*** **2012**
Emergency Medical Technician

Rev. 4/11/12

Prospective EMT Student:

Thank you for your interest in the EMT training program at GCC. The EMT training program includes three courses:

- EMT101- **Required** unless currently HCP certified (see list of accepted cards).
- EMT104- **Required.**
- EMT104AB- **Highly recommended.**

This document will explain the requirements for entering the EMT program. Please read this information carefully and contact the EMT Department at 623.845.3161 or 623.845.3205 if you have any questions.

Search Online Schedule:

The schedule of classes can be viewed online at www.gc.maricopa.edu.

- Click on "Class Schedule" at the top of the page.
- Keywords- enter EMT
- Select "All Classes"
- Select the semesters and colleges you are interested in searching and click on "Search".

Enrollment:

Registration for the EMT program must be done in person at the Enrollment Center at GCC's main campus, or GCC North campus. For questions about class schedules or registration, contact the Enrollment Center at 623.845.3333. You can sign up for all three classes at the same time; however, EMT101 must be completed prior to the start of EMT104.

Proof of the following is required at the time of registration:

1. You must be at least 18 years of age at the time of registration or have EMT Dept. approval.
2. You must demonstrate reading competency through one of the following. Reading placement tests are offered on a walk-in basis in Testing Services from 8:15a-5:00p Monday through Thursday and 9:00a-3:00p on Friday. Contact Testing Services at 623.845.3058 with questions.
 - a. Associate's degree or higher
 - b. AIMS Reading score of **720 or higher**. Please bring high school transcript.
 - c. Nelson-Denny reading score at or above **10th grade** level.
 - d. Accuplacer reading score of **74 or higher**.
 - e. Compass reading score of **83 or higher**.
 - f. Asset reading score of **42 or higher**. (this test accepted, but no longer offered at GCC)
3. You must show proof of immunity to measles, mumps and rubella (MMR). MMR vaccine within the last 10 years is accepted. Two immunizations over lifetime are accepted. Titer is accepted.
4. Proof that you are negative for active TB by skin test, or physician's note within the last 6 months.
5. Current Healthcare Provider level CPR or concurrent enrollment in EMT101. See list of accepted CPR cards attached.

Proof of the following is required on the first day of class:

1. Copy of Level 1 DPS fingerprint clearance card. Some alternate background checks may be accepted, contact the EMS program director for additional information.
2. Copy of MMR and TB records (NOT originals!)
3. Copy of Healthcare Provider CPR card (front and back).

NOTE: Do NOT submit originals of anything. Submit copies only and retain originals for your records.

Background Check Requirement:

EMT students must provide proof of a Level 1 DPS fingerprint clearance card on the first day of class. DPS charges \$65 for the clearance card, not including the fingerprinting service. It usually takes at least 3 weeks to obtain the clearance card, so students should apply ASAP. Students may not complete a clinical rotation if denied a clearance card. It is highly recommended that students confirm their eligibility before the refund deadline for the EMT course.

Step 1: Obtain DPS Fingerprint Clearance Card application. You can pick them up at the reception counter on the 2nd floor of the Public Safety Sciences building at GCC’s main campus or contact DPS at 602.223.2279.

Step 2: Obtain fingerprints using the fingerprint card provided in the application packet. Below is a partial list of locations where you can be fingerprinted. Confirm their location and hours, as this information changes frequently.

Step 3: Select the “Health Science Student” option on the application. Submit the application with your fingerprints to DPS. Remember to keep a copy of the application as proof of application.

DPS clearance card FAQs: <http://www.azdps.gov/Services/Fingerprint/>

Agency for Fingerprints	Fee	Days/Hours
Nuwest Investigations Call for location 623-937-9676	\$7.99 w/card 8.99 w/o card	Mon-Fri 9am- 4:45pm Sat. by appt only
UPS Store (next to AJ’s) 20118 N. 67 th Avenue Glendale, AZ 623-561-6475	\$15.00	Mon-Fri 7:30am-7pm Saturday 9am- 5pm
UPS Store (behind Discount Tire) 7942 W. Bell Road Glendale, AZ 623-486-3000	\$15.00	Mon-Fri 7:30am-8pm Saturday 9am-5pm Sunday 11am-5pm
UPS Store (Kohl’s Shopping Center) 5350 W. Bell Road Glendale, AZ 623-298-5411	\$14.99	Mon-Fri 8am-5pm Saturday 9am-5pm Sunday Noon-4pm
Global Investigations & Security 7807 E. Greenway Rd #9 Scottsdale, 85260 480-443-0828	\$10	Mon-Fri 9a-4:30p
Arizona Livescan 2432 W. Peoria Ave. Ste 1026 in Phx 602-246-3444	Unk	Unk

Clinical Requirements:

EMT students are required to document at least 10 patient contacts in a clinical setting prior to the completion of the EMT program. Students have several options to satisfy the clinical requirements:

Option 1: EMT104AB / Sim-Lab

EMT104AB is an optional course designed to help prepare students for the national certification exam and provide simulated patient contacts in the prehospital setting. EMT104AB students will be under the direct supervision of a preceptor and must submit documentation of at least 10 patient contacts and a preceptor evaluation. Students selecting this option to meet the clinical requirement do **NOT** need a drug screen or a flu shot.

