ADMISSION REQUIREMENTS
FOR EMS PROGRAM

NOTE: Admission criteria are subject to change due to policies set forth by Department of Postsecondary and Alabama Department of Public Health

To be eligible to enroll in the EMS Program, a student must complete the following:

1. Obtain unconditional admission to the college. These steps include:
   A. Submit college application.
   B. Submit official transcripts from high school and all colleges attended.
   C. Submit GED certificate, if applicable.
   D. Submit selective service documentation, if applicable.
   E. Attain a minimum 2.0 (4.0 scale) grade point average for all college work.

2. Read and sign the “Essential Functions” form.

3. Complete the application for the program desired.

EMT - CERTIFICATE OPTION

1. Comply with program admission requirements.

2. Complete Cardiopulmonary Resuscitation based upon the 2015 American Heart Association Guidelines.

ADVANCED EMT - CERTIFICATE OPTION

1. Comply with program admission requirements.

2. Complete Cardiopulmonary Resuscitation based upon the 2015 American Heart Association Guidelines.

3. Provide documentation of completion of an approved EMT course (EMT-Basic Course with Transition). Students without college credit for the EMT course (EMT-Basic Course with Transition) must meet with the Program Director and complete an assessment test.

4. Student must be eligible for an Alabama EMT state license.

**It is recommended that students desiring to progress to the Paramedic level also complete EMS 189 or BIO 201 along with the Advanced EMT courses. EMS 189 or BIO 201 is a pre-requisite for the Paramedic Program.**
PARAMEDIC CERTIFICATE OPTION

Because of the revisions of the EMS Curriculum and admission requirements, students must meet with an EMS Advisor for applicable requirements. In addition to the general admission requirements, students admitted to the certificate program must:

1. Provide documentation of completion of an approved EMT course and Advanced EMT course. Students without college credit for the EMT and Advanced EMT course must meet with the Program Director and complete an assessment test.

2. Complete ENG 101 and MTH 100 prior to the last semester of the Paramedic Program.

3. Complete EMS 189 or BIO 201 prior to admission to the Paramedic Program.

PARAMEDIC AAS DEGREE OPTION

Because of the revisions of the EMS Curriculum and admission requirements, students must meet with an EMS Advisor for applicable requirements. In addition to the general admission requirements, students admitted to the degree tract must:

1. Provide documentation of completion of an approved EMT course and Advanced EMT course. Students without college credit for the EMT and Advanced EMT course must meet with the Program Director and complete an assessment test.

2. Complete ENG 101 and MTH 100 prior to the last semester of the Paramedic Program.

3. Complete EMS 189 or BIO 201 prior to admission to the Paramedic Program.

4. Complete PSY 200, ENG 102 or SPH 107, BIO 202, and a Humanities Elective prior to the beginning of the last semester of the Paramedic Program. (Students may complete EMP 189 to complete the Paramedic Program initially. Students will be required to complete BIO 201 and BIO 202 prior to awarding of the degree.)
ESSENTIAL FUNCTIONS FOR
THE EMERGENCY MEDICAL TECHNICIAN

Directions: Read the declarations below and sign one option only. If you are unable to fully meet any criterion, you will need to make an appointment with the Director of EMS.

Option 1
I have read the technical standards and the examples of criteria. To the best of my knowledge, I currently have the ability to fully meet these standards and criteria.

_________________________  __________________________  ______________
Student’s name (Print)    Student’s signature    Date

Option 2
I have read the technical standards and the examples of criteria. To the best of my knowledge, I am currently unable to fully meet the criteria indicated below without accommodation and request reasonable accommodation.

Criterion _______ Accommodation: ________________________________________
Criterion _______ Accommodation: ________________________________________
Criterion _______ Accommodation: ________________________________________

_________________________  ____________________________   ______________
Student’s name (Print)    Student’s signature    Date

Option 3
I have read the technical standards and the examples of criteria. To the best of my knowledge, I am currently unable to fully meet the criteria without accommodation. I would like to meet with the College ADA Committee.

