



Emergency Medical Services Department

1200 Amburn Rd., Texas City, TX 77591

(409) 933-8036 Fax

www.com.edu/ems

General Information

College of the Mainland (COM) offers courses for students looking to be certified as an EMT-Basic, EMT-Intermediate and EMT-Paramedic. The Associate of Applied Science degree is also available for those students wanting to become a Licensed 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).

Admissions Requirements

1. **All information and required paperwork can be found at www.com.edu/ems.**
2. **Complete an application** for admission into College of the Mainland (www.com.edu "Apply Now"), and complete any necessary college requirements for admission. Call ext 8264 if you have any questions about the application.
3. Students must have a **clear background** to be eligible to complete the clinical portion of each level. The last page of this packet provides instructions.
 - a. Once you have submitted a request for a background check, your name will pop up on the department roster. You will be contacted after your background check is complete. At that time, you may visit the Public Service Careers Building to pick up your signed registration form.
 - b. Students that have incidents on their background, excluding traffic tickets, should contact the EMS department to discuss any background issues. Instructions regarding the program-accepted background check can be found at: <http://www.com.edu/ems/clinical-rotation.php>. Instructions are also attached at the end of this packet.
4. Students must pass an **initial drug screen**. Forms and instructions can be found at <http://www.com.edu/ems/clinical-rotation.php>. These are also attached..
5. Students are required to submit proof of immunizations prior to attending clinicals. Guidance is provided on page 3 of this packet ("Clinical Pre-Course Requirements" AND the third page of the Physical Exam form). Your physician may sign off on the record provided on page 3 of the "Fire Academy/EMS Physical" attached to this packet.
6. The student must have a current American Heart Association Healthcare Provider CPR card prior to clinical portion of courses begins. Consult the current CE schedule for upcoming classes.

Federal Background Checks—State Certification

Beginning on January 1, 2010, all initial EMS applicants for certification are required to submit fingerprints for an FBI criminal history check. **This is separate from the COM EMS Program Requirement.** Please visit <http://www.dshs.state.tx.us/emstraumasystems/CrimHxJan2010.shtm> for more information.

For More Information, Contact

Julianne Duncan, MS, LP
Program Director--EMS
409-933-8198
jduncan3@com.edu

Theo Moody
Allied Health Advisor
409-933-8684
tmood@com.edu

EMT-Basic

College of the Mainland offers both day and night EMT-Basic courses every semester. Students will be eligible to take the National Registry EMT-Basic Certificate test after successfully completing the following courses:

- EMSP 1501 – Emergency Medical Technicians – Basic
- EMSP 1160 – EMT Clinicals

EMT-Basic students will be required to complete **72 clinical hours** outside of class time. These are scheduled using online request software to help accommodate the needs of each student.

For up-to-date details, please visit: <http://www.com.edu/ems/emt.php>

EMT-Intermediate

College of the Mainland offers the EMT-Intermediate courses during the day. No night classes are available.

Prerequisites: In addition to the admission requirements listed above, students must also have successfully completed an EMT-Basic course and have a current Healthcare Provider CPR card. Additionally, students must successfully gain EMT-B certification (NREMT or DSHS) within the first 3 weeks of class—if not, the student will receive an “F” in the EMT-I courses and will not be eligible to receive any money back.. If you have not yet taken the EMT-B exam, we advise that you DO NOT register for EMT-I.

For up-to-date, please visit: <http://www.com.edu/ems/immediate-certificate.php>

EMT-Paramedic

The Paramedic program is only offered as a day time, full time program that begins each January and encompasses both Spring and Summer semesters. Interested students should contact the EMS program in advance **to attend the mandatory orientation** for each program.

Prerequisites: In addition to the admission requirements listed above, students must also have successfully completed an EMT-Intermediate course. **BIOL 2401 and BIOL 2402(Anatomy & Physiology) are recommended prerequisites, but are not required.**

Additionally, students must successfully gain EMT-I certification (NREMT or DSHS) within the first 6 weeks of class—if not, the student will receive an “F” in the EMT-P courses and will not be eligible to receive any money back. If you have not yet taken the EMT-I exam, we advise that you DO NOT register for EMT-P.

For details, please visit: <http://www.com.edu/ems/paramedic-certificate.php>

Associate of Applied Science Degree

The Associate of Applied Science Degree in Emergency Medical Services is a comprehensive two-year plan that prepares the student for employment in their chosen Emergency Health Care Career. This degree will fulfill the requirements needed to apply for Paramedic Licensure with Texas Department of State Health Services. Below, you will find the recommended course progression.

For up-to-date details, please visit: <http://www.com.edu/ems/aas.php>



CLINICAL

Pre-Course Requirements

All forms and information should be gathered up and ready for Clinical Orientation (usually the first Saturday of the semester).

