

Basic EMT Education Application Information Packet

Student Requirements – General

The enrolled student must comply with the following:

- Be proficient in reading, writing and speaking in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
- Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments without the need for an assistant.
- Student must attain seventeen (17) years of age by the end of the month in which the course NYS written exam is scheduled.

Application submission checklist:

- Student Information Form
- DOH-65 Application for EMS Certification
- Verification of Membership in a NYS EMS Agency DOH-3312
- Immunization/Physical Information
- ADA Certificate
- Course Contract
- Confidentiality Policy
- JCC Registration Form
- County Certificate of Residency Form (see Jefferson County EMS Forms Page)
- Introduction to the Incident Command System
- An Introduction to the National Incident Management System
- An Introduction to Hazardous Materials

ALL FORMS MUST BE SUBMITTED PRIOR TO FIRST SESSION. STUDENTS WILL NOT BE ADMITTED WITHOUT ALL DOCUMENTS.

Return COMPLETE Application Packet to:

Jefferson County EMS
531 Meade Street
Watertown, NY 13601
or email to
JCEMS@co.jefferson.ny.us



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General Information

First name _____ Last name _____

Street _____

City _____ State _____ Zip Code _____

Email _____

Primary Phone # _____

Emergency Contact

First name _____ Last name _____

Street _____

City _____ State _____ Zip Code _____

Primary Phone # _____

Are you affiliated with a fire department or ambulance service?

Yes, Agency: _____

No

Application for which type of course:

CFR Original Refresher

EMT Original Refresher

AEMT Original Refresher

Paramedic Refresher ONLY

NY State DOH Course Number _____ Course start date: _____

EMS EDUCATION STUDENT IMMUNIZATION AND PHYSICAL EXAM REQUIREMENTS

All students are required to have a physical examination by their healthcare provider and provide documentation of the identified immunizations/screenings **BEFORE** beginning the course.

According to Public Health Laws 2165 and 405.3 Title 10 NYCRR, students attending colleges or universities and affiliating with a Health Care Facility, must meet certain minimum health requirements. Therefore, it is mandatory that students have a physical and provide proof of certain immunizations

IMMUNIZATION AND PHYSICAL REQUIREMENTS

Tetanus – Within 10 years

PPD - Within 1 year (Lewis Co. Hospital requires 2 Step)

MMR's - Documentation of 2 (Measles, Mumps, Rubella) for anyone born on or after Jan.1, 1957.

Flu vaccine may be required by participating hospitals

A physical exam within 1 year is required

For records of immunization history:

- Check with personal physician.
- Check with High School from which you graduated.
- Check with your "employee health" office where you work.

You may have a blood test done to determine whether or not you have immunity against measles, mumps, or rubella. Check with personal physician for this.

In the event you need measles, mumps, or rubella vaccinations and or PPD test, you may:
Obtain through your personal physician.

Receive them through your County Health Department.

In the event you wish to receive the Hepatitis B vaccine, you may:

Obtain through your personal physician.

Contact your ambulance corps president or your fire department chief.

COMMON QUESTIONS ABOUT HEALTH REQUIREMENTS

Who has to meet health requirements?

Any and all students are required to complete clinical observation time within a health care facility.

If you were born before January 1, 1957, you do not have to get any measles vaccines; but you need to complete all of the rest of the requirements.

If you were born on or after January 1, 1957, you need to complete all of the requirements.

Can I refuse any of the health requirements?

The only vaccine that you can refuse is the Hepatitis vaccine (if refusing, complete **HEPATITIS B VACCINE DECLINATION FORM**). The only way any other vaccine requirement can be waived is if you have a medical exception. This means that your physician must sign a statement, stating the reason that he/she does not want you to get the vaccine.

Why do I have to do this?

It is mandated by the New York State Department of Health that hospitals be able to prove that any person who comes in contact with patients meets these minimum health requirements. This includes volunteers and students.

What if I do not have or cannot find documentation of any "shots" when I was a child? You will have to complete the series of measles, mumps and rubella again or you can ask your doctor to order lab tests to determine immunity.

Does my baby book qualify as documentation?

No, unless it was signed by your physicians at the time of the immunization.

Would my school records count as documentation?

Yes, obtain a copy and send it with your forms. Please make sure that it is a clear, legible copy.

Why does a measles vaccine given before 1968 not qualify?

Prior to 1968, physicians had a choice of either giving a "live" vaccine or a synthetic vaccine. It was determined that the synthetic vaccines were not effective; therefore, unless there is specific information that states it was a "live" vaccine, they are not counted towards the required two vaccines.

How much time between each measles vaccine must I wait if I have to receive two doses?

The minimum time between each dose is 30 days.

What is a PPD?

A PPD is a skin test to determine whether or not you have been exposed to tuberculosis . It is administered on the inside of your forearm and must be read between 48 and 72 hours after administration. The reading must be signed and dated by a health practitioner.

If I have a positive reaction to the PPD, does it mean I have tuberculosis?

