



Northwest-Shoals Community College Admission Application

ADMISSION REQUIREMENTS FOR EMS PROGRAM

NOTE: Admission criteria are subject to change due to policies set forth by Department of Postsecondary and Alabama Department of Public Health

To be eligible to enroll in the EMS Program, a student must complete the following:

1. Obtain unconditional admission to the college. These steps include:
 - A. Submit college application.
 - B. Submit official transcripts from high school and all colleges attended.
 - C. Submit GED certificate, if applicable.
 - D. Submit selective service documentation, if applicable.
 - E. Attain a minimum 2.0 (4.0 scale) grade point average for all college work.
2. Read and sign the “Essential Functions” form.
3. Complete the application for the program desired.

EMT - CERTIFICATE OPTION

1. Comply with program admission requirements.
2. Complete Cardiopulmonary Resuscitation based upon the 2015 American Heart Association Guidelines.

ADVANCED EMT - CERTIFICATE OPTION

1. Comply with program admission requirements.
2. Complete Cardiopulmonary Resuscitation based upon the current American Heart Association Guidelines.
3. Provide documentation of completion of an approved EMT course (EMT-Basic Course with Transition). Students without college credit for the EMT course (EMT-Basic Course with Transition) must meet with the Program Director and complete an assessment test.
4. Student must be eligible for an Alabama EMT state license.

****It is recommended that students desiring to progress to the Paramedic level also complete EMS 189 or BIO 201 along with the Advanced EMT courses. EMS 189 or BIO 201 is a pre-requisite for the Paramedic Program.****

PARAMEDIC CERTIFICATE OPTION

Because of the revisions of the EMS Curriculum and admission requirements, students must meet with an EMS Advisor for applicable requirements. In addition to the general admission requirements, students admitted to the certificate program must:

1. Provide documentation of completion of an approved EMT course and Advanced EMT course. Students without college credit for the EMT and Advanced EMT course must meet with the Program Director and complete an assessment test.
2. Complete ENG 100 or ENG 101 and MTH 116 or higher prior to the last semester of the Paramedic Program.
3. Complete EMS 189 or BIO 201 prior to admission to the Paramedic Program.

PARAMEDIC AAS DEGREE OPTION

Because of the revisions of the EMS Curriculum and admission requirements, students must meet with an EMS Advisor for applicable requirements. In addition to the general admission requirements, students admitted to the degree tract must:

1. Provide documentation of completion of an approved EMT course and Advanced EMT course. Students without college credit for the EMT and Advanced EMT course must meet with the Program Director and complete an assessment test.
2. Complete ENG 101 and MTH 116 (or higher) prior to the last semester of the Paramedic Program.
3. Complete EMS 189 or BIO 201 prior to admission to the Paramedic Program.
4. Complete PSY 200, SPH 107, BIO 202, and a Humanities Elective prior to the beginning of the last semester of the Paramedic Program. (Students may complete EMP 189 to complete the Paramedic Program initially. Students will be required to complete BIO 201 and BIO 202 prior to awarding of the degree.)

**NORTHWEST-SHOALS COMMUNITY COLLEGE
DIVISION OF HEALTH STUDIES
EMERGENCY MEDICAL SERVICES PROGRAM**

**ESSENTIAL FUNCTIONS
FOR THE EMERGENCY MEDICAL TECHNICIAN**

These are the essential functions required for students entering and participating in the Emergency Medical Services Program, EMT, Advanced EMT and Paramedic.

As a student and Emergency Medical Technician (EMT) graduate, you must:

PHYSICAL DEMANDS

1. Have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain.
2. 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).
3. See different color spectrums.
4. Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medications.

PROBLEM-SOLVING ABILITIES - DATA COLLECTION, JUDGMENT, REASONING

1. Be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology.
2. Be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at the ninth grade reading level or higher).
3. Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory, and tactile observations.
4. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.
5. Be attentive to detail and be aware of standards and rules that govern practice.
6. Implement therapies based upon mathematical calculations (at the ninth grade level or higher) without the use of a calculator.

