Emergency Medical Technician (EMT) Course Application

Portland Community College
Emergency Services Department

Portland Community College provides quality education in an atmosphere that encourages the full realization of each individual’s potential.

Emergency Services Department Mission Statement

To train and educate Emergency Services professionals to excel in meeting the needs of the community

Portland Community College, Cascade Campus
EMS Admissions: ems@pcc.edu
EMS Department – PSEB 133
909 N. Killingsworth St.
Portland, OR 97217
971-722-5570

Rev: 5/8/19
EMT Course Application

Name: _____________________________________________

(last) (first) (middle) (Previous name(s) used)

Home Address: _____________________________________________________________________

(city) (state) (zip)

Telephone: cell: ___________________________ home: ___________________________

PCC email: _________________________________ Personal email: ___________________________

PCC G#: _________________________________ Date of Birth: __________________ Age: ______

(must be admitted as student to PCC to be assigned G#)

By submitting this application, I acknowledge that PCC may be required to provide some of my student information to the Oregon Health Authority, EMS & Trauma Section, in order to process my EMT Course application. Additionally, I understand that some of my student information is necessary to be provided to NREMT and certain professional and clinical sites (hospitals, ambulance agencies, et. al.) for eligibility regarding required clinical components and National testing processes (e.g., criminal background check initiation and results, drug screen results, attendance information and, potentially, information about passing classes.). I hereby give my consent to release information as needed.

_________________________________________ __________________________
(applicant signature) (date)

Please indicate which section of the EMS 105 class you are applying for, term and year:
(second choice may be used if first choice becomes unavailable)

1st Choice: ___________________________ _______ _______ _______ _______ _______ _______

CRN# day time location instructor term year

2nd Choice: ___________________________ _______ _______ _______ _______ _______ _______

CRN# day time location instructor term year

DO NOT WRIT BELOW. EMS OFFICE USE ONLY

| TB Test | MMR #1 #2 |
| Tetanus (Tdap) | Varicella (Chicken Pox) #1 #2 |
| BLS Card | Hepatitis B #1 #2 #3 |
| Influenza | Background Check | Drug Test |

☐ Proof of Age 18 or older

☐ Student Status = Active for Credit

High School/GED _________________________

Placement Test Results ___________________ Date Received _________________________

College Courses Taken ___________________ Date Posted _________________________

WR 115 _____ MTH 20 _____ RD 90 ______ Reviewed by _________________________
Follow this outline of the PCC EMT Course (EMS 105) Application Process (After you are admitted to the College)
(To get admitted, go to www.pcc.edu, click “Get Started” and complete steps 1 and 2.)

More detailed instructions are listed on the pages that follow. Once you have been admitted to the College:

1) Verify that you have: (see page 5)
   a. Passed WR 115 or placed into WR 121 (or higher), and
   b. Passed RD 90 or placed into RD 115 (or higher), and
   c. Passed MTH 20 or placed into MTH 60 (or higher)
      i. Contact a PCC testing center if you need to arrange for testing

2) Order your criminal background check from Castle Branch [ code: po93bg ] (see page 7)
   a. If you know or think you might have something on your record, and want to discuss potential outcomes, you may contact EMS Admissions first: ems@pcc.edu

3) Order your drug test from Castle Branch [ code: po93dt ] (see page 7)
   a. Castle Branch will provide you with instructions on how and where to submit your urine sample for testing
   b. Do not drink more than a few ounces of fluids for several hours before you submit your specimen, or it may cause a “dilute” result, which will require you to pay for an additional drug test
   c. If you are taking medically necessary prescribed drugs which cause a “positive” result, a Medical Resource Officer, from Castle Branch may need to contact you for additional information and review. Watch your e-mail, spam filters, junk mail, etc. If you do not respond to the MRO in a timely fashion, they will report your drug test result as “positive”, which does not meet the standard

4) Order your Immunization tracker from Castle Branch [ code: po93im ] (see pages 6, 7, and 8)
   a. This will establish your “To Do List”
   b. Upload each of the required immunization documents and CPR certificate to their respective places on your “To Do List”
   c. If multiple immunizations are listed on one document, upload that same document to each applicable site

5) Once you verify that all your Castle Branch items are complete (Background, Drug Test, and To Do List), contact EMS Admissions at: ems@pcc.edu

6) At that time you must submit the following: (scan and e-mail)
   a. Completed PCC EMT Course Application, and
   b. Proof of high school completion
      i. Copy of high school diploma, or
      ii. Copy of high school transcripts, or
      iii. Copy of GED, or
      iv. Copy of college degree from regionally accredited institution
   c. And proof of age (picture of driver’s license is fine)

