



SCOTTSDALE COMMUNITY COLLEGE

**2013
PARAMEDIC PROGRAM**

**INFORMATION
AND ADVISEMENT PACKET**

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2013 SCC PARAMEDIC PROGRAM

January thru December, 2013

APPLICATION DEADLINE: TBA

*Scottsdale Community College, Health Sciences Division
9000 E. Chaparral Rd., Scottsdale, AZ 85250
480-423-6225*

SCOTTSDALE COMMUNITY COLLEGE
PARAMEDIC PROGRAM OVERVIEW

A. DATES/DAYS/TIMES:

1. The SCC Paramedic Program begins in **January** and concludes in **December**. All students will be required to schedule the National Registry Written examination on their own after conclusion of the program.
2. The Paramedic Program schedule is primarily **2 days per week** with many 1 day per week and will be held on **Mondays and Wednesdays**. 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. All classes typically meet from **0830 – 1700**.

*The Paramedic Program is extremely work and time intensive. All clinical and vehicular internship rotations (a minimum of 500 hours) are scheduled **in addition** to regular class hours. We will have the flexibility to schedule internships at night and weekends and will try to accommodate the student's schedule if possible.*

B. PROGRAM CURRICULUM:

1. Minimum 500 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. 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.

C. FINANCIAL INFORMATION (includes payment and refund guidelines):

1. It is the student's responsibility to pay tuition in accordance with SCC policies (currently \$76 per credit hour for instate residents), Lab Fees and purchase books and uniforms.
2. The **estimate** for the 2012 Paramedic Program (tuition, lab fees, uniform, and books) is **\$5300 total** for all 3 semesters.
3. Tuition, Fees and Payment information is published on pages 33-34 of the 2011-2012 SCC College Catalog and Student Handbook.

"If you do not pay your tuition and fees by the specified date, you may be dropped from your classes and may be responsible for the tuition and fees based on the refund schedule which outlines the refund deadlines for each course." (Page 34 of 2011-2012 SCC Catalog and Student Handbook)

5. Refund Policy for Credit Classes is published on page 36 of the 2011-2012 SCC College Catalog and Student Handbook.

D. REQUIRED COURSES:


The SCC Paramedic Program includes the following courses and credit hours. All students will be required to enroll for each class prior to the registration deadline and meet all financial obligations per SCC Payment and Refund Policy – SCC Catalog & Student Handbook (pages 33 – 36).

Finalized course schedule will be available upon acceptance. *Note: Course offerings subject to change.*

Spring 18.2 cr. hrs.	EMT272AA	12.5 cr. hrs.	Advanced Emergency Medical Technology
	EMT 235	3 cr. hrs.	Emergency Cardiac Care
	EMT 236	3 cr. hrs.	Pharmacology in an Emergency Setting
Summer 10.5 cr. hrs.	EMT 272LL	7.5 cr. hrs.	Advanced Emergency Medical Technology Practicum
	EMT 240	2 cr. hrs.	Advanced Cardiac Life Support
	EMT 242	1 cr. hr.	Pediatric Advanced Life Support
Fall 14.5 cr. hrs.	EMT 272AB	12.5 cr. hrs.	Advanced Emergency Medical Technology
	EMT 238	2 cr. hrs.	Vehicular Extrication and Patient Stabilization
	EMT245	2 cr. hrs.	Trauma Management I

PARAMEDIC PROGRAM APPLICATION AND PREREQUISITES

A. APPLICATION PROCESS

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1. SCC Paramedic Program Application Form is available online (“Download Information” box): <http://www.scottsdalecc.edu/academics/departments/health-sciences/emt>
 2. **Fill in, print** and **sign** the online SCC Paramedic Program Application Form.
 3. Complete ALL SCC Paramedic Program Prerequisites (see “B” below).
 4. Meet with Health Sciences Secretary Charisse Wright, room SB133, 480-423-6225, to obtain signature for Paramedic Program testing and registration. Bring your **Application** and **ALL supporting prerequisite documentation** when you meet with her.
 - a. She will verify **completeness** of your application, program prerequisites and required documentation. If your application packet is complete, she will give signatures required for program/course registration.