The Sim-Lab is a simulated hospital environment operated under the direction of the GCC Nursing Dept. Access to the Sim-Lab varies and is not guaranteed. Prior approval from the EMT Dept is required. EMT students in the Sim-Lab will be under the direct supervision of a preceptor and must submit documentation of at least 10 patient contacts and a preceptor

evaluation. There are no additional fees for use of the Sim-Lab. Students selecting this option to meet the clinical requirements do **NOT** need a drug screen or a flu shot.

Option 2: Prehospital or Medical Practice Observation

Students may schedule their own observation with a prehospital agency or medical practice facility. The EMT Dept will **NOT** assist students in locating or scheduling prehospital or medical practice observations. Students are permitted to observe only (no skills performed) and must meet all requirements of the agency or facility accepting them. Students must submit documentation of at least 10 patient contacts and a preceptor evaluation from a certified or licensed healthcare provider. Students selecting this option to meet the clinical requirement must meet the drug screen and immunization requirements of the agency accepting them.

Option 3: Hospital Emergency Dept. Clinical

Students may complete a scheduled clinical in an approved hospital emergency dept. Participating hospitals and requirements vary by semester; however, extensive online training modules will be required (up to 4 hours). A second background check (in addition to DPS fingerprint clearance card), a 12-panel drug screen, and a flu shot **will** be required. Students must submit documentation of at least 10 patient contacts and a preceptor evaluation.

Email Requirement:

A student email system is in place throughout the Maricopa Community Colleges, powered by Google (Gmail). This system is the official way for students to receive communications from their college, including their instructors. Students must check their college email or set it to forward to their personal email account. The attached document provides instructions on how to do both. Please decide how you prefer to receive your college email communications and take the appropriate action immediately. Your EMT instructor will likely send important information to your college email address throughout the EMT course.

For additional information, please contact:

Chris Coughlin, EMS Program Director
Chris.coughlin@gcmail.maricopa.edu
623.845.3205

Cindy Rosales, Dept. Secretary
Cynthia.rosales@gcmail.maricopa.edu
623.845.3161

Email Policy at Maricopa Colleges for Students

A new email system is being implemented at all Maricopa Community Colleges, powered by Gmail. This system will become the official way for students to receive communications from their college.

This @maricopa.edu email account will be automatically loaded into Blackboard. Any student's personal email address currently in Blackboard will be replaced with this new email address. ALL email sent via Blackboard to students will be sent via the students' @maricopa.edu email. It is the student's responsibility to read all email sent to this email address on a regular basis.

Students will NOT be able to change their email address from the official @maricopa.edu format, either in Blackboard or in My Maricopa. Students must check their Gmail regularly, OR they will need to go to <http://google.maricopa.edu> and forward their mail to their preferred email account.

Registered students can begin now to use their free email account, which uses the MEID plus the @maricopa.edu domain name – for example: JOSTB12345@maricopa.edu or SUS1234567@maricopa.edu.

✍ If you have difficulty accessing Gmail using Internet Explorer, please try using an alternate browser, such as Firefox. See http://www.maricopa.edu/blackboard/support/students/sys_req/index.php for information about setting up Firefox for either PC or Mac.

Students can go here to learn more about the available tools and to log in to their free email account:

<http://google.maricopa.edu>

Here are the instructions for forwarding all email from Google mail to another email address:

- Log in at <http://google.maricopa.edu> using your MEID and the password you have set up for accessing all of your college records via the <http://my.maricopa.edu> website.
- Scroll down if necessary and click on either **My Gmail** or just **Email**. Your email will load.
- Click **Settings** at the top of the page, and click the **Forwarding and POP/IMAP** tab.
- In the **Forwarding** area, enter the email address to which you'd like your messages forwarded. Double-check to be sure it is spelled correctly!
- Select the action you'd like your messages to take from the drop-down menu. You can choose to keep Gmail's copy of the message in your inbox, or you can archive it or **delete it**. We strongly suggest that you choose “delete Maricopa Community College's Mail copy” (the third option on the list).
- Click **Save Changes**. All Maricopa Gmail messages that arrive in the future will now be automatically forwarded to the chosen email address.