Student Responsibilities PRIOR to beginning classes

- _____ Clear Criminal History Background check (SEE INSTRUCTIONS, CertifiedBackground.com—last page)
- _____ AFTER completion of Criminal History, obtain signed registration form (you will be emailed when it is ready); register for classes.
- _____ Get picture taken and obtain COM student ID (located in the gym)
- _____ Completed Physical Exam Form (with acknowledgement of physical requirements)
 - _____ Current statement of a negative TB skin test or negative chest x-ray report
 - _____ Evidence of immunizations: see last page of **Physical Exam Form**
- _____ Clear Drug Screening (info on location in this packet)
- _____ Textbooks (you may find ISBN numbers for online ordering at www.com.edu/ems)
- _____ Intermediate students: ***Current NREMT / DSHS EMT Basic certification***
- _____ Paramedic students: ***Current NREMT AEMT and/or DSHS EMT-Intermediate certification***

DURING Clinical Orientation (see catalog, class description for scheduled dates)

- _____ Uniform order (clinical)
- _____ Attendance of Mainland Medical Center clinical orientation
- _____ Attendance of UTMB Clinical Orientation
- _____ HIPAA training

Other Student Responsibilities

- _____ Attendance of COM Clinical Orientation (see catalog, class description for scheduled dates)
- _____ Log in to WhenToWork.com as instructed in email

Prior to clinical scheduling, you will be required to pass pre-clinical skills and have a passing average in your didactic course.

NAME: _____

Completion of document:: YES NO

GRADE: _____

Date of completion: _____



EMS Program
Criminal Background Check and Drug Screening Policy

Purpose:

Drug testing and criminal background checks will be required of all COM EMS students. Ability to complete the EMS Program is contingent upon successful clearance of background check and drug screening. Successful completion of a *school* background check and/or drug screening does not guarantee licensure or employment after graduation. **If you have any uncertainty, please contact the EMS Program Director or Clinical Coordinator prior to enrollment.**

Timing of Criminal Background Check and Drug Screening:

All applicants selected for the program will be required to have a drug screening and criminal background check prior to being fully accepted into the COM EMS Program. COM will designate the agency selected to do the criminal background screening and drug screening.

The student will pay the cost of the background check prior to registration. The student will pay the cost of the drug screening at the time of the testing. It will be incumbent upon each student seeking admission to the program to complete the required authorization form and submit it to the designated company in a timely fashion so that results are received by the college PRIOR to the established deadline.

Results of the drug screening and background check will be sent directly to the EMS Program Director at the college. Drug testing and criminal background checks will be conducted at the student's expense. The student will also sign and return to COM, a consent form indicating knowledge of this policy. 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.

Unsatisfactory Results:

A student with a significant criminal background screen will not be eligible to enroll in the EMS Program. A significant criminal background screen means a conviction for any matter which clinical affiliates deem unacceptable. These vary from site to site.

Non-negative drug screens will result in dismissal. 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.

Record Keeping:

All criminal background information will be kept in confidential electronic files by the investigating agency and archived for seven years. The EMS Program Director and Clinical Coordinator may have access to these files at any time.

Student Responsibility:

If the student believes his or her background information is incorrect, he will have an opportunity to demonstrate the inaccuracy of the information to the investigating agency.

All researching of court records and documents and any cost associated with this process will be the responsibility of the student. Students will sign a release form that gives the EMS Program Director and Clinical Coordinator the right to receive their criminal background and drug screening information from the agency.

All Students:

The College of the Mainland Emergency Medical Services Program enforces a “drug free” policy. Any student exhibiting behavior which suggests impairment related to drugs and/or alcohol will be subject to a mandatory chemical dependence assessment. The student will be escorted to the designated drug testing facility by a faculty member for drug screen testing. All testing costs are the responsibility of the student. A student who either refuses the test or has a non-negative drug test, as determined by the medical review officer, will not be allowed to continue in the Program. The student will be held to the same withdrawal requirements described in the paragraph above.



EMS Program
CONSENT FOR RELEASE OF INFORMATION
Background Check and Drug Screening

STUDENTS: Take this form with you to the testing center.

Results reported to:

Julianne Duncan
EMS Program Director
College of the Mainland
1200 Amburn Road
Texas City, Texas 77591
409-933-8198
Jduncan3@com.edu

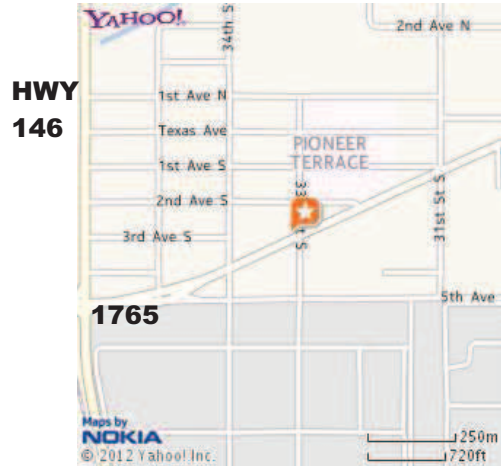
My signature below indicates that I have read and understand the policy on drug screening for the EMS Program. This form provides my consent for the results of drug screening to be released to the C.O.M. EMS Program Director.

