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 (such as TSI Placement testing-- http://www.com.edu/testing-center/ tsi-assessment) 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.
   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.

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

Doug Chappell  
EMS Clinical Manager & FT Faculty  
409-933-8155  
dchappell@com.edu

Lesli Carroll  
Academic Advisor  
409-933-8664  
lcarroll4903@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)

_____ Obtain an AHA-HCP CPR certification (ONLY American Heart Association HEALTHCARE PROVIDER CPR is acceptable)—expiration MUST be after the end of the semester in which you are attending EMS class. You may call 409-933-8586 to inquire about classes available through COM.

_____ 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)

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

Updated 3/2015
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:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>(Relationship)</th>
<th>(Phone number)</th>
</tr>
</thead>
</table>

Please check if you have had any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistant cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal chest X-Ray</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent cold, flu, bronchitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever smoked?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently smoke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting or seizures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery of any type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of closed spaces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic attacks/Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses/contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat exhaustion/ heat stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take any medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat-related issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other condition which may impact program performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________
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, bend 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).

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

**Can this student medically tolerate various types of respirators?** 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
**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)**

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

**STUDENTS:** Be sure to keep a copy of this form for your personal records. **COM will not provide you a copy in the future.**
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.
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
- Doug Chappell  
  EMS Clinical Director  
  409-933-8155  
  dchappell@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 and EMS Clinical Director.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Date

WellNow Health for Drug Screening
409-572-2535
Address
676 FM 517 Road West
Dickinson, TX 77539
CONSENT FOR RELEASE OF INFORMATION
Background Check and Drug Screening

Students: This form should be saved and uploaded as instructed by the Clinical 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 and Clinical Director.

______________________________
Entering Semester (Spring, Summer, Fall)

______________________________
Class (EMT, Intermed, Paramedic)

______________________________
Signature

______________________________
Printed Name

______________________________
Date
To place your order go to:

https://portal.castlebranch.com/CV94

Package Name (if applicable):

CV96

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