

## **Scottsdale Community College EMT – Paramedic Program 2013**

### **Thank you for your interest in applying for the 2013 Scottsdale Community College Paramedic Program.**

The Scottsdale Community College EMT – Paramedic training program will include;

1. Minimum 600 hours didactic training including; lecture, small group instruction, and practical laboratory applications.
2. Minimum of 120 hours hospital clinical rotation including ED, Pediatrics, Burn center, ICU and OB contact.
3. A minimum of 380 hours of vehicular contact hours

All experiences in the Scottsdale Community College Paramedic Program are based on achieving competency as defined by the “National Emergency Medical Services Education Standards.” Listed hours are program minimums – as achieving standards may take longer for each individual applicant.

The “National Emergency Medical Services Education Standards” meets or exceeds Arizona Administrative Code R9-25-308; Arizona EMT-P Course (Authorized by A.R.S. §§36-2202(A)(3) and (A)(4) and 36-2204(1) and (3)) and the U.S. Department of Transportation 1998 National Standard Curriculum

Pre Requisites for the program include at a minimum;

1. Minimum 18 years of age at beginning of program
2. Possession of a valid Arizona State EMT Basic Certification (must remain valid for duration of program)
3. Possession of a valid American Heart Association CPR for Healthcare providers or equivalent (AHA BLS for Healthcare Providers or ASHI CPR for the Professional Rescuer). (must remain valid for duration of program)
4. 24 hour (or greater) hazardous materials first responder training course (FSC105 fulfills this requirement)
5. The applicant must demonstrate a 9th grade reading level, as determined by one of the following:
  - a an AAS degree or higher
  - b an AIMS assessment of 708 or higher
  - c Nelson Denney assessment of 9th grade or higher
  - d an Accuplacer Assessment of 62 or higher
  - e an Asset Assessment of 36 or higher
  - f an Compass Assessment of 70 or higher
6. Arizona Department of Public Safety Fingerprint Card

7. COMPLETED "EMT HEALTH AND SAFETY REQUIREMENTS DOCUMENTATION CHECKLIST FORM" with attached documented proof of immunity for the following diseases:
  - a. Proof of two (2) MMR injections --- OR --- positive titers for Rubeola, Rubella and Mumps.
  - b. Proof of two (2) Varicella injections, documented "history" of the disease, or positive titer for Varicella.
  - c. Proof of **2-Step** TB Skin Tests (#1 and #2) --- OR --- Chest x-ray done within last 2 years.
  - d. Proof of 3 Hep B injections 1, 2, 3, -OR- HepB Titer Result –OR- HepB Vaccine Declination Form
  - e. Proof of Flu Vaccine –OR- Declination Form (Declination forms for d & e can be found on pages four & five of this document.
8. 13 panel substance abuse drug screen completed at a preset time prior to clinical and vehicle rotations (failure of drug screen will result in removal from program). This screening includes Nicotine.

### **Course breakdown**

The SCC 2013 Paramedic Program will begin in January 2013 and conclude in December 2013. All students will be required to schedule the National Registry Written examination on their own after conclusion of the program.

This course will be extremely work and time intensive, with all clinical and vehicular internship rotations (a minimum of 500 hours) scheduled in addition to regular class hours. We will have the ability to do internships at night and weekends, scheduled as allowed assisting the student fit the time in. There are also 18 weeks with only one class scheduled to assist fitting these rotations in.

The SCC 2013 Paramedic Program schedule is primarily 2 days per week with many 1 day per week and will be held on Mondays and Wednesday s. Clinical and vehicular internships are **in addition** to class time but will have flexible scheduling. The full class schedule will be available at time of class acceptance – in mid December 2012. All classes will be from 0830 – 1700.

### **Included courses**

The SCC 2013 Paramedic Program will include the following courses and credit hours. All students will be required to enroll for each class prior to the registration deadline. The courses are broken down to assist with tuition reimbursement programs for various employers. All students are responsible to pay tuition in accordance with Scottsdale Community College policies, including lab fees (announced soon) and purchase all required textbooks. All students will also be required to purchase program uniforms. The 2009-2010 tuition rate is \$71 per credit hour for in state tuition. The current total tuition estimate for the program (tuition, lab, uniform, books) is \$4500. The exact program costs will be provided prior to the entrance exam.

### **Spring**

EMT 272AA      12.5 Credits      Advanced Emergency Medical Technology

EMT240	2 Credits	Advanced Cardiac Life Support
EMT242	1 Credit	Pediatric Advanced Life Support

**Summer**

EMT272LL	7.5 Credits	Advanced Emergency Medical Technology Practicum
EMT 235	3 Credits	Emergency Cardiac Care (online course)
EMT 236	3 Credits	Pharmacology in an Emergency Setting (online course)

**Fall**

EMT217AB	12.5 Credits	Advanced Emergency Medical Technology
EMT238	2 Credits	Vehicular Extrication and Patient Stabilization
EMT245	2 Credits	Trauma Management I

**Thank you for your interest in the SCC Paramedic program.**

**David Sargent**

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**(480) 329 – 2378 (cell)**

**SCOTTSDALE COMMUNITY COLLEGE**

**DECLINATION FORM**

**Mandatory**

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**HEPATITIS B VIRUS (HBV) VACCINATION**

**DECLINATION FORM**

**STUDENT NAME (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that because of my potential exposure to infectious materials during the clinical portion of my EMT class, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

The EMT program includes the Hepatitis B vaccination series as part of the health requirements. However, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be a risk of acquiring Hepatitis B, a serious and potentially life-threatening disease.

By signing this form, I agree to assume the risk of potential exposure to Hepatitis B virus and hold the EMT program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

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\_\_\_\_\_

Student Signature

Date

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**SCOTTSDALE COMMUNITY COLLEGE**

**DECLINATION FORM**

**Mandatory**

**ANNUAL INFLUENZA VACCINE DECLINATION**

I understand that influenza ("flu") vaccination is recommended by the Advisory Committee on Immunization Practices/CDC for all health care workers and students for the prevention of influenza. I also understand that the influenza vaccination is a requirement for the Centers for Medicare and Medicaid Services Accreditation Committee. The purpose of the influenza immunization is to prevent transmission of these diseases to patients, family, friends, and to the general public.

However, I decline the influenza vaccination at this time.

**THE REASON FOR DECLINATION IS REQUIRED BY REGULATORY AND ACCREDITATION AGENCIES:**

**Reason for declination of influenza vaccination (Please check all that apply):**

1. \_\_\_\_\_ **Medical**      2. \_\_\_\_\_ **Personal**      3. \_\_\_\_\_ **Other**

Once completed, please give this form to the EMT Program Office to be housed with your health and safety records (such as immunizations).

\_\_\_\_\_

Student Name (PRINTED)

\_\_\_\_\_ *Scottsdale Community College*

School Name

\_\_\_\_\_

Student Signature

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Today's Date