WORKER CHARACTERISTICS

1. 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.
2. Be able to handle stress and work well as part of a team.
3. Be oriented to reality and not be mentally impaired by mind-altering substances.
4. Not be addicted to drugs or alcohol.
5. Be able to work shifts of 24 hours in length.
6. Be able to tolerate being exposed to extremes in the environment, including variable aspects of weather, hazardous fumes, and noise.
7. 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 safely and competently operate a motor vehicle in accordance with State law.

	Test Scores		Official Use Only	
			Scores/Grades Verified	
ASSET, COMPASS, ACT or SAT (if applicable)			Yes	No
Academic Course Work	Year Taken	Grade Received		
MTH 116 or Higher Mathematical Applications				
ENG 100 Vocational Technical English (Certificate Option Only)				
ENG 101 English Composition I (Certificate or AAS Option)				
EMP 189 or BIO 201 & BIO 202 Anatomy and Physiology or Human A&P I & II				
Current Grade Point Average				

Prior EMT School Attendance

School Attended:

Address:

Phone: ()

Dates of Attendance:

FOR STATISTICAL PURPOSES ONLY

Sex: Male Female

Racial/Ethnic (For compliance with State and Federal Reports/Regulations):

White, Non-Hispanic African American Hispanic (Spanish) Native American Asian/Pacific Islander Other

What is your primary language spoken?

Place of Employment:

Position:

Hours worked per week:

ADMISSION AGREEMENT – To allow for my conditional admission to Northwest-Shoals Community College prior to the completion of all requirements of admission as stated in the College catalog, I hereby make the following declarations with the full understanding that any false information may cause my immediate dismissal or other student status change as may be required.

1. I certify that I meet the minimum educational requirements for the program in which I am enrolling. I further understand and agree that specific programs such as LPN, RN, DMS, RAD, MAT, and EMS have additional admission requirements. It is my responsibility to comply with those requirements.
2. I understand that all admissions materials must be submitted prior to the deadline specified by the EMS Program to be eligible for admission into the Paramedic Program.

Student Signature:

Date:

The Emergency Medical Services Program adheres to the policy of Northwest-Shoals Community College related to Non-Discrimination, Disabilities Policy and the Family Education Rights and Privacy Act of 1974.

Liability Release

I hereby acknowledge that I am nineteen years of age or older, or that if I am under the age of nineteen I am signing this release with the written consent of my parent(s) or legal guardian(s). I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student or a prospective student of the Emergency Medical Services Program at Northwest-Shoals Community College, I am aware of the risk of personal illness, injury, or death which is inherent in my participating in the EMS clinical and/or ambulance rotation activities.

Upon full awareness and consideration of the risks which I assume in participating in hospital, emergency department, ambulance, rescue, or other clinical rotations or laboratory activities, I hereby agree to release Northwest-Shoals Community College and its instructors, officials, agents, representatives, preceptors, and employees from any liability for any type of illness or injury, including one resulting in my death, which is incurred during a period in which I am participating in Emergency Medical Services Program activities (including clinical or laboratory activities).

Student's Signature Date

Parent/Guardian's Signature Date
(if applicable)

Statement of Understanding of Policy

I agree to abide by rules and policies set forth by the EMS program, the Alabama Department of Public Health, and my clinical affiliates that I visit during the course of my studies. I realize that I have access to and a personal obligation to become aware of these rules.

I have also been advised and hereby indicate my understanding that EMS Program policy requires a 75% or better average in all coursework in any primary Emergency Medical Services course, and that a score of 75% is required in all courses to successfully continue to the next semester or complete the specified EMS Program of study.