7) After you receive permission to register, it is your responsibility to register for the appropriate course(s) and arrange for tuition payment
   a. If you do not make tuition arrangements before the “DNP” date(s) you will be dropped from the class
   b. If you do not attend the first class session, you will be dropped from the class

8) For Academic Advising for all Emergency Services Programs at PCC, contact Michelle Butler at: mbutler@pcc.edu
Course Information
The EMT Part I and Part II courses are designed to instruct students to the level of Emergency Medical Technician (EMT). An EMT serves as a vital member of the health care team. Students learn skills which can save lives and limit debilitating injuries in emergency situations. Upon successful completion of the courses, the student is eligible to take the Oregon State EMT Licensure exams. You ARE NOT licensed until you complete all requirements of the Oregon Health Authority EMS & Trauma Section and National Registry of EMTs.

Basic Requirements
The EMT Part I and Part II are closed courses. Students must complete the academic and the Castle Branch requirements in order to apply to the EMT courses, and must also pass a criminal background and drug screen, in order to complete the mandatory clinical experience portion of the courses. Criteria for passing the background check and drug test are determined by the clinical site(s), not Portland Community College. Please note the Legal Limitations (page 9) for the background criteria. Permission to register is granted on a “First-come, First-serve” provided the application requirements are complete. Registration deadline is generally when a class is full, or two weeks before a class begins. Class enrollment numbers online may be inaccurate, for the accurate amount of seats available in the classes, check with the Admissions Specialist.

PCC does not provide medical liability coverage. If you are injured and/or incur medical expenses, you are responsible for those expenses.

Check a current PCC schedule for class times and days each term. Attendance on the first day of class is mandatory, WITHOUT EXCEPTION! Students missing the first class will automatically be dropped from the class.

The following pages provide the information, requirements, instructions, and application. All requirements MUST BE COMPLETED, NO EXCEPTIONS to be accepted into the course.
To Apply:

The following documents must be provided to the EMS Admissions Specialist, during the registration period.

- Placement test results and/or college transcripts (Unofficial Transcripts accepted)
  Required levels:
  WR 115, MTH 20, RD 90 or equivalent have been completed with a “C” grade or better
  OR
  Placement test scores must indicate placement into:
  Writing 121
  Math 60 or higher
  Reading 115

- Proof of age 18 or older (driver’s license, passport, or other Government-issued ID).
- Proof of High School Graduation/GED (If home schooled, you are required to provide a GED)
- All requirements are “Complete” in your Certified Profile from Castle Branch. See pages 6 and 7 regarding CastleBranch.com for instructions.
- Fill out the EMT Course application. See EMT Course application page 3.

Students who have completed ALL of above academic requirements along with ALL the Castle Branch requirements showing “Complete” (no exceptions), will be given permission to register during the registration period. Permission is given on a “first come, first serve” basis, with EMS Admissions (ems@pcc.edu)

Placement tests may be taken at any PCC testing center. Further information is available at PCC Admissions or at www.pcc.edu/rewources/testing

For financial aid information at PCC, visit our website: http://pcc.edu/resources/tuition-fees/payment-info/financial-arrange.html

IMPORTANT:

- 2 to 7 week classes (which includes the ACCELERATED EMS 105 and 106) have DROP DEADLINE of the FIRST DAY OF CLASS before 5PM. The student is responsible for withdrawal from a class. Further drop information: www.pcc.edu/drop

- You must have payment arrangements in place to avoid being dropped from classes for non-payment. Check with the Students Accounts Office for available options.
Documents required for CastleBranch.com

Castle Branch is an outside source to verify the following immunizations and other requirements are met, and must be completed in order to be eligible to register for the EMS 105/106 courses. See page 7, CastleBranch.com for instructions on how to create your Certified Profile.

Upload the documents for the following criteria: (you may need to submit the same document more than once, if your shots and/or blood tests results are on one document.)

The Following list all must say complete on your CastleBranch account, before you get permission to register for the EMT courses.

- **BLS card** – it must be an **American Heart Association “Basic Life Support (BLS)” or “Healthcare Provider” level. The ONLY acceptable alternative is the ASHI CPR-Pro and ECSI Healthcare Provider. Other brands which claim to be “equivalent” are NOT accepted. See page on CPR/ BLS (Basic Life Support) course options. BE SURE TO SIGN AND SHOW BOTH SIDES when uploading to your profile with CastleBranch.com.