No, It indicates that you might have been exposed to the disease. You will be required to have a chest x-ray.

Do I have to get the Hepatitis vaccine in order to get into the hospital?

No. You need only to be educated (as with a film) and may elect to refuse the vaccine.

If I refuse the vaccine, and change my mind later, can I still get the vaccine? Absolutely. The hospitals need only to know that, at the time of your clinical rotation that you know the risks of contracting hepatitis and are aware that there is a vaccine available. You may change your mind at any time and receive the vaccine.

ANY FURTHER QUESTIONS, CONTACT Jefferson County EMS 315-786-3760

(Last Name, First Name)

Date of Birth

Physical Exam Record – must be within one year and signed by health care provider

Height _____	Weight _____	Blood Pressure ____ / ____	Pulse _____
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Date of physical exam: _____

	WNL	ABN	Comments:
General Appearance			
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neurological			
Skin			

Students in the Emergency Medical Technician (EMT) Program will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretcher; perform CPR; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds. Students must be able to communicate effectively via telephone and radio equipment, lift, carry and balance up to 125 pounds (250 pounds with assistance), interpret oral, written and diagnostic form instructions, use good judgement and remain calm in high stress situations, be unaffected by loud noises and flashing lights, read English language, manuals and road maps bend, stoop and crawl on uneven terrain, withstand varied environmental conditions such as extreme heat, cold and moisture, work in low light situations and confined spaces.

___ Patient is medically qualified to perform the above listed job description without any restrictions.

___ Patient is medically qualified to perform the above listed job description with the following restrictions: _____

HEALTH SUMMARY

MEDICATIONS: _____

ALLERGIES: _____

CHRONIC MEDICAL CONDITIONS: _____

Please print or use office stamp:

_____ Provider Name
_____ Street Address
_____ City, State, Zip

Healthcare Provider Signature

Date

Student Name _____

**EMS EDUCATION
IMMUNIZATIONS**

PPD required annually

TUBERCULIN SKIN TEST: PPD (MANTOUX intradermal skin test) REQUIRED within 6 months before the start of classes, unless the student has a history of a past positive skin test, which must be indicated and chest x-ray submitted. Tine test is not acceptable.

Date administered _____ Date interpreted (within 48-72 hours) _____ Induration _____ mm
 Month/Day/Year Month/Day/Year

Certifying health professional: _____

IF PPD is positive, CHEST X-RAY REQUIRED subsequent to positive PPD result. Attach copy of report. Do not send film

Has student had INH? ___ No ___ Yes, date: _____

Has student had BCG vaccine? ___ No ___ Yes, date: _____

IMMUNIZATION RECORD DATES MUST BE WRITTEN MONTH/DAY/YEAR	Date vaccine given (Month/Day/Year)	Initials of certifying health professional	Physician-diagnosed disease history (date of onset)	Serology date/results (copy of lab report MUST be attached)
MEASLES (REQUIRED)	#1 / / #2 / /			
MUMPS (REQUIRED)	/ /			
RUBELLA (REQUIRED)	/ /			
OR Combined as MMR (REQUIRED)	#1 / / #2 / /			
TETANUS/DIPHThERIA				
THE FOLLOWING ARE RECOMMENDED BUT NOT REQUIRED FOR ADMISSION. Provide date of most recent tetanus vaccine				
VARICELLA				
HEPATITIS B			Or Hepatitis declination --signature below Signature _____ Date _____	
MENINGOCOCCAL			Or refusal of vaccination – signature below Signature _____ Date _____	

I determine that, in my opinion, her/she is free from any physical or mental health impairment which is of potential risk to patient and personnel or might interfere with the performance of his/her duties to include the habituation or addiction to depressants , stimulants, narcotics, alcohol, or other drugs or substances, which might alter the individuals behavior.

 Healthcare Provider's Signature Print Healthcare Provider's Name

Healthcare Provider's Address _____ Phone _____

NEW YORK STATE
EMERGENCY MEDICAL SERVICES PROGRAM

CERTIFICATION OF ELIGIBILITY

By the second session of any New York State Certification Course, each student must sign **ONE** of the following statements:

Student Name (please Print) _____

I have read and understand the functional job description of a(n) CFR/EMT. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of CFR/EMT for which I am seeking New York State certification.

Signature

Date

I have read and understand the functional job description of a(n) CFR/EMT. I will be submitting a request for an accommodation for the New York State Written Certification Examination. I understand that I must contact the Bureau of EMS Central Office no later than eight (8) weeks prior to the scheduled State written examination for this course.

Signature

Date

JEFFERSON COUNTY EMS PROGRAM
531 Meade Street, Watertown, New York 13601
(315) 786-3760

COURSE CONTRACT

This document serves as a binding commitment between the Course Sponsor and the Student.

Student's Name

It is agreed that the student identified above has read and fully understands the academic policies and procedures set forth for this course.

It is agreed that failure to comply with the policies and procedures of this course can be grounds for immediate dismissal.