Student's Signature Date

Parent/Guardian's Signature Date
(if applicable)

Health Insurance

Student Name (Last, First, MI)		Telephone		Student Number (A#)	
Program (Circle One)	EMS	Nursing RN – LPN CNA	Medical Assisting	Diagnostic Imaging - Radiology	Diagnostic Medical Sonography

Please initial each of the following statements:

- _____ 1. I understand that, as a Health Division student at Northwest-Shoals Community College, it is strongly recommended that I have health insurance.

- _____ 2. I understand that if I experience injury or illness as a student fulfilling educational activities at a clinical facility, emergency treatment will be provided by that facility **at my expense**.

- _____ 3. I understand that if I experience injury or illness as a student fulfilling educational activities while on campus, emergency treatment will be at my choice and **at my expense**.

- _____ 4. With knowledge and understanding, and on behalf of myself, my heirs, and administrators, I hereby release Northwest-Shoals Community College, its employees, officials, agents, and representatives from any claim of liability for injury, loss, damage, or death that may result or arise from my experience as a student of the Health Studies Division.

Please choose one option:

- I have chosen **to provide proof of Health Insurance coverage** while enrolled in one of the Health Sciences programs and have supplied a copy of my insurance card to the Health Studies Division.
- I have been informed of the importance of this recommendation and have elected to sign this waiver, verifying that I have **chosen not to have health insurance coverage**.

Student Signature

Date

Student Name (Last, First, MI)	Student Number (A#)	Program of Study
--------------------------------	---------------------	------------------

Clinical Studies Component Statement of Understanding

As a student enrolling in a clinical studies component of the Emergency Medical Services Program at Northwest-Shoals Community College, I am aware that:

1. I am or will be enrolled in a clinical course that requires my presence at one or more health care facilities;
2. I am not an employee of the College or of the health care facility and if I am an employee of the College or of the health care facility I must notify the EMS Program Director at the beginning of my EMS education coursework at Northwest-Shoals Community College;
3. I do not expect and will not receive compensation from the College or health care facility for participation in the clinical course; and
4. I have not been promised and do not expect an offer of employment at the College or health care facility as a result of my participation in the clinical course.
5. I may be required by the hospital/clinical site to undergo drug and/or alcohol testing at any time as a precondition to beginning a clinical rotation or to continue a clinical rotation at the hospital/clinical site.
6. I will be required to purchase Medical Malpractice Insurance, complete a background check and drug test through the College associated vendor(s). I understand findings on the background check and drug test could result in my dismissal from the EMS program of study. The fee for Medical Malpractice and drug testing is added to class tuition and if I am attending classes on loans or grants, which do not pay this fee, I will pay this fee at the cashier's office of the college prior to the start of the required semester.
7. I will be required to show verified proof of vaccinations including measles, mumps, rubella, varicella, tetanus, diphtheria, and pertussis (Tdap) must be within 10 years administered), and hepatitis B (must show evidence of vaccinations or sign a waiver for hepatitis B vaccine). An approved and verified blood test (titer) may be used to show immunity in lieu of vaccination records. I may be required to have a current influenza (flu) vaccine based on clinical location requirements. I further understand that I am responsible for cost associated with all required vaccines.
8. I will be required to have a physical exam at my expense to verify that I am healthy enough to participate in healthcare and clinical requirements and to verify that I meet the physical, cognitive, psychomotor, affective, and social abilities required in healthcare to provide safe and effective patient care.
9. I will be required to have tuberculosis testing (two-step skin test or T-Spot) at my expense.

Student's Signature Date

Parent/Guardian's Signature Date
(if applicable)

Student Name (Last, First, MI)	Student Number (A#)	Program of Study
--------------------------------	---------------------	------------------

EMS Program Admission, Progression, and Graduation Contract (Pending Admission)

