



## Emergency Medical Services Department

1200 Amburn Rd., Texas City, TX 77591  
(409) 933-8036 Fax  
[www.com.edu/ems](http://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](http://www.com.edu/ems) .
2. Complete an application for admission into College of the Mainland ([www.com.edu](http://www.com.edu) “Apply Now”), and complete any necessary college requirements for admission. Call 409-933-8264 if you have any questions about the application.
3. Students must have a **clear background** to be eligible to register for classes. **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 administrator's list of applicants. 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.
4. Students must pass an **initial drug screen**. Forms you need are attached to this packet.
5. Students must also collect **the items listed on PAGE 3 of this packet**. <<DO NOT SUBMIT THESE PRIOR TO CLASS>>. During the first week of school, you be given further directions. **NOT having these requirements completed will lead to an “F” in the class, so prepare your materials NOW.**

### Federal Background Checks—State Certification

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.

## **EMS Program Contacts**

Julianne Duncan, MS, LP  
Program Director--EMS  
409-933-8198  
[jduncan3@com.edu](mailto:jduncan3@com.edu)

Doug Chappell  
EMS Clinical Manager & FT Faculty  
409-933-8155  
[dchapell@com.edu](mailto:dchapell@com.edu)

Theo Moody  
Allied Health Advisor  
409-933-8684  
[tmood@com.edu](mailto:tmood@com.edu)

Lesli Carroll  
Academic Advisor  
409-933-8664  
[lc Carroll4903@com.edu](mailto:lc Carroll4903@com.edu)



# CLINICAL

## Pre-Course Requirements

### Student Responsibilities PRIOR to beginning classes

- \_\_\_\_\_ COMPLETE 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)
- \_\_\_\_\_ **Complete drug screen—starts on page 5 of this packet**
- \_\_\_\_\_ Purchase Textbooks (**you may find ISBN numbers for online ordering at [www.com.edu/ems](http://www.com.edu/ems)**)

### **GATHER THE FOLLOWING ITEMS**—*additional instructions will be provided the first week of class.*

- \_\_\_\_\_ Completed Physical Exam Form (with acknowledgement of physical requirements)
  - \_\_\_\_\_ Current statement of a negative TB skin test or negative chest x-ray report
  - \_\_\_\_\_ PROOF of immunizations: see last page of **Physical Exam Form**
    - **MMR--2** inoculations or antibody titer
    - **Varicella (Chicken Pox)**—inoculation or history of disease
    - **TdaP (tetanus/diphtheria/pertussis)**—inoculation within last 10 years
    - **Hepatitis B**—3 inoculations or antibody titer
    - **Tuberculosis Test**—skin test or chest x-ray within last 6 months
    - **Flu Vaccine**—evidence of inoculation; during flu season (Oct 1 to March 1)
    - **Antibody TITER**—Hepatitis C (also known as “Hep C Screen”; tests for previous exposure to Hep C)
- \_\_\_\_\_ 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 )
- \_\_\_\_\_ Review and understand clinical requirements and policies
- \_\_\_\_\_ HIPAA training



# 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 |   |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Sufficient Eyesight:</b> observe patients, read records, manipulate equipment. Function in dim light, drive in hazy conditions. Wear protective eyewear.   |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Sufficient Hearing:</b> to hear blood pressures and function in high-noise environments.   |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Sufficient speaking, reading, writing skills:</b> to effectively and promptly communicate in English.  |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Sufficient gross and fine motor coordination:</b> to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend and lift under emergency conditions.   |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Satisfactory physical strength and endurance:</b> 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). |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Satisfactory psychological function:</b> ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.   |
| <input type="checkbox"/> | <input type="checkbox"/> |     | <b>Can this student medically tolerate various types of respirators?</b> Examples include simple N95 to avoid infectious exposure and various hazmat/firefighting masks. Examples of these include: air-purifying respirator, 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 65 lbs., climb stairs with equipment weighing approximately 50 lbs., lift and climb/descend ladders (with victims up to 200 lbs).

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 &amp; Licensure Level: \_\_\_\_\_

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

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

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



## 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 Manager 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

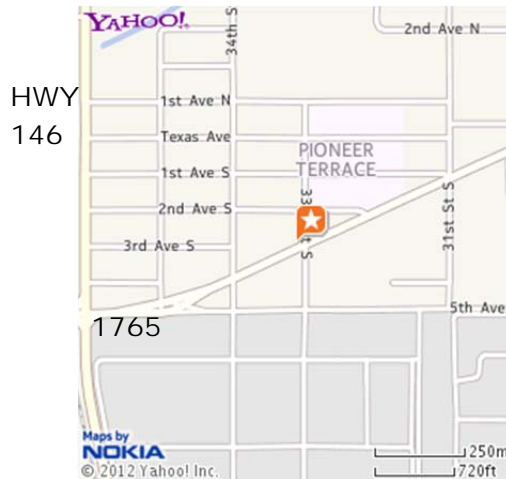
My signature below indicates that I have read and understand the policy on drug screening for the EMS Program. This form provides my consent for the results of drug screening to be released to the C.O.M. EMS Program Director.

\_\_\_\_\_  
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](mailto:hughes@mainlandtesting.com)





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

Students: This form should be returned to the Program Director.

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.

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Entering Semester (Spring, Summer, Fall)

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Class (EMT, Intermed, Paramedic)

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Signature

---

Printed Name

---

Date

## 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](http://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 [cpservicedesk@certifiedprofile.com](mailto:cpservicedesk@certifiedprofile.com)