✍ In order to use the Maricopa Community Colleges' Gmail, students must first discover their MEID and set up a password by logging in to <http://my.maricopa.edu> where there are instructions:

- Discover the MEID and set up the first password:
<https://eims.maricopa.edu/MAW/S0lookupid.pl?firsttime=yes>
- Forgot the password or need to reset it: <https://eims.maricopa.edu/MAW/S0lookupcq.pl>

**GLENDALE COMMUNITY COLLEGE
EMT Program
CPR Requirement**

Rev. 1/12

Student must register for EMT101 or have a current CPR card from one of the following in order to register for EMT104:

American Heart Association

- Healthcare Provider 2010 standard (EMT101 recommended)

American Red Cross

- CPR / AED for the Professional Rescuer
- CPR / AED for the Professional Rescuer and Healthcare Provider
- CPR / AED for the Healthcare Provider
- CPR / AED for the Lifeguard

American Safety and Health Institute (ASHI)

- CPR Pro for Professional Rescuers
- CPR Pro / AED for Professional Rescuers

Military Training Network (MTN)

- CPR for Healthcare Providers
- CPR / AED for Healthcare Providers

Enrollment Center:

Please allow concurrent enrollment in EMT101 and EMT104 *if* the EMT101 section meets prior to the start of EMT104.

**Questions:
Contact the EMT Department at one of the following:
623.845.3977
623.845.3205
623.845.3161**



GLENDALE COMMUNITY COLLEGE

EMT Program (EMT104) 2012 Registration Checklist

Rev. 3/8/12

The following requirements must be met at the time of registration:

_____	Student is at least 18 years of age or has Dept. approval	Age _____
_____	Associates degree OR Nelson Denney reading score at least 10 th grade or AIMS Reading score of at least 720, Accuplacer Reading score of at least 74, Compass Reading score of at least 83, or Asset Reading score of at least 42.	Test Type _____ Score _____
_____	Proof of immunity to measles, mumps, rubella (MMR)	MMR Date (last 10 years) or titer or 2 lifetime shots: _____
_____	Proof student is negative for active TB (within last 6 months)	Date _____
_____	Proof of Healthcare Provider level CPR or registered in EMT101. Note: EMT101 must be completed before start of EMT104.	CPR verified _____ OR Requesting EMT101 section _____
_____	Registered for EMT104AB (Recommended, not required)	
_____	Student is aware that a Level 1 DPS fingerprint clearance card or EMT Dept approved substitution is required .	
_____	Students not attending the first class session will be dropped (includes wait list).	
_____	Student provided with a copy of the EMT104 Advisement Form.	

I have supplied Enrollment Services with the documentation required for enrolling in EMT104. All documents have been returned to me and I understand that I need to bring copies of them with me to the first class meeting.

Student Name (Printed)

Student Signature

Registration Coordinator

Date

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS APPLICABLE TO STUDENTS SEEKING ADMISSION TO EMERGENCY MEDICAL TECHNICIAN PROGRAMS ON OR AFTER SEPTEMBER 1, 2011

Maricopa County Community College District

In applying for admission to an MCCCED Emergency Medical Technician Program ("Program"), you are required to disclose on the data collection forms of the Arizona Department of Public Safety and, if applicable, MCCCED's authorized background check vendor all required information, including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the background check that will be conducted on you.

Please complete the data collection forms honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge.

By signing this acknowledgement, you acknowledge the following:

1. **I understand that I am conditionally admitted until I obtain a Level-One Fingerprint Clearance Card** and a "pass" result on the MCCCED supplemental criminal background check if required. I further understand that I am responsible for paying all costs associated with those background checks.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program.
3. I understand that failure to obtain a "pass" as a result of the MCCCED supplemental criminal background check if required will result in removal from a Program.
4. **I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am required to notify the Program Director immediately** and I will be removed from the Program.
5. I understand that a clinical agency may require screening for barrier offenses different than those that MCCCED has established and that are screened through MCCCED's authorized background check vendor, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
6. I understand that the both the MCCCED supplemental or the clinical agency background check include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
7. By virtue of the MCCCED supplemental background check or a clinical agency background check, I understand that I may be removed from a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the FACIS exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following, no matter how long ago

- violent crimes, sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder, abduction, assault, robbery, arson, extortion, burglary, pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect, any fraud, illegal drugs, aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 4 years

- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

8. I understand that I must disclose on any background check data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the form. I further understand that non-disclosure of relevant information on the form that would have resulted in failing the background check will result removal from a Program. Finally, I understand that my failure to disclose other types of information of the form will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
9. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check, it may result in the inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
10. I understand the Program reserves the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
11. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint card or removal or discipline imposed on any professional licensure or certificate at any time during my enrollment in a Program.

Student name (print)

Signature

Date