_________________________  _____________________________   ______________
Student’s name (Print)    Student’s signature     Date

For Official Use Only

_________ Accommodation provided
_________ Unable to provide accommodation
(Explain)

__________________________  ________________________  ____________
Signature    Title              Date
These are the essential functions required for students entering and participating in the Emergency Medical Services Program, EMT, Advanced EMT and Paramedic.

As a student and Emergency Medical Technician (EMT) graduate, you must:

**PHYSICAL DEMANDS**

1. Have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain.
2. Have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance).
3. See different color spectrums.
4. Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medications.

**PROBLEM-SOLVING ABILITIES - DATA COLLECTION, JUDGMENT, REASONING**

1. Be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology.
2. Be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at the ninth grade reading level or higher).
3. Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory, and tactile observations.
4. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.
5. Be attentive to detail and be aware of standards and rules that govern practice.
6. Implement therapies based upon mathematical calculations (at the ninth grade level or higher) without the use of a calculator.

**WORKER CHARACTERISTICS**

1. Possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates.
2. Be able to handle stress and work well as part of a team.
3. Be oriented to reality and not be mentally impaired by mind-altering substances.
4. Not be addicted to drugs or alcohol.
5. Be able to work shifts of 24 hours in length.
6. Be able to tolerate being exposed to extremes in the environment, including variable aspects of weather, hazardous fumes, and noise.
7. Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license (if a resident of Alabama), or possess a valid driver's license (if a resident of another state and employed in Alabama); and must be able to safely and competently operate a motor vehicle in accordance with State law.
Application for Admission
EMS Program

Northwest-Shoals Community College
EMS Program
P.O. Box 2545
Muscle Shoals, AL 35662
256-331-5435
1-800-645-8967 Ext 5435

APPLICATION: valid for one year

Program of study (check one):
☐ EMT - Certificate
☐ Advanced EMT - Certificate
☐ Paramedic - Certificate
☐ Paramedic - AAS Degree

Semester of Enrollment:
☐ Fall ☐ Spring ☐ Summer

Academic Year:
☐ 2017-18 ☐ 2018-19 ☐ 2019-20

Applicant Status:
☐ New ☐ Re-Admit ☐

Option:
☐ Full-time ☐ Part-time ☐ Accelerated
☐ Day ☐ Evening ☐ Day or Evening

Paramedic is a day class only

Please Print

Social Security Number: 

Home Phone: ( )
Cellular: ( )
Work Phone: ( )

Name - Last, First, Middle:

Other names which may appear on transcripts or other records if different from current name:

Local Address - Street Number and Name:

City, State, Zip Code, Country:

Permanent Address - Street Number and Name (if different from above):

City, State, Zip Code, Country:

E-mail Address:

Date of Birth - Month, Day, Year:

Person to contact in case of emergency:

Phone: ( )

Street Number and Name:

City, State, Zip Code:

PLEASE COMPLETE REVERSE SIDE
Official Use Only

Scores/Grades Verified

Yes

No

ASSET, COMPASS, ACT or SAT
(if applicable)

Academic Course Work

Year Taken

Grade Received

MTH 100
Intermediate College Algebra

ENG 101
English Composition I

EMP 189 or BIO 201 & BIO 202
Anatomy and Physiology or Human A&P I & II

Current Grade Point Average

Prior EMT School Attendance

School Attended:

Address:

Phone: ( )

Dates of Attendance:

FOR STATISTICAL PURPOSES ONLY

Sex: Male ☐ Female ☐

Racial/Ethnic (For compliance with State and Federal Reports/Regulations):

☐ ☐ White, Non-Hispanic ☐ ☐ African American ☐ ☐ Hispanic (Spanish) ☐ ☐ Native American ☐ ☐ Asian/Pacific Islander ☐ ☐ Other

What is your primary language spoken?

Place of Employment: Position: Hours worked per week:

ADMISSION AGREEMENT – To allow for my conditional admission to Northwest-Shoals Community College prior to the completion of all requirements of admission as stated in the College catalog, I hereby make the following declarations with the full understanding that any false information may cause my immediate dismissal or other student status change as may be required.