B. SCC PARAMEDIC PROGRAM PREREQUISITES



REQUIRED PRIOR TO INITIAL SIGNATURE/REGISTRATION PERMISSION

(provide written proof of prerequisites 1 - 7 and attach to Paramedic Program Application)

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. 24 hour (or greater) hazardous materials first responder training course (FSC105 fulfills this requirement).
4. Possession of a current and valid American Heart Association CPR for Healthcare Providers card – OR -- equivalent (AHA BLS for Healthcare Providers or ASHI CPR for the Professional Rescuer). Certification must remain valid for duration of program,
5. The applicant must demonstrate a 9th grade reading level, as determined by one of the following:
 - a. AAS Degree or higher.
 - b. an AIMS assessment result of 708 or higher.
 - c. Nelson-Denney assessment score of 9th grade or higher.
 - d. Acuplacer assessment result of 62 or higher.
 - e. Asset assessment result of 36 or higher.
 - f. Compass assessment result of 70 or higher.
6. Arizona Department of Public Safety Fingerprint LEVEL 1 Card. Student MUST obtain their DPS Fingerprint **LEVEL 1** Card prior to clinical and vehicular rotations. Failure to do so will result in withdrawal from the SCC Paramedic program. Refunds are subject to published SCC refund policy. *(Page 34 of 2011-2012 SCC Catalog and Student Handbook)*
7. **Completed** "PARAMEDIC HEALTH AND SAFETY REQUIREMENTS DOCUMENTATION CHECKLIST" form with **attached documented proof** as required. (page 5)



REQUIRED PRIOR TO CLINICAL/VEHICULAR ROTATIONS – DATES TO BE DETERMINED BY SCC PARAMEDIC PROGRAM. (More info will be available when you meet with Charisse Wright.)

8. 13-panel substance/nicotine abuse screen completed at time to be announced prior to clinical and vehicular rotations (failure of substance/nicotine screen will result in withdrawal from program). This screening is done at the direction of the Paramedic Program Director. **Refunds are subject to published SCC refund policy (Page 34 of 2011-2012 SCC Catalog and Student Handbook)**
9. MCCCDC (Maricopa Community College District) Supplemental Background Check. Required prior to participating in clinical and vehicular activities. Paperwork will be given to you when you meet with Charisse Wright. Failure to pass this background check prior to clinical and vehicular rotation will result in withdrawal from the SCC Paramedic Program. **Refunds are subject to published SCC refund policy.**

TESTING FOR THE 2013 SCC PARAMEDIC PROGRAM
November 19, 2012 (Monday) and November 20, 2012 (Tuesday)
Applicants select date
when submitting Paramedic Application Packet

A. TESTING/INTERVIEW PROCESS:

1. Purpose:

The purpose of the testing and interview process is to help ensure that all applicants are didactically and emotionally prepared for the rigors of paramedic training and testing. This allows for greater learning opportunities for all students reducing remedial training during the program.

2. Written exam:

- a. The written exam can be scheduled through Charisse Wright at (480) 423-6225 when Application and prerequisite paperwork is turned in.
- b. There is a 2.5 hour time limit for the exam.
- c. The written exam is a multiple choice test consisting of 125 Basic EMT competency-based questions.
- d. It is highly recommended that you use a testing preparation site such as EMTACHIEVE or JBL TEST PREP, both found online.
- e. Minimum passing score is 75%.
- f. There will be **NO** personal items allowed in room, including but not limited to; purses, backpacks, computers, Ipads/Ipods, other media players, calculators, or cell phones.
- g. #2 Pencils are required and will **NOT** be provided.