- Proof of a **Negative TB** exam (clear chest x-ray if exam is ‘positive’) It must be valid through the duration of your clinical rotations. *The Skin Test reading is valid for 6 months; the blood draw results are valid for one year.*

- **Proof of a Tetanus/Pertussis vaccine** booster within 10 years of the course completion date. (Must be Tdap not just DT or TD)

- **Proof of immunity to Hepatitis B:** requires a blood test that indicates ‘positive’: **OR** 1 shot for entry with follow-up of the 3 shot series as required during the course

- **Proof of immunity to MMR (measles/mumps/rubella):** requires a blood test that indicates ‘positive for all 3; **OR** 2 shots (must have both shots). Historical exposure or disease is **NOT** adequate. No MMR required if born before 1956.

- **Proof of immunity to Varicella (chicken pox):** requires a blood test that indicates ‘positive’; **OR** 2 shots (must have both shots). Historical exposure or disease is **NOT** adequate.

- **Proof of influenza vaccination** (seasonal flu shot). Vaccination must be for the current flu season **required every term, including summer.** Needs to include a statement indicating what flu season. For example: “For flu season 2018/19”, may also require the lot number. (You may write this on the document if missing)

- Complete the Criminal Background information (see Castle Branch page for instructions/package code).

- Complete the Drug Screen information (See Castle Branch page for package code, they provide instructions on how to do your drug screening. If you are taking a prescription, your test may result in a positive for drugs. Watch your Castle Branch and Email for directions to send the required additional documentation.)
About CastleBranch
Portland Community College – Cascade – Emergency Medical Services 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 Instructions for:
Portland Community College (PCC) – Cascade – Emergency Medical Services (EMS)

- To place an order (set up account and upload documents) go to the following website: https://www.castlebranch.com
- Click “Place Order” in the upper right hand corner.
  Enter the Package code: PO93im  O = the letter
- Once payment is made, the immunization page will allow you to upload your immunizations and CPR documents.
- For Background check and Drug Screen you will need to place an order and make a payment for each.
  Package code for Background – PO93bg
  Package code for Drug Test – PO93dt

Payment Information
Fees – Set up & Immunizations - $20.00
  Criminal Background - $51.00
  Drug Screening - $27.00

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 your order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact CASTLE BRANCH if having issues uploading documents.
For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
Basic Life Support (BLS) Card
Organizations that offer the AHA BLS/CPR cards

The required BLS/CPR card **MUST** be from the **American Heart Association** and **MUST** be the **Healthcare Provider or Basic Life Support level**. This card is valid for 2 years from the date of issue – and must be current through the licensing process after the end of your EMT courses. Below are some option to obtain your BLS/CPR card. There are many others, however they need to provide an American Heart Association, Healthcare provider card to be considered valid. If you have one of the following cards from a Fire Department, they are the **only other** CPR/BLS cards accepted.

- ASHI: CPR-Pro or Provider
- ECSI: Healthcare Provider

**Portland Community College’s CLIMB Center for Health Professionals**
- [www.pcc.edu](http://www.pcc.edu), click on the class schedule tab
- Select non-credit classes (for relevant term)
- Select **American Heart Association** from the Topics index
- Select the course titled: BLS (CPR) for Healthcare Providers (CEU 3319), from the American Heart Association courses offered. Choose a course that best fits your schedule.

Please Note: payment must be made before class begins.

**CPR Lifeline**
This organization was organized in April 1976 for the purpose of providing American Heart Association CPR training to the people of the Portland metro area.
- Click “Public Class Schedule & Registration"
- Choose BLS for Healthcare Provider CPR & AED
- Choose a course that best fits your availability

**Cascade Training Center**
This company offers the Oregon training courses at several locations in the Portland Metropolitan area
- [www.chealthcare.com](http://www.chealthcare.com)
- Click “Offered Classes”
- Choose Basic Life Support for Healthcare Providers (CPR/BLS)
- Then put your zip code in the “Find Upcoming Classes” to search
- Choose a course that best meets your location, date and times.
Legal Limitations for EMT Licensure

Applicants should be aware that the following questions are asked on the National Registry and/or the Oregon Application for licensure:

1. Do you or have you had within the past 10 years, any physical or mental condition that impairs, could impair, or has impaired your ability to perform the duties of an EMS Provider? If you answer yes, explain whether your condition is controlled by medication or other treatment and how your condition treated or untreated, affects your ability to perform the duties of an EMS Provider.

2. Do you or have you used in the last 10 years, any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of an EMS Provider?

3. Have you been counseled about, diagnosed with, or treated for, a dependency on alcohol or drugs within the last 10 years?

4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? (Minor traffic violations need not be reported.)