1. I certify that I meet the minimum educational requirements for the program in which I am enrolling. I further understand and agree that specific programs such as LPN, RN and EMS have additional admission requirements. It is my responsibility to comply with those requirements.

2. I understand that all admissions materials must be submitted prior to the deadline specified by the EMS Program to be eligible for admission into the Paramedic Program.

Student Signature: Date:

Liability Release

I hereby acknowledge that I am nineteen years of age or older, or that if I am under the age of nineteen I am signing this release with the written consent of my parent(s) or legal guardian(s). I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student or a prospective student of the Emergency Medical Services Program at Northwest-Shoals Community College, I am aware of the risk of personal illness, injury, or death which is inherent in my participating in the EMS clinical and/or ambulance rotation activities.

Upon full awareness and consideration of the risks which I assume in participating in hospital, emergency department, ambulance, rescue, or other clinical rotations or laboratory activities, I hereby agree to release Northwest-Shoals Community College and its instructors, officials, agents, representatives, preceptors, and employees from any liability for any type of illness or injury, including one resulting in my death, which is incurred during a period in which I am participating in Emergency Medical Services Program activities (including clinical or laboratory activities).

Student's Signature  Date   Parent/Guardian's Signature  Date
(if applicable)

Statement of Understanding of Policy

I agree to abide by rules and policies set forth by the EMS program, the Alabama Department of Public Health, and my clinical affiliates that I visit during the course of my studies. I realize that I have access to and a personal obligation to become aware of these rules.

I have also been advised and hereby indicate my understanding that EMS Program policy requires a 75% or better average in all coursework in any primary Emergency Medical Services course, and that a score of 75% is required in all courses to successfully continue to the next semester or complete the specified EMS Program of study.

Student's Signature  Date   Parent/Guardian's Signature  Date
(if applicable)
Clinical Studies Component Statement of Understanding

As a student enrolling in a clinical studies component of the Emergency Medical Services Program at Northwest-Shoals Community College, I am aware that:

1. I am or will be enrolled in a clinical course that requires my presence at one or more health care facilities;

2. I am not an employee of the College or of the health care facility and if I am an employee of the College or of the health care facility I must notify the EMS Program Director at the beginning of my EMS education coursework at Northwest-Shoals Community College;

3. I do not expect and will not receive compensation from the College or health care facility for participation in the clinical course; and

4. I have not been promised and do not expect an offer of employment at the College or health care facility as a result of my participation in the clinical course.

5. I may be required by the hospital/clinical site to undergo drug and/or alcohol testing at any time as a precondition to beginning a clinical rotation or to continue a clinical rotation at the hospital/clinical site.

6. I will be required to purchase Medical Malpractice Insurance, complete a background check and drug test through the College associated vendor(s). I understand findings on the background check and drug test could result in my dismissal from the EMS program of study. The fee for Medical Malpractice and drug testing is added to class tuition and if I am attending classes on loans or grants, which do not pay this fee, I will pay this fee at the cashier's office of the college prior to the start of the required semester.

_________________________   _____________   _________________________   _____________
Student's Signature       Date          Parent/Guardian's Signature       Date
(if applicable)
Background Check and Drug Screen Consent, Release, and Acknowledgment

I have received and carefully read the Background Check and Drug Screen policies of Northwest-Shoals Community College Health Studies Division and fully understand their contents. I understand that healthcare program or course to which I am or will be admitted/enrolled requires a background check and drug screen to comply with clinical affiliate contracts. By signing this document, I am indicating that I have read and understand Northwest-Shoals Community College Health Studies Division's policy and procedure for background checks and drug screens. I have been afforded the opportunity to ask questions regarding this policy. I have received answers to all of my questions. I understand that this policy is in effect and may be revised at any given point and that new, existing, and re-admitted students will be required to undergo a background check and a drug screen prior to assignment to any student clinical rotation and additionally as indicated by the program of study.