B. SCC PARAMEDIC PROGRAM CONTACT INFORMATION:

1. Paramedic Program Director: David Sargent (480-329-2378)
Dave.sargent@sccmail.maricopa.edu
2. Health Sciences Secretary: Charisse Wright (480-423-6225)
Charisse.wright@sccmail.maricopa.edu

Scottsdale Community College
PARAMEDIC PROGRAM STUDENT HEALTH AND SAFETY REQUIREMENTS

IMMUNIZATION AND DOCUMENTATION CHECKLIST

Student: _____

Date: _____

Complete this form & attach documented proof of immunity for the following diseases:

1. MMR (Measles/Rubeola, Mumps, Rubella) – please check which type of proof you've attached:

- a. _____ documentation of two live doses of the MMR vaccine given on or after your 1st birthday.
#1: _____ #2: _____
- b. _____ titer (blood draw/lab work) indicating immunity; date of titer: _____

2. Varicella (Chickenpox) – please check which type of proof you've attached:

- a. _____ documentation of two live doses of the Varicella vaccine given on or after your 1st birthday.
#1: _____ #2: _____
- b. _____ titer (blood draw/lab work) indicating immunity; date of titer: _____
- c. _____ written history of disease

C. Tuberculosis: Documentation of an initial **Two-Step TB skin test PPD (test #1 and test #2 completed 7-21 days apart), and annual Update of TB skin test if two-step is older than 12 months. If positive skin test, provide documentation of chest X-ray within the last 2 years, and annual documentation of a TB disease free status.**

Initial Test: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive

AND

Boosted Test: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive

OR

Annual Update: Date: _____ Date of Reading: _____ Results (circle): Negative **OR** Positive

OR

Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____

D. Hepatitis B – please check which type of proof you've attached:

- a. _____ documentation of completed series (3 injections). If beginning series, 1st injection must be prior to obtaining registration signature, 2nd in one month and 3rd in 5 months.
Injection #1 date: _____ Injection #2 date: _____ Injection #3 date: _____
- b. _____ titer (blood draw/lab work) indicating immunity; date of titer: _____
- c. _____ signed Declination Form (page 9 of this packet)

E. Flu Shot: – please check which type of proof you've attached:

- a. _____ receipt of an influenza vaccine given in the last 12 months; date of injection: _____
- b. _____ signed Declination Form (page 9 of this packet)

This immunization checklist and attached documentation MUST be submitted with your SCC PARAMEDIC PROGRAM APPLICATION.

List of Clinics providing student immunizations is on next page.

SCOTTSDALE COMMUNITY COLLEGE

Student Immunization Clinics, Locations, Services & Pricing

(All info is subject to change. Contact the specific agency for updated info)

AGENCY	Clinics/Locations	Services & Prices
<p>Banner Occupational Health Services</p> <p><i>Call 602-747-3511</i> For more info or to make an appt. at any of the Banner Clinics.</p>	<ol style="list-style-type: none"> 1. Banner Good Samaritan 12th St./McDowell, Phoenix 602-839-4456 2. Banner Thunderbird 5601 W. Eugie, Glendale 602-865-5618 3. Banner Desert 2225 W. Southern Ave., Mesa 480-412-3275 4. Banner Gateway Higley Road/southof US 60 480-543-3300 5. Banner Estrella Thomas Rd./93rd Ave., Phnx. 623-327-4100 	<p><i>(MCCD student pricing as of 07/10)</i></p> <p>Hep B Vaccine @ \$88 ea. Hep B Titer @ \$55 TB Skin Test @ \$25 Varicella Vaccine @ \$115 ea. Varicella Titer @ \$50 MMR Vaccine @ \$75 ea. MMR Titer @ \$75 Tetanus/Diphtheria (Td) @ \$35 Tdap @ \$50 1-view chest xray for positive TB test @ \$50 Physical Exam @ \$60</p>
<p>Community Health Services - Scottsdale</p>	<p>8117 E. Roosevelt, Scottsdale (480-941-9283)</p> <p><i>Call for updated pricing and hours of operation.</i></p>	<p>MMR Titer @ \$125 MMR Vaccine @ \$50 ea. Varicella Titer @ \$35 Varicella Vaccine @ \$110 ea. TB 2-step @ \$20 ea. Injection Hep B vaccine @ \$45 ea.</p>
<p>E.V.V.A. X.</p> <p>(480)833-0554 www.evvox.com</p>	<p>East Valley Vaccination & Exam. Center, LLC 110 S. Mesa Dr., Suite 2, Mesa</p> <p><i>Call or check online for updated pricing and hours of operation.</i></p>	<p>MMR Titer – NA MMR Vaccine @ 67 ea. Varicella Titer @ \$60 ea. Varicella Vac. @ \$98 ea. TB 2-step @ \$20 ea. Hep B vaccine @ \$60 ea.</p>
<p>John C. Lincoln Allied Student Health Services</p>	<p>Employee Health Services 50 E. Dunlap Ave., Suite 200, Phoenix (602) 870-6332</p> <p><i>Call for updated pricing and hours of operation.</i></p>	<p>MMR Vaccine @ \$66 ea. Hep B @ \$55 ea. Tdap Vaccination @ \$46 ea. TB Skin test @ \$17 ea. Varicella Vaccine @ \$84 ea.</p>
<p>CVS MinuteClinics</p>	<p>(866)389-2727</p>	<p>http://minuteclinic.com/en/USA/</p>

