

## **EMERGENCY MEDICAL TECHNICIAN BASIC PROGRAM APPLICATION INFORMATION**

The **EMT-BASIC** program is a 15 consecutive week, 10 credit course designed to train the individual in fundamental aspects of emergency care.

Currently, LBCC offers two EMT-BASIC classes per year:

- Fall/Winter (begins September of one year & finishes February of following year)
- Winter/Spring (begins February of one year & finishes June of same year)

The first 24 applicants with a completed application and completed criminal background check on file will be offered seats in the next available class.

Students who successfully complete the EMT-BASIC course will be eligible to sit for the National and State certifying exams. Applications for all EMT levels receive a thorough criminal history background check by the Oregon Health Division.

Please read carefully the following prerequisites. Submit your completed records to Gayle Rushing in AC-102 to be reviewed. For more information, call the EMT Office at 541-917-4235.

### **PREREQUISITES:**

**Students must deliver all completed records to the EMT Program Office prior to being admitted into the course.**

If you are entering the EMT-BASIC course **only**, the following prerequisites apply:

**Proof of age:** All EMT students *must be 18* years of age on the day the class begins. Proof may be a *current/valid* driver's license, or a birth certificate.

**Current/Valid Driver's License:** Per Oregon Administrative Rule.

### **Proof of Minimum Academic Requirements**

**Reading Skills:** This can be obtained by:

- passing RD 90: Strategies for Effective Reading with a grade of "C" or better
- or

- scoring 71% (minimum) on the CPT Reading Placement Test.

Call Student Assessment at 541-917-4781 to schedule an appointment to take the placement test. This score may be waived with transcripts from another college which shows you have passed a reading class with a grade of "C" or above.

**Math Skills:** This can be obtained by:

- passing Math 20: Basic Math with a grade of "C" or better
- or

- scoring a minimum of 57% on the Arithmetic Placement test or 35% on the Algebra Placement test. Call Student Assessment at 541-917-4781 to make an appointment to take the placement test. This score may be waived with a transcript from another college which shows you have passed a Math class with a grade of "C" or above.

**Current CPR card:** All applicants must present a current ***“Healthcare Provider”*** card issued by the American Heart Association, or ***“Professional Rescuer”*** card issued by the Red Cross. These CPR classes include instruction on: Infant, child & adult CPR, obstructed airway, bag valve mask, pocket mask, and the AED.

Check the LBCC schedule for ***HE261A: Professional Rescuer*** courses, or call OSU for information about their Professional Rescuer CPR classes at 541-737-5411.

You can also call the American Red Cross Albany Chapter at 541-926-1543 or the American Red Cross Corvallis Chapter at 541-753-6628 for their class offerings.

### **ALL IMMUNIZATIONS:**

Applicants must provide official documentation of the following immunizations:

- ✓ Hepatitis “B” injections (a set of 3 injections or proof that series has begun)
  - ✓ (2) Measles, mumps, rubella immunizations (MMR)
  - ✓ Current negative TB test (current within the last 12 months)
  - ✓ TDaP (Tetanus, Diphtheria and Pertussis) vaccine if 2 years or more since last TD
  - ✓ Date of having had the Chicken Pox (Varicella) or the vaccine, or a positive titer
- All immunization records ***must be verified by a Physician, Physician’s Assistant, Nurse Practitioner, or Nurse.***
- If a doctor will not give you any of these immunization injections he or she must give you, in writing, a note to present to the secretary stating why you cannot have the injection.

### **CRIMINAL BACKGROUND CHECK (CBC)**

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- ❖ ***Applicants must complete LBCC’s criminal background check process.*** The instructions for this will be provided just prior to assignment of a class seat.
  - ❖ In order for an EMT-Basic student to be certified nationally and by the State of Oregon, students must perform an 8-hour on-site clinical experience at one of the Samaritan Health Services hospitals.  
Samaritan Health Services requires all students to complete a criminal background check before entering their facility.
  - ❖ To comply with this requirement, students need to complete this process ***before*** being admitted to the program.
  - ❖ This criminal background check **does not** take the place of the required criminal background check administered by the State of Oregon. The background check for the State of Oregon is a separate process completed towards the end of your course, and those results are not available to Linn-Benton Community College.

## HELPFUL INFORMATION

\*“Current” is defined as not expiring during the duration of the course. (CPR card and TB test.) Expiration of the required elements will result in Instructor initiated withdrawal from the program.

**Class Times:** *Note: No students will be allowed to register after the first week of class.*

**Lecture:** Monday and Tuesday evenings from 6:00 PM - 9:00 PM  
Room: HO-207

**Skills Lab:** Thursdays from 12:00 PM - 4:00 PM **OR** 5:00 PM - 9:00 PM  
Room: HO-207

You will be assigned one of these skills lab times on a first come first served basis.