I voluntarily and freely agree to the requirement to submit to a Background Check and Drug Screen and to provide an acceptable Background Check and negative Drug Screen prior to participation in clinical learning experiences. I further understand that my continued participation in the healthcare program is conditioned upon satisfaction of the requirement of the Background Check and Drug Screen with the vendor designated by the College. I further understand that if I have Background Check that renders me ineligible or a confirmed positive Drug Screen, and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program. A grade of "F" will be recorded for the course(s) if I do not officially withdraw.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check and Drug Screen to the College. I direct that the vendor(s) hereby release the results to the College. A copy of this signed and dated document will constitute my consent for the College to release the results of my Background Check and Drug Screen to the clinical affiliate(s)' specifically designated person(s). I direct the College to hereby release the results to the respective clinical affiliate(s).

I agree to hold harmless the College and its officers, agents, and employees from or against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background check, drug screen, or release of the results to the College and/or the clinical affiliates.

I understand that should any legal action be taken as a result of the Background Check or Drug Screen that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I hereby authorize the College's contracted agent(s) to procure a Background Check and Drug Screen on me at my expense. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic Background Checks and Drug Screens as required by the clinical affiliates or program of study.

Student's Signature  Date  Parent/Guardian's Signature  Date  (if applicable)
EMS Program Admission, Progression, and Graduation Contract (Pending Admission)

1. I understand that falsification and/or omission of information on the college and/or EMS application shall be grounds for dismissal from the program in accordance with college procedures.

2. Northwest-Shoals Community College Policy: Due to the length and subject matter of each class, it is of the utmost importance that I attend all classes. Make-up examinations will be administered according to the course syllabus. I understand that failure to comply with the above attendance requirements may result in a failing grade based on academic performance.

3. I understand that I must have on file a completed health form, liability release, and current required CPR training card, dates of Hepatitis B vaccine or Waiver of Liability, and must purchase malpractice insurance.

4. In the clinical portion of the EMS Program, I understand that I must attend my scheduled clinical rotations according to the program's clinical rules and regulations. Failure to comply fully with these will result in receiving a lower grade or being ineligible to complete my clinical training due to non-compliance. I agree to fully read and know the Program's Clinical Practice Policies and Procedures outlined in my student handbook before entering any clinical area.

5. I understand that I must make a minimum of 75% in each Emergency Medical Services course in which I am enrolled to successfully complete the class and progress to the next semester.

6. I understand that I am required to abide by the rules and regulations of the clinical agency in which the clinical component of each course is performed. Failure to do so will result in dismissal from the program and a grade of "F" for the course assigned in accordance with College procedures.

7. I understand that the clinical agency with which the program is affiliated has the right to request that a student be removed from their facility, as well as the right to refuse a student admission to their facility for clinical education.

8. I understand that evaluation materials, i.e., clinical evaluations with instructor notations and counseling forms will be maintained in my student folder. I understand that upon my request, I will be permitted within 7 business days to see any information that is retained in my student folder.

9. A clinical course overall unsatisfactory will constitute failure of the entire course regardless of didactic average.

10. Due to the nature of the training received in the EMS Program, I understand that there are risks in demonstrating or receiving return demonstration in practical application of skills in the classroom and laboratory setting. I also understand that there are certain risks involved in completing clinical rotations with clinical affiliates of the EMS Program at Northwest-Shoals Community College. I fully understand that I am not required to involve myself in any activity that would be potentially dangerous to me. I recognize that the EMS Program highly recommends that I carry health/hospitalization and accident insurance while enrolled in the program. I will not hold Northwest-Shoals Community College, any of its employees, or other EMS student, any clinical preceptor, or any EMS Program Clinical Affiliate responsible for any injury occurred as a result of 1) any classroom/laboratory practical application or 2) performing clinical rotations.

11. I understand that during my Emergency Medical Services education that I will come in contact with infectious diseases and will be handling blood and body fluids. I further understand that my health and accident insurance and/or expenses are my responsibility.

12. I understand that I am responsible for transportation, meals, health care expenses and any liability incurred during and while traveling to and/or from education experiences.

13. The application for licensure as an EMS Professional in the state of Alabama will have questions which ask, "Have you ever been convicted of a felony or criminal offense?" and "Have you ever been arrested or convicted for driving under the influence of alcohol/drugs?" The application may be denied on the basis of this review.