5. Has an employer or supervising physician taken disciplinary action against you related to your duties as an EMS Provider? (Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause.)

6. Have you been named in a lawsuit alleging medical malpractice or misconduct related to providing medical care?

7. Have you ever been disciplined, denied or revoked by the National Registry of EMTs or any health care certifying/licensing agency?

8. Have you ever surrendered or resigned a health care license or certificate?

9. Have you lived, worked or attended school outside of Oregon for 60 or more consecutive days in the last 5 years?

Mandatory Clinical/Internship Placement Requires Passing Drug Screen and Criminal Background Check

- Background check includes minimum of SSN trace, Sex Offender Registry, Office of Inspector General exclusion report, Healthcare Fraud and Abuse Scan

- All felony convictions are a minimum of ten-year exclusers from clinical/internship placement

- Class-A misdemeanor convictions are generally ten-year exclusers from clinical/internship placement

- Certain other misdemeanor convictions are ten-year exclusers from clinical/internship placement

- Other restrictions may apply, depending on clinical/internship site

- Drug Screen includes ten-panel – “Negative” result required for all panels. “Dilute”, “Positive”, or “Invalid” result constitutes failure of drug screen. Medical Review Officer may evaluate as appropriate. If you are contacted by the MRO, you must respond within 72 hours – watch your CB account and e-mail/junkmail boxes.
EMT COURSE EXPENSE ESTIMATE

<table>
<thead>
<tr>
<th>Non-Course Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Profile Fee (completed prior to course approval)</td>
<td>$20.00</td>
</tr>
<tr>
<td>Criminal Background Check Fee</td>
<td>$51.00</td>
</tr>
<tr>
<td>Drug Screen Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Vaccinations (see required documentation in application packet)</td>
<td>personal choice**</td>
</tr>
<tr>
<td>Parking Fee</td>
<td>OPTIONAL: $ varies day/mon/yr</td>
</tr>
</tbody>
</table>

Student ID | First ID at no cost! (Each Replacement costs not included in total) $10.00

Textbook, MyBrady Lab®, & EMS Testmg® $235.85*
Pocket Mask (with oxygen port) $10.00*
Stethoscope $20.00*
Student Uniform Shirt $37.50*
Black/Dark Blue Slacks (no jeans or scrubs) personal choice**
Black Shoes (no mesh, suede or open-toed shoes) personal choice**

Total Non-Course expenses: $399.35

DELETION FOR NON-PAYMENT: Full payment, a college-approved financial aid arrangement or payment plan must be in place 2 weeks PRIOR to the term begin date in order to maintain your course registrations. Check your MyPCC and PCC email often for information sent concerning Drop for Non-Payment.

EMS 105: EMT PART I (5 credits)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition: (in state)</td>
<td>$116.00/credit</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$12.00</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>$5.30/credit</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$3.40/credit</td>
</tr>
<tr>
<td>PCC College Service Fee (paid once per term)</td>
<td>$15.00***</td>
</tr>
<tr>
<td>Transportation Fee (paid once per term)</td>
<td>$8.00***</td>
</tr>
</tbody>
</table>

Total first part course expenses payable to PCC: $658.50+++ |

EMS 106: EMT PART II (5 credits)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition: (in state)</td>
<td>$116.00/credit</td>
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<tr>
<td>Lab Fee</td>
<td>$12.00</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>$5.30/credit</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$3.40/credit</td>
</tr>
<tr>
<td>PCC College Service Fee (paid once per term)</td>
<td>$15.00***</td>
</tr>
<tr>
<td>Transportation Fee (paid once per term)</td>
<td>$8.00***</td>
</tr>
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</table>

Total second part course expenses payable to PCC: $658.50+++ |

State/NREMT Exam Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Application Exam Fee (payable to DHS Health Services)</td>
<td>$110.00</td>
</tr>
<tr>
<td>NREMT Exam Fee (payable to National Registry of EMT’s)</td>
<td>$80.00</td>
</tr>
<tr>
<td>State Licensing Background Check Fee (payable to DHS Health Services)</td>
<td>$59.15++</td>
</tr>
</tbody>
</table>

Total State/NREMT exam expenses: $249.15

TOTAL EXPENSE ESTIMATE $1,965.50

* Available for purchase at PCC Cascade Campus Bookstore.
** Student to provide.
*** Assessed once per term if enrolled in at least one (1) credit class.
**** Oregon Border state residents (California, Nevada, Idaho and Washington) pay ‘in-state’ tuition International & other state students subject to ‘out-of-state’ tuition: $220/credit hour.
++ Additional testing fees may be required depending on exam locations.

These costs are estimates and are subject to change at any time!