The above named student promises to exercise complete honesty and integrity during all aspects of this program and to act in a professional manner at all times.

I agree to follow this contract and fully understand the requirements for completion of this course.

Student's Signature

Date

I/C's Signature

Date

Student ID:

J _ _ _ _ _



Registration Term:

- Spring 2020 Summer 2020 [X] Fall 2020 Winter 2020

Current Legal Name Date of Birth

Last First MI M Month Day Year

Previous Name (if applicable) Email address

Last First MI Current Address

Street County

City State Zip Code Home Telephone Number

Cell Phone Number Business Telephone Number

Home of Record (If military)

Street County

City State Zip Code

Citizenship Student Social Security Number

- U.S. Citizen Resident Alien (green card) Refugee/Asylum

Hispanic Origin

- Non-Hispanic Dominican Mexican Puerto Rican Central American South American Cuban Other/ Unknown

Ethnicity

- White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

Gender

- Male Female

Student Registration Form

High School Data: Please check one.

I graduated from ... High School ... Year
The school city/state is:
I received a GED (equivalency Diploma) from the State of ... in the year ...
I am not a high school graduate or GED holder since I am still enrolled at ... with an expected graduation date of ...
I am not a high school graduate or GED holder.
I was/am being homeschooled with a graduation date of ... (month/Year)

College Education History:

- New: I have never attended college.
Continuing: I was in attendance at JCC last semester.
High School: I have attended or am attending JCC while in high school.
Returning: I have attended JCC in the past taking credit courses, but I was not enrolled last term.
Transfer: I have never attended JCC, but I have attended a degree-granting College/University: Enter data below.
Academic transcripts are required for all colleges which you have attended or from which you have received (or will receive) credit.

Table with 4 columns: College Name, City, State, Attendance Date, Degree Earned

This completed form may be faxed to: 315-786-2471
This completed form may be mailed to: Advising, Career & Counseling Center Jefferson Community College 1220 Coffeen Street Watertown, NY 13601
This completed form may be emailed to: advising@sunyjefferson.edu
Questions? Call 315-786-2271

Complete both sides of this form. Incomplete forms may result in processing delays.

J _____

Student Registration Form

Course Selections for term: _____

CRN	Course	Days	Times
	EMS 121	Mon., Thurs.	6-9:30 PM

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Incomplete registration forms may result in processing delays.

Census Data

Federal, state and local laws mandate that the information requested below be filled out completely to provide statistics for the federal and local agencies. These statistics impact college funding.

Military Affiliation

- Active-duty
- Veteran
- Spouse of active duty
- Dependent of active duty
- Dependent of Veteran
- Spouse of Veteran
- Reservist
- None

Plans for employment during the semester

- Not employed
- Employed full-time
- Employed part-time (20 hours or more)
- Employed part-time (less than 20 hours)

International Students

Visa Type _____
 Country of Citizenship _____

Language you feel most comfortable with

- English
- Spanish
- Other

Disability

- None
- (1) Learning Disability
- (2) Vision Impairment
- (2a) Vision Impairment- Legally Blind
- (3) Hearing Impairment
- (3a) Legally Deaf
- (4) Chronic Illness
- (5) Mobility Impairment- No Device Needed
- (5a) Mobility Impaired- Wheelchair Needed
- (5b) Mobility Impaired- Other Device Needed
- (7) ADD/ADHD
- (8) Psychological Disabilities
- (9) Traumatic Brain Injury
- (10) Other Physical Impairment
- (14) Asperger's
- (15) Autistic
- (16) Speech/Language Impairment
- (17) Alcohol/Substance Abuse
- Prefer Not to Answer

Primary Objective at JCC (choose one)

- Transfer to another SUNY college after earning a degree from JCC.
- Transfer to a non-SUNY college after earning a degree from JCC.
- Transfer to a SUNY college without earning a degree from JCC.
- Transfer to a non-SUNY college without earning a degree from JCC.
- Earn a degree/certificate from JCC and seek employment.
- Learn new skills or upgrade existing skills without earning a degree.
- Seek enrichment rather than pursue a degree/certificate from JCC.
- Obtain a Certification of General Education Development (GED)
- Uncertain
- Other: _____

First Generation College Student Survey

Did either of your parents graduate from a college or university with a bachelor's (4-year) degree?

- yes no

Did either of your parents graduate from a college or university with an associate's (2-year) degree?

- yes no

Perkins Grant Program Survey

New Students Only

To comply with reporting requirements under the Perkins grant program, the College requests you answer the following question. The information is confidential, for reporting numerical statistics only. The information is NOT used to determine eligibility for admission, enrollment or registration.

Are you unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?

- yes no

If yes, please indicate if either of the following items applies to you.

You have worked primarily without pay to care for a home and family and for that reason you have diminished marketable skills and you have been dependent on the income of another family member but are no longer supported by such income.

- yes no

You are a parent whose youngest dependent child will become eligible to receive assistance under Part A of Title V of the Social Security Act not later than two years after the date on which the parent applies for assistance under this Title.

- yes no