



## 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. 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. 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.
  - a. Follow the instructions on the **LAST PAGE** of THIS PACKET.
  - b. 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. You will be advised when your registration form is ready for pickup and in-person registration.
  - c. *Students that have incidents on their background, excluding traffic tickets, should contact the EMS department to discuss any background issues. Ability to attend class does NOT guarantee the ability to get certified.*
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.** The ability to attend class does not guarantee the ability to get certified. Visit <http://www.dshs.texas.gov/emtraumasystems/qicriminal.shtm> for additional information and guidance for getting an educational pre-screen completed.

## **EMS Program Contacts**

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

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EMS Clinical Manager & FT Faculty  
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Veterans Affairs  
409-933-8247  
[dlevice@com.edu](mailto:dlevice@com.edu)

Theo Moody  
Academic Advisor  
409-933-8684  
[tmoody@com.edu](mailto:tmoody@com.edu)



# CLINICAL

## Pre-Course Requirements

### Student Responsibilities PRIOR to beginning classes

- \_\_\_\_\_ COMPLETE Clear Criminal History Background check (**SEE INSTRUCTIONS, CastleBranch.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)
- \_\_\_\_\_ Obtain an **AHA-BLS CPR certification** (ONLY American Heart Association BASIC LIFE SUPPORT CPR is acceptable)—expiration **MUST** be after the end of the semester in which you are attending EMS class.
- \_\_\_\_\_ **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 at Clinical Orientation.*

- \_\_\_\_\_ **Completed** Physical Exam Form (with acknowledgement of physical requirements)
- \_\_\_\_\_ **PPD** Current (< 1 yr) proof of a negative TB skin test or negative chest x-ray report
- \_\_\_\_\_ **Flu Vaccine**—evidence of inoculation during flu season (Oct 1 to March 1) The form is attached to this packet.
- \_\_\_\_\_ **Hepatitis C Antibody TITER**— (also known as “Hep C Screen”; tests for previous exposure to Hep C)
- \_\_\_\_\_ **PROOF** of immunizations:
  - **MMR--2** inoculations or antibody titer
  - **Varicella (Chicken Pox)**—inoculation or history of disease or titer
  - **Tdap (tetanus/diphtheria/pertussis)**—inoculation within last 10 years
  - **Hepatitis B**—3 inoculations or antibody titer
- \_\_\_\_\_ Intermediate students: ***Current NREMT / DSHS EMT Basic certification***
- \_\_\_\_\_ Paramedic students: ***Current NREMT AEMT and/or DSHS EMT-Intermediate or AEMT cert***

### 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



## 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  
Drug Screening

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

**WellNow Health for Drug Screening**

676 FM 517 West  
Dickinson, TX 77539  
(409) 572-2535

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 the Drug Screen to be released to the College of the Mainland EMS Program Director and Clinical Director.

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Entering Semester (Spring, Summer, Fall)

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Class (Basic, Advanced, Paramedic)

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Signature

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Printed Name

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Date

Results Reported to:  
Julianne Stevenson  
EMS Program Director  
College of the Mainland  
1200 Amburn Road  
Texas City, TX 77951  
409-933-8198  
[jstevenson@com.edu](mailto:jstevenson@com.edu)

Doug Chappell  
EMS Clinical Director  
409-933-8155  
[dchappell@com.edu](mailto:dchappell@com.edu)





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

**BACKGROUND CHECK**  
**Castle-Branch**

STUDENTS: This form should be signed and returned to the College of the Mainland EMS Program prior to the start of the entering semester.

My signature below indicates that I have read and understand the policy on background checks for the EMS Program. This form provides my consent for the results of the background check to be released to the College of the Mainland EMS Program Director and Clinical Director.

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Entering Semester (Spring, Summer, Fall)

---

Class (Basic, Advanced, Paramedic)

---

Signature

---

Printed Name

---

Date

Results Reported to:

Julianne Stevenson  
EMS Program Director  
College of the Mainland  
1200 Amburn Road  
Texas City, TX 77951  
409-933-8198  
[jstevenson@com.edu](mailto:jstevenson@com.edu)

Doug Chappell  
EMS Clinical Director  
409-933-8155  
[dchappell@com.edu](mailto:dchappell@com.edu)

## PATIENT CONSENT FORM FOR SEASONAL INFLUENZA VACCINE

I have read, or have had explained to me, the CDC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barré syndrome. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me (or person named below for whom I am authorized to make this request). **Please print:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? \_\_\_ Yes \_\_\_ No

Does the person receiving the vaccine have a history of Guillain-Barré syndrome or a persistent neurological illness? \_\_\_ Yes \_\_\_ No

Is the person receiving the vaccine pregnant? \_\_\_ Yes \_\_\_ No (If yes, LAIV contraindicated, TIV recommended)

Is the person receiving the vaccine allergic to Thimerosal (Preservative found in contact lens solution), any vaccine ingredient, or latex? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of person receiving vaccine Date

**DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY** VIS Edition Provided: \_\_\_\_\_

**Lot number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**CHECK ONE:**

- \_\_\_ 0.5 mL IM Influenza Virus Vaccine given in \_\_\_left \_\_\_right deltoid – TIV or QIV
- \_\_\_ 0.5 mL IM Influenza HIGH Dose Virus Vaccine given in \_\_\_left \_\_\_right deltoid (65+) TIV-SR
- \_\_\_ 0.2 mL Live Attenuated Influenza Virus Vaccine given intranasally (half each nostril)
- \_\_\_ 0.5mL FluBlok Influenza Virus Vaccine given in \_\_\_left \_\_\_right deltoid
- \_\_\_ Children 6-35 months: 0.25 mL/dose given in \_\_\_left \_\_\_right deltoid (1 or 2 doses per season)
- \_\_\_ Children 3-8 years: 0.5 mL/dose given in \_\_\_left \_\_\_right deltoid (1 or 2 doses per season)
- \_\_\_ Children older than 9 years: 0.5 mL/dose given in \_\_\_left \_\_\_right deltoid (1 dose per season)
- \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
**Organization (Walgreens, HEB, name of clinic, etc.)**

\_\_\_\_\_  
**Nurse/MA/Provider's Signature Date Time**  
**ATTACH DOCUMENTATION (IF ANY) TO THIS FORM.**



College of the Mainland- EMS

# How to Place Order

Welcome to my

To place your order go to:

<https://portal.castlebranch.com/CV94>

Package Name (if applicable):

**CV96**

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

**Please have ready personal identifying information needed for security purposes.**

**The email address you provide will become your username.**

Contact Us: 888.914.7279 or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)



## Order Instructions for **College of the Mainland - EMS (Background Checks)**

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **CV96**: Background Check

### **About**

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#### **About CastleBranch**

College of the Mainland - EMS (Background Checks) and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

#### **Order Summary**

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#### **Payment Information**

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### **Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### **Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.