### **Instructors:**

Marta McGovern-Philpott, EMT/I	course director/instructor: lecture/lab
Darcy Wilson, EMT/P	instructor: lecture/lab
Bryan Anderson EMT/P	lab assistant
Karen Bolduc	lab assistant

### **Approximate cost of the course:**

*LBCC Tuition 10 credits @ \$66.00 per credit	\$660.00
Oregon Health Dept. application form (Includes the National Registry)	80.00
Oregon Health Dept. testing fee	70.00
Passport photo (submitted with the OHD application)	12.00
Test Fee (LBCC testing fee)	60.00
Textbooks (approximately)_____	145.00
Criminal Background Check - one county	41.00**
Drug Test	<u>40.00**</u>
<b>Approximate Total:</b>	<b>\$1108.00</b>

\*Subject to change if credit cost increases

\*\* These are estimates only. Costs vary depending on individual circumstances.

Students may contact the EMT Program Office for additional information:

EMT Program Coordinator, Marta McGovern-Philpott	917-4528
EMT Secretary, Gayle Rushing	917-4235
Division Administrative Assistant, Teresa Thomas	917-4237

## **EMT Student Registration Process:**

The following outlines the registration process:

- 1. Applicants will bring in all of the required documentation.**
- 2. The information will be filed in the EMT office. You will be assigned a number based on date and time the information was placed in the file. Each class has a maximum of 24 students. Additional students will be placed on a wait list.**
- 3. Each class will be filled based on completed applications and completed criminal background checks on file on a first-come, first-served basis.**
- 4. If you do not register by the first week of the term, the next person on the wait list will be allowed to register.**
- 5. No students will be allowed to register after the first week of class.**
- 6. Prior to being admitted into the EMT Basic class, students will be required to complete an online criminal background check. Instructions will be handed out when the student is admitted into the program.**
- 7. Students admitted into the EMT Basic class will be required to complete a drug screening test no more than 5 days before their scheduled clinical rotation. Instructions will given to the students before clinicals are scheduled.**

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*Please note:*

Applications (completed or incomplete) will only be kept on file in the EMT office for 12 months from the date the application is signed by the applicant.  
Applications will be shredded after being on file for 12months.

It is YOUR responsibility to maintain contact with the EMT department secretary if you wish your application to be kept on file beyond the 12 month limitation.

NUMBER \_\_\_\_\_

<b>Office Use Only:</b> Date Rec'd: _____ Time Rec'd: _____
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**LINN-BENTON COMMUNITY COLLEGE  
EMT-BASIC COURSE  
APPLICATION FORM**

*THIS FORM MUST BE RETURNED TO THE EMT DEPARTMENT.*

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_  
(Please print clearly)

**LBCC STUDENT ID #:** X \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE/CELL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Immunization Documentation Must Be A Photocopy of Provider's Proof of Service:**

Proof must be on an official immunization card from the doctor's office or the county clinic. This must include the following:

- Your name
- Agency or provider administering the injection, test, etc. (Health Department, private physician, etc.)
- Name of injection, test, etc., and results if applicable (example: TB skin test, date it is given, date it is read, and the results of that test)
- Date of injection with a signature of RN, MD, or DO.

**Math and Reading Scores:**

- For the math and reading scores, please bring a copy of your results (you can get this from the student assessment office), or bring unofficial transcripts from the college you attended showing classes you have passed with a "C" or above as proof of the math and reading percentile.

**EMT STUDENTS:**

**Typical physical demands for the EMT:**

Requires full range of motion including ability to lift/carry/push/pull/move heavy objects, patients, supplies, and equipment (may be up to 50 lbs. or more).

**Typical working conditions:**

Irregular hours, subject to stressful conditions, both mentally and physically; subject to assaultive patients; exposed to toxic chemicals and medical preparations; exposed to bio-hazards such as communicable diseases and radioactive substances; subject to many interruptions.

I grant permission for the college to release immunization information to the clinical education center, if so requested, as part of my student records. If found that the required information has been falsified in any way, this will constitute dismissal from the program.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Oregon law and/or clinical affiliates require all students enrolled in health care programs to provide documentation and dates of the following immunizations.

I hereby verify that the information entered here has been reviewed by me and discussed with a medical physician or nurse practitioner.

**ATTACH COPIES OF DOCUMENTATION TO THIS FORM !**

THESE COLUMNS ARE FOR  
OFFICE USE ONLY:

IMMUNIZATION

Hepatitis B Dose #1 (any time)		
Hepatitis B Dose #2 (1-2 months after first dose)		
Hepatitis B Dose #3 (4-6 months after second dose)		
Hepatitis B Titer (Positive Titer can replace 3 injections)		
MMR Dose #1		
MMR Dose #2		
MMR Titer (Positive Titer can replace 2 injections)		
Tuberculin Skin Test (PPD) (This must be done yearly) <b>OR</b> Chest X-ray (documentation of the date given, date it is read, and the results, signed by RN/DO/MD)		
TDaP (required if 2 years or more since last Td)		
Chicken Pox (Varicella) (date you had disease or proof of vaccination date)		
POLIO vaccination (recommended)		
CPR Card— <u>ONLY CARDS ACCEPTED</u> will be from the American Heart Association “ <b>Healthcare Provider</b> ” or from the American Red Cross “ <b>Professional Rescuer</b> ” (This must be current for the length of the course)		
Reading Test (71%) call 917-4781 for an appointment or bring your transcripts from a college you have attended as proof.		
Math Test (Algebra—35% or Arithmetic—57%) call 917-4781 for an appointment or bring your transcripts from a college you have attended as proof.		
Valid Driver’s License		