**MORE IMMUNIZATION INFORMATION
AVAILABLE ON INFORMATION WALL OUTSIDE ROOM SB133
(in the Social/Behavioral Building)**

SCOTTSDALE COMMUNITY COLLEGE

PARAMEDIC PROGRAM DECLINATION FORMS

**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 Paramedic class, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

The Paramedic 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.

Student Signature

Date

**ANNUAL INFLUENZA VACCINE DECLINATION
(Mandatory)**

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 submit this signed form with your SCC Paramedic Application and Prerequisites paperwork

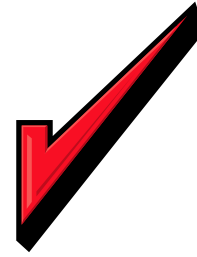
Student Name (PRINTED)

Scottsdale Community College
School Name

Student Signature

Today's Date

Scottsdale Community College 2013 PARAMEDIC PROGRAM STUDENT CHECK SHEET And Acknowledgement Form



Complete this form & submit when you meet with Charisse Wr.....

PRIOR to application submittal/review/acceptance, please **initial** that you have completed the following prerequisites and are submitting paperwork as noted in Items 1 - 7:

- _____ 1. Completed and signed online SCC Paramedic Program Application. This Application is to be filled out online, printed and signed before submitting to Department. All prerequisite paperwork is to be attached to the Application. Application is at the SCC/AEMT website: <http://www.scottsdalecc.edu/academics/departments/health-sciences/emt>
- _____ 2. Current Arizona State EMTB Certificate.
- _____ 3. Current American Heart Assoc. CPR for Healthcare Providers card – or equivalent.
- _____ 4. Proof of minimum 24-hr Hazardous Materials First Responder training course (FSC104 or agency verification of course completion).
- _____ 5. Proof of Reading Score as outlined on page 3, item B-5.
- _____ 6. AZ Dept. of Public Safety Fingerprint card – Level 1 –or – proof of application submittal.
- _____ 7. **Completed** "Paramedic Health & Safety Requirements Checklist" with **documented proof attached**. Checklist is on page 5.



Please **READ** and **INITIAL** your understanding and acceptance of the following enrollment conditions.

- _____ A. I understand that I must maintain a current EMTB Certification and CPR card during all portions of the Paramedic Program.
- _____ B. I understand that if I fail to obtain a valid DPS Level 1 Fingerprint card prior to clinical rotations I will be withdrawn from the SCC Paramedic Program.
- _____ C. I understand that I must complete a 13-panel substance/nicotine abuse screen at my expense (at a time to be determined by the SCC Paramedic Program Director). Failure to pass the substance/nicotine abuse screen will result in my withdrawal from the SCC Paramedic Program.
- _____ D. I understand that I must pass a MCCCDC (Maricopa County Community College District) Student Supplemental Background Check at my expense (at a time to be determined by the SCC Paramedic Program Director). Failure to pass this background check will result in my withdrawal from the SCC Paramedic Program.

NOTE: Failure to comply with enrollment conditions A - D will result in withdrawal from the SCC Paramedic Program.

**Payments and Refunds are subject to published SCC refund policy.
(2011-2012 SCC Catalog and Student Handbook, pages 33-36)**