EMT Initial
<u>Application and Information Packet</u>

<u>Welcome</u>

Thank you for your interest in enrolling in Central Carolina Community College's EMT-Initial(EMT) Program. The purpose of this packet is to inform you of the requirements and steps you need to take to enroll in the program. If at any time you have questions about the program or requirements, please call or email Gina Jones at the information provided below. Please read this packet in its entirety before completing the application forms.

<u>Enrollment Steps</u>

1. Review this packet. It will provide you with important information and program requirements.
2. Complete and submit the EMT application and EMT registration form. Both forms are downloadable and fillable if you would like to send them electronically.
3. Submit a letter of membership with department affiliation to have fees waived. Those not affiliated with an agency will need to be prepared to pay class fees 2 weeks prior to the start of class.

<u>About the Program & Schedule</u>

This course covers all techniques of emergency medical care presently covered within the scope of the EMT as well as operational aspects of the job which the EMT will be expected to perform. This program consists of 288 hours of classroom instruction, lab instruction, and clinical hours. Class days and times vary and some weekend hours may be required.

<u>Costs</u>

1. Tuition is $180 unless tuition exempt.
2. Malpractice and liability insurance- $21
3. AHS BLS CPR card - $5
4. Students will need to purchase a uniform shirt for clinicals- $24-$50
5. Textbook required: approximately $150 Emergency Care and Transportation-12th ed.
6. Platinum Testing Software- $52
7. Background Check & Drug Test-$120(FirstPoint)
8. EVOS Card- $15
9. Black EMT pants or slacks
10. Black Work Belt
11. Watch w/seconds hand
12. Castlebranch for BLS-$10 OR Rotation Manager for ALS-$39.99
13. Flu Shot/TB Test

<u>Optional Items</u>

NCOEMS Testing Fee-$68
NAEMT PHTLS-$15
NAEMT EVOS Manual-$17-$25
Stethoscope/Safety Glasses/Penlight

Checklist of Documentation Needed

At least 2 weeks prior:
1. EMS Pre-registration Application & Registration Form.
2. Copy of High School Diploma or High School Equivalency(GED, HiSET) or CASAS Placement Reading Test (to schedule this call Gina Jones at 919-718-7068). Must score a minimum of eleventh-grade level **prior to the first day of class.**
3. Department of Affiliation Letter if applicable for tuition waiver.
4. Copy of NCDL or ID for proof of age(must be 17 years old on or before the **official end date** of the course.

Clinical

At least 60 days prior to clinical, students must submit:
1. Vaccination Record
2. TB Skin Test or blood draw
3. Flu Shot

Copy of all clinical documentation must be uploaded within 48 hours or clinical will have to be repeated

At least 30 days prior to end of class, students must submit:
1. Copy of TIMS and ICS 100, 200, 700, 800
2. Copy of VFIS/EVOS/EVD

Once you have provided all required documentation, you will finalize your enrollment by paying for your class. If you are eligible for a public safety waiver, you will still be required to pay the insurance and malpractice fees of $21 to complete your registration. *You are officially registered when all documentation is received and payment is made.*

Payments can be made through Web Advisor or in person at the location listed below.

Return documents electronically to:
Central Carolina Community College
Attn: EMS Enrollment
Email: ccccems@cccc.edu
Gina Jones 919-718-7068

Mail to:
Central Carolina Community College
Attn: ESTC-EMS Enrollment
1105 Kelly Dr
Sanford, NC 27330

Central Carolina Community College
To register for ONLY Continuing Education Classes

Social Security Number _____   Date _____

Fire/Rescue see notice below

(Print) Name _____

               Last   First   Middle/Maiden

Mailing Address _____   County _____

City _____

State _____   Zip _____

The NC Community College System Requires the following information

Date of Birth ____/____/____   Sex: Male _____ Female _____

       (DOB required)

Race: White _____ Black _____ Indian _____

     Hispanic _____ Asian _____ Other _____

Circle Highest Grade Completed   0   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   or   GED

Home Phone ( ) _____   Employer _____

Business Phone ( ) _____   Employment _____ Full _____ Part Time

Cell Phone ( ) _____   _____ Unemployed _____ Retired

Email Address _____

Signature required for all students _____   Date _____

For students affiliated with a public safety agency - this signature serves to attest that you are actively affiliated with the agency listed below and hold the job classification indicated.

