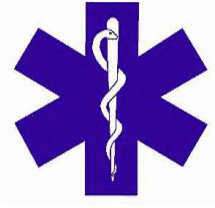




**EMT**  
**(Emergency Medical Technician)**  
**General Information**



**Required Hours:** Follows the state of Ohio requirements for EMT, including classroom, lab and clinical experience.

**Schedule:** Day and evening options available

**College Credit:** 7 semester credit hours

**State EMT Certification:** Completion of this course with a grade of "B" or higher is required to be eligible to take the National Registry Exam, used by Ohio for state certification.

**Associate Degree:** The EMT course applies toward the associate degree of Emergency Medical Services and the associate degree of Emergency Fire Services.

**To enroll in this course:**

***College Credit Plus (CCP) students must call for an appointment to meet with a CCP advisor prior to enrollment (330-494-6170 ext. 4198). College Credit Plus Students (CCP); Please contact the host high school program for direction on associated fees and expenditures.***

- Enroll in the College at [www.starkstate.edu/admissions](http://www.starkstate.edu/admissions)
- Must be age 17 and in the last year of high school, OR 18 and out of high school
- Must meet admission requirements as set forth in OAC 4765
- Must complete required health screenings and background check prior to clinical experience

**For further information contact: Bonnie Stich 330-305-6633 #3**

- The following items are not required for the first day of class but must be completed prior to scheduling clinical experience. The instructor will provide the deadline for completion of these items.
- Copies of documentation of medical screening completion, lab results and dates must be submitted to the EMT Instructor. The student should also keep a copy for their own records. After being verified by the instructor, medical items will be returned to the student and are not kept on file.
- Detailed explanations of the following requirements are on pages 3-4.

Requirement	Description
<b>CastleBranch</b>	Subscription to an electronic document filing system may be required.
<b>Textbook</b>	Text, Workbook and access code for practice tests in a bundle.
<b>Uniform Shirts</b>	Ordered on first day of class. Required as part of attire for clinical experience.
<b>Stethoscope</b>	Student is responsible for having this during clinical experience.
<b>Wrist watch</b> capable of counting seconds.	Student is responsible for having this during clinical experience.
<b>BCI and FBI</b> Submit results or verification email to instructor.	State and Federal Background checks: To be completed through the Stark State College office of security, 330-494-6170 Ext. 4367. <a href="https://www.starkstate.edu/about/security/background-check-information/">https://www.starkstate.edu/about/security/background-check-information/</a>
<b>TB test</b>	Required to be current within one year of class.
<b>(TDAP)</b> Diphtheria/Tetanus Toxoid	Documentation of TDAP within the last 10 years.
	<b>The following four items can be completed with one blood draw:</b>
<b>Titer : Rubella</b>	Blood draw to check for Immunity level.
<b>Titer: Rubeolla</b>	Blood draw to check for Immunity level.
<b>Titer: Mumps</b>	Blood draw to check for Immunity level.
<b>Titer: Chickenpox</b>	Blood draw to check for Immunity level.
<b>Hepatitis</b>	<b>Option 1</b> – Documentation that hepatitis series in progress or completed <b>Option 2</b> – a titer completed to evaluate immunity to hepatitis <b>Option 3</b> – complete waiver of refusal

## **COST OF HEALTH SCREENING**

Insurance may or may not cover the cost of these tests. You must be prepared to pay “up front”, either by check or credit card, when having the health screening completed. The following are some suggested sources of medical screening.

- Your family physician
- Mercy Medical Center Work Health and Safety at the MMC stat care building, Whipple and Dressler, North Canton, 330-966-8689.  
An ID such as a driver’s license is required.
- Other occupational health agencies

## **DETAILED DESCRIPTIONS**

### **Security Background Checks (see attachments at the end of this document)**

A Background Check (BCI and FBI) is required prior to scheduling clinical experience. This should be done through the department of Security at Stark State College. Information is available on mystarkstate, under the “Campus” tab. <http://www.starkstate.edu/content/background-check-information>

If a background check has been completed at a location other than Stark State College, the student is responsible for arranging to obtain a copy of the results.

BCI/FBI results are valid for one year from the date completed.