Signature

Printed Name

Date

Mainland Testing for Drug Screening
(409) 978-2440
Address
3300 Farm to Market 1765
1765 Texas City, TX 77590
Email: hughes@mainlandtesting.com





EMS Program
CONSENT FOR RELEASE OF INFORMATION
Background Check and Drug Screening

Students: This form should be returned to the Clinical Coordinator.

My signature below indicates that I have read and understand the policy on background checks and drug screening for the EMS Program. This form provides my consent for the results of drug screening to be released to the C.O.M. EMS Program Director.

Entering Semester (Spring, Summer, Fall)

Class (EMT, Intermed, Paramedic)

Signature

Printed Name

Date



College of the Mainland

Fire 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"/> | <input type="checkbox"/> | Persistent cough | <input type="checkbox"/> | <input type="checkbox"/> | Fear of closed spaces |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | Panic attacks/Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | Vision problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> | Glasses/contacts |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal chest X-Ray | <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion/ heat stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent cold, flu, bronchitis | <input type="checkbox"/> | <input type="checkbox"/> | Hearing loss |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever smoked? | <input type="checkbox"/> | <input type="checkbox"/> | Hearing aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> | Take any medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting or seizures | <input type="checkbox"/> | <input type="checkbox"/> | Joint problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological problems | <input type="checkbox"/> | <input type="checkbox"/> | Heat-related issues |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Any other condition which may impact program performance |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery of any type | | | |

Please explain any "Yes" answers: _____

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

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

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, 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, and lift under emergency conditions.

[] [] Satisfactory physical strength and endurance: to move immobile patients, lift/carry/balance 125 lbs 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).

* [] [] [] *FIRE ACADEMY candidates only (mark N/A if student does not plan to attend Fire Academy--now or within the year): Perform strenuous physical activities (e.g. lifting, pulling, climbing, crawling, crouching, reaching, and bending while operating tools and equipment up to 50 lbs. and removing victims weighting up to 200 lbs.) while wearing approximately 65 lbs. of protective clothing in extremely high temperatures in live smoke-filled environments.

[] [] Satisfactory psychological function: ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.

Remarks/Abnormal Findings: _____

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: _____

- [] Physician (MD/DO)
[] Physician Assistant
[] Nurse Practitioner



Fire Academy/EMS Physical Form

Student: If you will be attending an EMT-B class (now or any time in the future), all of the immunizations listed below are required. If you have your immunization records (childhood, military, etc.) you may supply those or your medical provider may verify them with signatures below. **This form is meant to assist you and your medical provider determine which immunizations/tests you will require. When signed by a physician or nurse, it serves as proof of immunizations.**

Medical Professional: Please use the space below to verify past or present inoculations/ history of illness. If you administer inoculations, titers, or other medical tests as indicated, please supply the information here.

Patient Name: _____ DOB: _____

Printed Provider Name & Licensure Level: _____

REQUIRED For Clinical Rotations
(EMT-B, EMT-I, and EMT-P)

		Date Administered (or Date of Disease)	If Titer, Re- sults	Initials (Medical Professional)
MMR	Inoculation 1			
	Inoculation 2			
	OR Titer			
Varicella (Chicken Pox)	Inoculation			
	OR History of dz/Titer			
Tdap	Tetanus/ Diphtheria/ Pertussis Boost- er within 10 yrs			
Hep B	Inoculation 1			
	Inoculation 2			
	Inoculation 3			
	OR Titer			
Meningitis	Inoculation			
	OR N/A (see college regs)			
TB Test	Skin Test			
	OR Chest X-Ray			
Flu Vaccine	During Flu Season Only			

STUDENTS: Be sure to keep a copy of this form for your personal records. COM will not provide you a copy in the future.



STUDENT INSTRUCTIONS FOR COLLEGE OF THE MAINLAND EMS (BACKGROUND CHECKS)

About CertifiedProfile

CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of **CertifiedProfile**, including document storage, portfolio builders and reference tools. **CertifiedProfile** also allows you to upload any additional documents required by your school.

Order Summary

➤ Required Personal Information

- In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

➤ Payment Information

- At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a \$10 fee and an additional turn-around-time.

Place Your Order

Go to: www.CertifiedBackground.com and enter package code: **CV96**

You will then be directed to set up your **CertifiedProfile** account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as "In Process" until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password.

If you have any additional questions, please contact **Certified Profile Service Desk** at 888-914-7279 or email cp servicedesk@certifiedprofile.com



WWW.CERTIFIEDPROFILE.COM



888.666.7788

studentservices@certifiedprofile.com