Course Information

Course #		Course Title	Day	Time	Location	Reg Fee	Start Date
EMS-4200	1190	Emergency Medical Technician Initial	I.T.W.Th.F.S.S	12:00AM	PMC	$180.00	3/3/2025
					Other Fee	$21.00	
					Other Fee		
					Total Fees	$201.00	

Payment Information

Method of Payment   Initials of Person receiving payment _____   Date _____

_____ CASH   _____ CHECK   Bank Name _____   Check # _____

_____ CREDIT CARD

        _____ Visa   _____ MC   _____ Discover

Third Party Billing (Fee Sheet Signature & Letter Required)

    Company Name _____   Mailing Address _____

Fee Remission: Reason for Fee Waiver

    Department / Station Name _____

                        Vol. Fire   Paid Fire   Vol. EMS   Paid EMS   Paid Law

If you __work OR volunteer__ in any of the above capacities __CIRCLE ALL__ that apply to YOU.

MAKE CHECKS PAYABLE TO CENTRAL CAROLINA COMMUNITY COLLEGE

NOTE: Refunds shall not be made except under the following circumstances: (1) A 75% refund shall be made upon request of the student provided the refund is requested prior to the 10% point of Occupational Classes or the 20% point of Community Services classes. Refunds will not be considered after those points in the class: (2) Students that prepay and request a refund prior to the first day of class are eligible for a full refund: or (3) Students are eligible for a full refund if the class is canceled by the college.

FIRE/RESCUE: By my signature above, I authorize CCCC to release to NC Fire Rescue Comm. a report indicating I have successfully completed all requirements for certification. *Please note - Your full Social Security number is required for grade transfer.*

CENTRAL CAROLINA COMMUNITY COLLEGE

EMS/EMT Program Application

Class Start Date: _____ Class Location: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Resident County: _____

Birth Date: _____ SSN: _____

Phone: _____ ☐Home ☐Cell ☐Business (circle one)

Alternate Phone: _____ ☐Home ☐Cell ☐Business (circle one)

Sex: ☐Male ☐Female

Ethnicity: ☐Caucasian ☐African American ☐Indian ☐Asian/Pacific Islander ☐Hispanic ☐Other _____

Do you have a high school diploma or equivalency diploma (GED, HiSET)? ☐Yes ☐No

Highest Grade Completed: ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17

Employment Status: ☐Full time ☐Part time ☐Unemployed ☐Retired

Email Address: _____

Are you currently serving with a Public Safety Department? ☐Yes ☐No

If yes, provide Department Name: _____

Level/Job: _____

Fee Waiver Status:
☐Paid-NC Fire Department Personnel   ☐Volunteer-NC Fire Department Personnel
☐Paid-NC Rescue EMS Personnel   ☐Volunteer-NC Rescue EMS Personnel
☐NC Law Enforcement Officer   ☐No Fee Waiver

To verify your department affiliation by phone, please provide the following: *(or submit Dept. Affiliation letter/form)*

Supervisor Name: _____ Supervisor Phone: _____

Department City: _____ Department State: _____

By signing your name here, you attest that you are affiliated with the public safety agency listed above and hold the job classification indicated.

_____   _____
Signature   Date

I have downloaded and received an EMS Registration Information packet. I understand that I may be responsible for submitting additional documentation to take this class, and that completing the EMS Registration Application does not guarantee my seat in class. I understand that I will be notified and prepared to make a payment to complete my registration.

_____   _____
Signature   Date

Log in: This is where I put in the log-in.

Technical Issues:

Contact:

Blackboard:
 24/7 Tech Support - 1.866.834.6894
 Blackboard will undergo routine maintenance each Friday from 3:00-5:00am.
Cougar Mail:
 IT Helpdesk - 919.718.7397

Please let the instructor know if you are having technical issues, so you don't miss any assignments.

Computer Requirements:
 Minimum Requirements for Distance Education: Access to a personal computer with the following: Windows Media Player, Apple QuickTime, Adobe Reader, Adobe Flash, Java, Microsoft Office, Graphical browser (Blackboard recommends using Mozilla Firefox), use of Cougar Mail account for email, modem speed of at least 28.8 bps or higher, and may require a CD-ROM drive and/or VCR/DVD player.
Operating Systems
 Blackboard recommends students to use at least Windows XP, Vista, or Windows 7. Please note: Microsoft Office is not an operating system; therefore, there is no such thing as Windows 2007, only Office 2007. This is a common mistake made by users.
Browsers
 A browser is your portal to the Internet. There are quite a few on the market today including Internet Explorer, Mozilla Firefox, Apple Safari, and Google Chrome. Blackboard strongly recommends certain browsers for its users.
 For users with Windows XP, Blackboard recommends Mozilla Firefox or Internet Explorer 8. Tests are most stable in Mozilla Firefox.
 For users with Windows Vista, 7, or 8, Blackboard recommends using Mozilla Firefox. Audio and video perform better in Internet Explorer 8, so we recommend having both browsers on your computer for use. Tests are most stable in Firefox.