1. I understand that falsification and/or omission of information on the college and/or EMS application shall be grounds for dismissal from the program in accordance with college procedures.
2. Northwest-Shoals Community College Policy: Due to the length and subject matter of each class, it is of the utmost importance that I attend all classes. Make-up examinations will be administered according to the course syllabus. I understand that failure to comply with the above attendance requirements may result in a failing grade based on academic performance.
3. I understand that I must have on file a completed health form, liability release, and current required CPR training card, dates of Hepatitis B vaccine or Waiver of Liability, and must purchase malpractice insurance.
4. In the clinical portion of the EMS Program, I understand that I must attend my scheduled clinical rotations according to the program's clinical rules and regulations. Failure to comply fully with these will result in my receiving a lower grade or being ineligible to complete my clinical training due to my non-compliance. I agree to fully read and know the Program's Clinical Practice Policies and Procedures outlined in my student handbook before entering any clinical area.
5. I understand that I must make a minimum of 75% in each Emergency Medical Services course in which I am enrolled to successfully complete the class and progress to the next semester.
6. I understand that I am required to abide by the rules and regulations of the clinical agency in which the clinical component of each course is performed. Failure to do so will result in dismissal from the program and a grade of "F" for the course assigned in accordance with College procedures.
7. I understand that the clinical agency with which the program is affiliated has the right to request that a student be removed from their facility, as well as the right to refuse a student admission to their facility for clinical education.
8. I understand that evaluation materials, i.e., clinical evaluations with instructor notations and counseling forms will be maintained in my student folder. I understand that upon my request, I will be permitted within 7 business days to see any information that is retained in my student folder.
9. A clinical course overall unsatisfactory will constitute failure of the entire course regardless of didactic average.
10. Due to the nature of the training received in the EMS Program, I understand that there are risks in demonstrating or receiving return demonstration in practical application of skills in the classroom and laboratory setting. I also understand that there are certain risks involved in completing clinical rotations with clinical affiliates of the EMS Program at Northwest-Shoals Community College. I fully understand that I am not required to involve myself in any activity that would be potentially dangerous to me. I recognize that the EMS Program highly recommends that I carry health/hospitalization and accident insurance while enrolled in the program. I will not hold Northwest-Shoals Community College, any of its employees, or other EMS student, any clinical preceptor, or any EMS Program Clinical Affiliate responsible for any injury occurred as a result of 1) any classroom/laboratory practical application or 2) performing clinical rotations.
11. I understand that during my Emergency Medical Services education that I will come in contact with infectious diseases and will be handling blood and body fluids. I further understand that my health and accident insurance and/or expenses are my responsibility.
12. I understand that I am responsible for transportation, meals, health care expenses and any liability incurred during and while traveling to and/or from education experiences.
13. The application for licensure as an EMS Professional in the state of Alabama will have questions which ask, "Have you ever been convicted of a felony or criminal offense?" and "Have you ever been arrested or convicted for driving under the influence of alcohol/drugs?" The application may be denied on the basis of this review.
14. I certify that I am not addicted to any intoxicating liquors or drugs and that I am not currently charged with or have ever been convicted of a criminal offense, other than a minor traffic violation.
15. I certify that I am of good moral character and that I have no known physical or mental difficulties that would prevent me from completing this training program. I understand that I must have a physical examination completed by a licensed physician or CRNP and have him/her complete the physical examination form required by the program before any clinical rotations are scheduled. In addition, I realize that if my physical exam does not meet with the approval of the EMS Program Medical Director or EMS Program Director, I may be required to withdraw from the program.
16. I understand that failure to comply with legal, moral, and legislative standards which determine unacceptable behavior of the EMS Professional and/or behavior which may be cause for denial of license to practice as a licensed EMS Professional constitute grounds for dismissal from the program, regardless of course standing. A grade of "F" will be assigned for any EMS course from which the student is dismissed for unacceptable behavior.
17. I understand that these rules above apply to me on any EMS course I should take in the Emergency Medical Services Program through Northwest-Shoals Community College, at present or in the future.
18. I understand that it is my responsibility to read the College Catalog, EMS Program Student Handbook, each course syllabus, clinical evaluation forms and other materials that are provided to the class which outlines my responsibilities as an EMS student. I understand that failure to abide by these published materials will be grounds for dismissal from the program.