### **TB Skin Test**

**All EMS students must provide documentation of a current (within one year) negative TB test prior to the beginning clinical experience.**

A One-Step mantoux skin test for TB is required. A two step is only required if twelve months have passed since the expiration of the most recent TB test acquired by the student.

Documentation of a negative chest x-ray is required if student has a history of a positive reaction to the TB Test **OR** is currently a positive reactor to the TB test.

- If longer than one (1) year since negative chest x-ray, a new chest x-ray required.

### **Diphtheria/Tetanus Toxoid (TDAP)**

All students should have this vaccine (within the last 10 years). If not, vaccination is required.

### **Titer (blood sample drawn) to check immunity to Rubella, Rubeola, Mumps and Chickenpox \***

All students are required to be screened for their resistance to the four items listed, demonstrated by a titer. This is accomplished by a blood sample analysis (titer).

\*If the results demonstrate a low resistance to these diseases, a student should receive a booster vaccine for MMR and Chickenpox.

The MMR vaccine is **NOT** to be given in place of the titer/screen!

**Hepatitis B injections** are strongly recommended if they have not been completed.

The Occupational Safety and health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) have decreed that persons having the potential for exposure to blood and body fluids should receive the Hepatitis B Vaccine.

In healthcare, there is an increasing risk of exposure to blood and body fluids. While Universal Precautions are used in all healthcare settings, there still exists a potential of exposure to blood and body fluids infected with the Hepatitis B Virus.

**Option 1 - One Hepatitis B injection should be completed before clinical rotations.**

The series will be completed within six (6) months of first vaccine. Follow the direction from your healthcare provider for scheduling the injections *Please note that a missed injection could result in repeating the series at your expense!*

**Option 2 - Hepatitis Titer-** This is a blood draw that assesses for successful immunization by the hepatitis vaccines.

If a hepatitis titer is required, this can be drawn at the same time as the titer for **rubella, rubeolla, mumps and chickenpox.**

For those students who have already received the hepatitis vaccine series, it is required that a titer be drawn to evaluate the effectiveness of the vaccine in creating immunity.

**Option 3** – for those student who chose not to have the vaccinations, despite the recommendations, a waiver of refusal must be signed and submitted to the clinical coordinator.

### **Seasonal flu shot**

A seasonal flu shot is required. Students are required to provide documentation of a seasonal flu vaccine. If you are unable to receive a flu shot, you may be required to wear a surgical mask during your clinical experience.

# STARK STATE SECURITY DEPARTMENT BACKGROUND CHECK REQUEST

BCI     FBI     BCI and FBI

Student ID#: S00 \_\_\_\_\_

### Personal Information (please print)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### REASON for Background Check:

HR-POTENTIAL HIRE    REQUIRED for LICENSE/PERMIT    SSC PROGRAM REQUIREMENT    PREAPPLICATION TO PROGRAM

SSC PROGRAM: \_\_\_\_\_

### GRADUATING OR NEED IT SENT TO A BOARD? PLEASE CIRCLE AND ADVISE OPERATOR!

Direct copies need sent to:

- |                              |   |
|------------------------------|---|
| Ohio Board of Nursing        | CSWMFT Board                                  |
| Ohio PTA/OTA Board           | Respiratory Care Board                        |
| Ohio State Dental Board      | ODJFS (all education students need to circle) |
| Ohio Department of Education |   |
| State Medical Board of Ohio  |   |

(For Outside Agency only)

Address for results to be mailed to: \_\_\_\_\_  
\_\_\_\_\_

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to STARK STATE COLLEGE or agency listed above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Applicant's Signature                      (date)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION ON THIS FORM IS ACCURATE. ANY MISTAKES OR ERRORS ON THIS FORM ARE THE RESPONSIBILITY OF THE APPLICANT.

\_\_\_\_\_  
Parent/Guardian Signature (Minor Applicants only)

<u>OFFICE USE ONLY</u>	
College Credit Plus Student	
Operator Initials: _____	High School Billed: _____
<u>STATUS</u>	
COMPLETE	Date in Banner: _____ Eligible / Ineligible
MAILED	Date rec'd: _____ Eligible / Ineligible
SENT	
Dept.: _____	Date: _____
Rap Sheet Form: _____	