



EMT Course (Emergency Medical Technician) Registration 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**
- **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: John Ring 330-494-6170 ext. 5201

- 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
Textbook	Text, Workbook and access code for practice tests in a bundle.
Uniform Shirts	Ordered on first day of class. Required as part of attire for clinical experience.
Stethoscope	Student is responsible for having this during clinical experience.
Wrist watch capable of counting seconds.	Student is responsible for having this during clinical experience.
BCI and FBI 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. https://www.starkstate.edu/about/security/background-check-information/
TB test	Required to be current within one year of class.
(TDAP) Diphtheria/Tetanus Toxoid	Documentation of TDAP within the last 10 years.
	The following four items can be completed with one blood draw:
Titer: Rubella	Blood draw to check for Immunity level.
Titer: Rubeolla	Blood draw to check for Immunity level.
Titer: Mumps	Blood draw to check for Immunity level.
Titer: Chickenpox	Blood draw to check for Immunity level.
Hepatitis	Option 1 – Documentation that hepatitis series in progress or completed Option 2 – a titer completed to evaluate immunity to hepatitis Option 3 – 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>

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#: 500 _____

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
Ohio PTA/OTA Board
Ohio State Dental Board
Ohio Department of Education
State Medical Board of Ohio

CSWMT Board
Respiratory Care Board
ODJFS (all education students need to circle)

(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: _____	

EMT (Emergency Medical Technician) Course Checklist

✓	Prior to Registration for Class	Office Use Only
	Complete College admission and ACCUPLACER testing. (New Students) Must meet IDS102 or proficiency.	
	Once in class, prior to scheduling clinical/field experience	
	Purchase clinical uniform shirt.	
	Complete BCI and FBI Background checks.	
	Complete health screenings as listed above.	