I HAVE READ ALL SECTIONS OF THIS CONTRACT AND UNDERSTAND THAT THE CRITERIA STATED HEREIN AND IN THE COLLEGE CATALOG APPLY TO ME AND THAT FAILURE TO ABIDE BY ANY STATED CRITERIA IS GROUNDS FOR DISMISSAL PENDING MY ACCEPTANCE INTO THE EMERGENCY MEDICAL SERVICES PROGRAM AT NORTHWEST-SHOALS COMMUNITY COLLEGE.

Student's Signature

Date

Parent/Guardian's Signature (if applicable)

Date

Student Name (Last, First, MI)	Student Number (A#)	Program of Study
--------------------------------	---------------------	------------------

State and National Registry Requirements

Prospective EMS students should be aware that they must comply with specific licensure requirements set forth by the National Registry of Emergency Medical Technicians and the Alabama Department of Public Health Office of EMS and Trauma, to become licensed as an EMS Professional. Things which may affect your licensure compliance include:

1. Not being 18 year of age or older.
2. Having been convicted of any criminal act, including DUI convictions.
3. Being addicted to the use of intoxicating liquors or controlled substances in the present or past.
4. Not possessing 180 degrees peripheral vision capacity or a valid driver's license.

If you have any concerns regarding any of these items listed above, please address them to the Alabama Department of Public Health, EMS Division at 1-334-206-5383 and/or the National Registry of EMTs at 614-888-4484.

Americans with Disabilities Statement

Please review the Americans with Disabilities Act as it applies to National Registry for EMTs accommodations, job demands, and worker characteristics. This explanation can be found in the National Registry brochure under Examination Accommodations or online at www.nremt.org.

CAAHEP Accreditation

The EMS Paramedic Program is nationally accredited by the Commission of Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Committee of Accreditation of Educational Programs for the EMS Professions (CoAEMSP). For questions about Northwest-Shoals Community College EMS Program's national accreditation or accreditation agency, please contact CAAHEP directly at 727-210-2350 or mail@caahep.org. Additional information can be found on the CAAHEP website at www.caahep.org. Their mailing address is 9355 113th Street North, Suite 7709 Seminole, FL 33775.

Application Ranking Guidelines

Admission to the Northwest-Shoals Community College EMS Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting all minimal requirements does not guarantee acceptance. Preference will be given to graduates of Northwest-Shoals Community College. Applicants will be notified in writing by the EMS office of acceptance into the EMS program. The College reserves the right to adjust requirements or use additional criteria to determine admission.

NOTICE: The EMS admission criteria, the progression guidelines, and the curriculum are currently being revised.

I have read and understand the State and National Registry Requirements, Americans with Disabilities Statement, CAAHEP Accreditation, and Application Ranking Guidelines.

Student's Signature Date

Parent/Guardian's Signature Date
(if applicable)

Student Name (Last, First, MI)	Student Number (A#)	Program of Study
--------------------------------	---------------------	------------------

LICENSURE STATEMENT

Completion of an EMS program and licensure are separate considerations. Graduation from an EMS program entitles the graduate to apply to sit for the licensure examination.

The following questions appear on the State of Alabama application for licensure as a Basic or Paramedic Emergency Medical Technician:

- 1. Have you ever been convicted of any criminal act, including any DUI convictions? (Do not include minor traffic violations.) ____ Yes ____ No

- 2. Are you now, or have you ever been addicted to the use of intoxicating liquors or controlled substances? ____ Yes ____ No

- 3. Is your eyesight impaired in any manner?
If yes, is it corrected? ____ Yes ____ No
____ Yes ____ No

- 4. Do you have any physical limitations or abnormalities? ____ Yes ____ No

A "YES" answer to any of these questions requires the applicant to provide appropriate documentation with the application. It is the prerogative of the state EMS office to determine the graduate's eligibility to take the examination. If you answered "YES" to any of these questions, you may wish to have a confidential conversation with your instructor.

Signature

Date