LOGGING INTO COUGAR MAIL
CCCC provides each student with an email account. You must be registered for courses to have access.
The college will send announcements and important college information to your Cougar Mail account. Cougar Mail can be accessed from its icon located in the upper right corner of www.cccc.edu.

1. In the Username field, type in your username: the first initial of your first name, the first four letters of your last name, and the last three digits of your CCCC student ID. For example, Jane Smith ID# 1234567 would be user name: jsmit567.

Central Carolina Community College
STATEMENT OF CONFIDENTIALITY COMPLIANCE

As a student in the Central Carolina Education Institute, I _____(printed name) recognize and understand the necessity of maintaining patient confidentiality and privacy. With that understanding, I agree to the following:

- It is the responsibility of every EMS student to maintain the confidentiality of patient's Protected Health Information (PHI). PHI is defined as individually identifiable health information that is created, maintained, or transmitted in any form – written, oral, or electronic. It is also the responsibility of the EMS student to maintain the confidentiality of clinical site personnel information and competitive information regarding a clinical agency's plans and operations.
- In the course of clinical learning, students may have access to PHI pertaining to the nature of illness, current and previous medical history, medications, or medical treatment, as well as financial and family history. This information is not to be discussed with or released to anyone who is not **directly** involved in the patient's care, unless the information is specifically required for the care of the patient or as a learning tool within the educational setting.
- Students are expected to use the utmost discretion concerning confidential information.
- The integrity of all data produced by a hospital information system (including patient data supplied for billing purposes) is not to be compromised under any circumstance. This type of data includes printed materials, oral communication, and information displayed on a computer terminal.
- Unauthorized use or release of confidential information may also subject the violator to personal, civil, or criminal liability and legal penalties, and will result in immediate, up to and including termination from current and future programs with the Central Carolina Education Institution.

VIOLATIONS OF THIS STATEMENT INCLUDE, BUT ARE NOT LIMITED TO:

- Accessing information that is not within the scope of your duties;
- Misusing, disclosing without proper authorization, or altering confidential information;
- Disclosing to another person your sign-on code and/or password for accessing electronic or confidential information or for physical access to restricted areas;
- Using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- Intentional or negligent mishandling or destruction of confidential information; or
- Attempting to access a secured application or restricted area without proper authorization or for purposes other than official Central Carolina Educational business.

By signing below, I attest that I will respect and preserve the privacy, confidentiality, and security of confidential information. This information from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

_____

Student Name (Printed and Signed)

_____

Date

Central
Carolina
Community
College

LEE COUNTY CAMPUS
1105 Kelly Drive ● Sanford, NC 27330
919-775-5401 ● (FAX) 919-775-1221
SERVING CHATHAM, LEE & HARNETT COUNTIES

Authorization to Release Student Information Form (FERPA Consent Form)

I _____ , Student ID # _____ hereby, give permission to college instructors or Student Development staff at CCCC to share information regarding my student academic records (grades, transcript, progress information from instructors) to the following person. This permission is good for the following semester _____.

_____ has permission to request above information.
Relationship to student is _____.

Signature of Student: _____

Date: _____

College Staff Witness: _____

Please return this form to the Registrar's Office on the Sanford campus.

Clinical Shirts Order Form

Name: _____

Student Email Address: _____ @cougarmail.cccc.edu

Best Phone Number: _____

A minimum of two shirts must be ordered.

Number	Shirt	Size	Total cost
	EMT		

Instructor: _____

Prices

Clinical T-shirt (small to xL)--$12.00 each

Clinical T-shirt (2XL or 3XL)--$14.00 each

For additional questions please contact your lead instructor. All forms are to be given to your instructor.

_____

Method of payment:------------ cash ☐ card ☐ check ☐

*(**Instructors:** Turn in order forms to Ryan Jones (intra-office mail: ESTC, or email to emsclinical@cccc.edu).*
If you need to turn in cash contact me to arrange pick-up)

CENTRAL CAROLINA COMMUNITY COLLEGE

MEDICAL PROGRAMS IMMUNIZATION REQUIREMENTS

I _____acknowledge that I must turn in all of the

          Student Print Name

required immunization documentation to my instructor by _____.

                                                     Instructor Turn-in Date

I also understand that if my immunization documentation is not handed in to my instructor by the date listed above I will not be allowed to attend clinical rotations, and thus will not be able to satisfactorily pass this course.

Furthermore, I have been given ample opportunity to clarify and gain understanding of any questions I may have regarding the immunization documentation requirements policy of this program.

Student Signature _____ Date _____

Witness Signature _____ Date _____

LSS 10/12, updated CLP 04/18