



SCOTTSDALE COMMUNITY COLLEGE
EMT104
Basic Emergency Medical Technician
ADVISEMENT PACKET

PREREQUISITES FOR EMT104 CLASS – MUST ALSO ENROLL IN EMT104AA

You **MUST** present **ALL** the following documentation to the Division Secretary **before** you can obtain a signature that will allow you to register for the class --NO EXCEPTIONS.

AFTER you have all the prerequisites listed below, call **480-423-6225** and make an appointment to meet with the Health Science Division Secretary – SB133.

- A. Current Healthcare Provider or equivalent CPR card. We can only accept a card with one of the following certifications on the front of the card.**
1. CPR for Healthcare Provider
 2. CPR Pro w/AED
 3. CPR for Professional Rescuer
- B. The applicant must demonstrate a 9th grade reading level, as determined by one of the following:**
1. an AAS degree or higher
 2. an AIMS assessment of 708 or higher
 3. Nelson Denney assessment of 9th grade or higher
 4. an Accuplacer Assessment of 62 or higher
 6. an Asset Assessment of 36 or higher
 7. an Compass Assessment of 70 or higher
- C. FINGERPRINT CLEARANCE CARD – (small, white-plastic card)**
1. Must meet regulation #ASRA#41-1758
 2. Card must be current thru end of semester.
 3. AZ DPS Fingerprint Clearance Application packets are available on information wall outside SB132/133.
 4. Additional background check information from pages 8 – 18. Students must fill out, sign, and turn in page 18.
- D. COMPLETED "EMT HEALTH AND SAFETY REQUIREMENTS DOCUMENTATION CHECKLIST FORM" with attached documented proof of immunity for the following diseases(see page 2 for more details):**
1. Proof of two (2) MMR injections --- OR --- positive titers for Rubeola, Rubella and Mumps.
 2. Proof of two (2) Varicella injections, documented "history" of the disease, or positive titer for Varicella.
 3. Proof of two (2 separate) TB Skin Tests (test #1 and test #2 completed 7-21 days apart) --- OR --- Chest x-ray done within last 2 years-see following page-2.
 4. Proof of Hep B series, or signed and dated declination form-see page nine of this packet.
 5. Proof of Flu shot, or signed and dated declination form-see page nine of this packet.

SUBSTANCE ABUSE SCREENING

ALL EMT104 students will be given the paperwork to do a substance abuse screening the first week of class.
The 13-panel drug screening that includes nicotine and Fentanyl, costs approximately \$55 and students will be sent to a specific agency to have it done.

**Students who fail to provide a clean substance abuse screening
will be dropped from the class.**

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EMT STUDENT HEALTH AND SAFETY REQUIREMENTS
DOCUMENTATION CHECKLIST

Student: _____

Date: _____

I have attached 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

3. 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 _____

4. 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)

5. 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)

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Frequently Asked Questions and MORE Information

A. How much does this course cost? (ALL costs are as of 7/2011 and are subject to change):

1. Payable at registration:

- | | |
|---|----------------------------|
| a. Tuition – 9 cr. Hours @ \$76/cr. Hr. | 684.00 (subject to change) |
| b. SCC Registration Fee | 15.00 |
| c. EMT104 Course Supplies Fee | 105.00 |
| d. EMT104AA - .5 cr. Hour @ \$76/cr Hr. | 38.00 |

2. Payable before end of class:

- a. Natl. Registry Testing Fee \$ 50.00 (subject to Governing Board approval)

3. Other:

- | | |
|---|---------|
| a. Fingerprint Clearance Card Application Fee | \$65.00 |
| b. Fingerprint "inking" (approximation) | \$15.00 |
| c. Substance Abuse Screening Fee (approximation) | \$55.00 |
| d. Text book(s); for more information about costs, contact the SCC Bookstore at (480) 423-6554. | |

B. Is there a payment plan and when is my payment due?

1. SCC has an online payment. Check out the info at: www.my.maricopa.edu
2. Check your "my.maricopa" account for payment amount and due date.
3. If your tuition will be paid by scholarship, grants, loans, payment plan, etc., please make sure that it's noted on your "my.maricopa" account.
4. The college does a "purge for non-payment" on your payment due date. If your account is not paid in full, or there's no "payment pending" note on your account, you will be purged for non-payment. You will need the division secretary's signature to re-register; no guarantee that you will be able to get back into the same class.

C. How do I get the Immunizations if I don't have a doctor?

1. See pages 4, 5, 6, 7 & 8 for list of health clinics and pricing.

D. Course Attendance Policy:

1. Attendance at first class is **REQUIRED**. You may be dropped for not showing up at the first class.
2. Attendance at all EMT104 classes is necessary to ensure your success in the class.

E. Do I need a uniform or special equipment for this class?

1. There is NO uniform required for this class.
2. Equipment: stethoscope, pen light and stop watch w/2nd hand are required. **Do not purchase before first class meeting.**

F. What textbooks do I need for this class:

1. Required book: O'Keefe's "Emergency Care text & EMT Achieve: Online Test Prep"; 12th Edition, ISBN #9780132543804

G. What is the National Registry Skills Practicum? *****

At the end of the semester, you will be taking the NREMT Skills Practicum exam (EMT104AA) for National Registry. This is also part of your final course grade. You must enroll in one of the EMT104AA courses in order to complete NREMT Skills Practicum.

H. How much time should I allow outside of class for studying: This is a 9-credit class and to be successful in this class, you should be spending approximately 18 hours per week studying.

Immunization Clinic Locations & General Information

The following tables list various local agencies that offer immunization services. You may also contact your own personal physician to obtain these services.

<p>Baywood Occupational Health Clinic 6553 E. Baywood Ave., Ste 104 Mesa, AZ 85206 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p>Community Health Services 8117 E. Roosevelt (SE corner of Hayden and Roosevelt) Scottsdale, AZ 85267 (480) 941-9283</p>	<ul style="list-style-type: none"> •Open M-F, 8 am to 5 pm. •Office closed daily from Noon until 1:00 pm. •Clinic is run by Nurse Practitioner at ASU
<p>Desert Sam. Occupational Health Clinic 2225 W. Southern Ave. Mesa, AZ 85202 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p>Estrella Occupational Health Center 9305 W. Thomas Rd. Suite 235 Phoenix, AZ 85037 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p>E.V.V.A.X. East Valley Vaccination and Examination Center, LLC 110 S. Mesa Drive Suite 2 Mesa, AZ 85210 (480) 833-0554 www.evvax.com</p>	<ul style="list-style-type: none"> •Open M-F, 10AM to 6PM; (other hours available by arrangement) •We also do foreign travel immunizations •Appointments appreciated, walk-ins welcome •Insurance is not accepted•Fees due at time of service •Cash, MC, VISA; no checks •Call for prices
<p>Good Samaritan Occupational Health Clinic 1300 N. 12th St., Suite 407 Phoenix, AZ 85006 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open 24 hrs, 7 days a week •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p>Thunderbird Occupational Health Clinic 5601 W. Eugie Ave., Ste 213 Glendale, AZ 85304 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring you immunization rec. w/you. •Fees are due at time of service. •Insurance not accepted.

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EMT 104 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 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.

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 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

Today's Date