14. I certify that I am not addicted to any intoxicating liquors or drugs and that I am not currently charged with or have ever been convicted of a criminal offense, other than a minor traffic violation.

15. I certify that I am of good moral character and that I have no known physical or mental difficulties that would prevent me from completing this training program. I understand that I must have a physical examination completed by a licensed physician or CRNP and have him/her complete the physical examination form required by the program before any clinical rotations are scheduled. In addition, I realize that if my physical exam does not meet with the approval of the EMS Program Medical Director or EMS Program Director, I may be required to withdraw from the program.

16. I understand that failure to comply with legal, moral, and legislative standards which determine unacceptable behavior of the EMS Professional and/or behavior which may be cause for denial of license to practice as a licensed EMS Professional constitute grounds for dismissal from the program, regardless of course standing. A grade of "F" will be assigned for any EMS course from which the student is dismissed for unacceptable behavior.

17. I understand that these rules above apply to me on any EMS course I should take in the Emergency Medical Services Program through Northwest-Shoals Community College, at present or in the future.

18. I understand that it is my responsibility to read the College Catalog, EMS Program Student Handbook, each course syllabus, clinical evaluation forms and other materials that are provided to the class which outlines my responsibilities as an EMS student. I understand that failure to abide by these published materials will be grounds for dismissal from the program.

I HAVE READ ALL SECTIONS OF THIS CONTRACT AND UNDERSTAND THAT THE CRITERIA STATED HEREIN AND IN THE COLLEGE CATALOG APPLY TO ME AND THAT FAILURE TO ABIDE BY ANY STATED CRITERIA IS GROUNDS FOR DISMISSAL PENDING MY ACCEPTANCE INTO THE EMERGENCY MEDICAL SERVICES PROGRAM AT NORTHWEST-SHOALS COMMUNITY COLLEGE.

Student's Signature Date Parent/Guardian's Signature Date (if applicable)
State and National Registry Requirements

Prospective EMS students should be aware that they must comply with specific licensure requirements set forth by the National Registry of Emergency Medical Technicians and the Alabama Department of Public Health Office of EMS and Trauma, to become licensed as an EMS Professional. Things which may affect your licensure compliance include:

1. Not being 18 year of age or older.
2. Having been convicted of any criminal act, including DUI convictions.
3. Being addicted to the use of intoxicating liquors or controlled substances in the present or past.
4. Not possessing 180 degrees peripheral vision capacity or a valid driver's license.

If you have any concerns regarding any of these items listed above, please address them to the Alabama Department of Public Health, EMS Division at 1-334-206-5383 and/or the National Registry of EMTs at 614-888-4484.

Americans with Disabilities Statement

Please review the Americans with Disabilities Act as it applies to National Registry for EMTs accommodations, job demands, and worker characteristics. This explanation can be found in the National Registry brochure under Examination Accommodations or online at www.nremt.org.

CAAHEP Accreditation

The EMS Paramedic Program is nationally accredited by the Commission of Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Committee of Accreditation of Educational Programs for the EMS Professions (CoAEMSP). For questions about Northwest-Shoals Community College EMS Program's national accreditation or accreditation agency, please contact CAAHEP directly at 727-210-2350 or mail@caahep.org. Additional information can be found on the CAAHEP website at www.caahep.org. Their mailing address is 25400 US Highway 19 N, Ste. 158, Clearwater, Florida 33756.

Application Ranking Guidelines

Admission to the Northwest-Shoals Community College EMS Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting all minimal requirements does not guarantee acceptance. Preference will be given to graduates of Northwest-Shoals Community College. Applicants will be notified in writing by the EMS office of acceptance into the EMS program. The College reserves the right to adjust requirements or use additional criteria to determine admission.

NOTICE: The EMS admission criteria, the progression guidelines, and the curriculum are currently being revised.

I have read and understand the State and National Registry Requirements, Americans with Disabilities Statement, CAAHEP Accreditation, and Application Ranking Guidelines.

Student's Signature  Date  Parent/Guardian's Signature  Date  (if applicable)