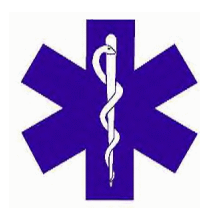




**EMT Course
Registration Information
(EMS121)
These items are needed to register for
the EMT course**



Thank you for your interest in the Stark State EMS program. Please review the attached documents that provide information about the EMT course. Financial Aid is available to those who qualify.

STUDENTS WILL NOT BE ABLE TO REGISTER FOR AN EMT COURSE UNTIL THE EMS COORDINATOR OR DEPARTMENT CHAIR IS CONTACTED.

STUDENTS MUST BE AT LEAST SEVENTEEN YEARS OLD AT THE START DATE OF THE COURSE.

STUDENTS WHO HAVE NOT SUBMITTED THE REQUIRED DOCUMENTATION 10 DAYS PRIOR TO THE START DATE OF THE EMT COURSE MAY NOT BE PERMITTED TO REGISTER FOR THE COURSE (CONTACT THE EMS COORDINATOR OR DEPARTMENT CHAIR FOR MORE INFORMATION).

SEAT CAPACITY FOR EACH EMT COURSE IS LIMITED. SEATS ARE NOT HELD FOR STUDENTS WHO HAVE NOT SUBMITTED THE REQUIRED DOCUMENTATION. SUBMIT DOCUMENTATION EARLY TO REGISTER FOR THE COURSE SCHEDULE YOU ARE INTERESTED IN.

STEP 1 - Read and review this document in its entirety before taking action.

STEP 2 - CONTACT THE EMS PROGRAM COORDINATOR

Jaime Jones
EMS Program Coordinator
Stark State College
jjones@stakstate.edu
330-494-6170 ext. 5571

OR

John Edwards
Department Chair
Stark State College
jedwards@starkstate.edu
330-494-6170 ext. 4352

STEP 3 – ENROLLMENT

STUDENTS WHO ARE NOT AFFILIATED WITH A FIRE OR EMS DEPARTMENT

1. Go to the following webpage to enroll at Stark State College:
<https://www.starkstate.edu/admissions/new-students/>
2. Once you complete the enrollment process, or are a currently enrolled student, you must contact the EMT Program Coordinator (Contact information at bottom of document) for more information on the EMT courses. Please have your student ID available.

STUDENTS WHO ARE AFFILIATED WITH A FIRE OR EMS DEPARTMENT (AND THE DEPARTMENT IS PAYING FOR YOUR TRAINING PRIOR TO THE START DATE OF THE COURSE).

1. Refer to the enclosed “Procedure for Fire and EMS Departments” guide to enroll at Stark State College
2. Once you complete the enrollment process, you must contact the EMS Program Coordinator (Contact information at bottom of document) for more information on the EMT courses. Please have your student ID available.

STEP 4 – PRE-REGISTRATION REQUIREMENTS

The following items must be submitted prior to registration for the EMT course:

All documents must be delivered to the EMS Coordinator or the Department Chair via email or in person, or they will not be accepted; pdf format is required

- **BCI/FBI BACKGROUND CHECK**
- **COMPLETED EMT COURSE STUDENT INFORMATION form**
- **COMPLETED AGREEMENT AND RELEASE FORM**
- **CERTIFICATES OF COMPLETION FOR NIMS IS-700 AND IS-100**
- **MEET THE REQUIREMENTS OF THE READING PLACEMENT TEST**

Information for each item listed above:

- **Background check**
 - Preferred – completed background check
 - Minimum – receipt of payment for a pending background check
 - Must be completed by Stark State Security office
 - Navigate to this link to schedule a background check <https://GatewayAdvising.as.me/Backgroundcheck>
No walk-ins will be accepted.
 - Please make the payment before you come to the appointment unless you are a CCP student. You can pay in person at the Cashier Window, 3rd Floor in the Student Center, online, or at the College Store on the 1st floor of the S Building. Credit cards will be accepted.

Please note that background checks typically take 2 weeks to process, but may take up to 30-45 days to process depending on your background history.

You are required to do both BCI and FBI background check.

You will receive an email on your starkstate.net email. Once you receive this email, your results are ready for pick-up at the Security Desk. You will need your Driver’s License or State ID to pick up the results – no exceptions!

Any questions about the status of your background check results can be directed to:
330-494-6170 x5801

- **EMT course student information** – attached within this packet
- **Agreement & Release Form** – attached within this packet
- **Copy of NIMS 700 and NIMS 100 course completion certificates**
 - These courses can be taken at the following links:
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>

- **Reading placement requirement**

- Students must meet the minimum reading requirement for the EMT course. Contact Gateway student services, the EMS coordinator, or the department chair for more information.

STEP 5 – BOOKS AND EQUIPMENT

Textbooks – all items available in the college bookstore

- AAOS. Emergency Care and Transportation of the Sick and Injured (12th edition). Jones and Bartlett Publishers; with Navigate Premier Access ISBN 9781284227192

Additional materials – all items are available in the bookstore with these exceptions*

- Stethoscope
- Clinical shirt (information provided during the mandatory orientation)
- *Watch with a second hand or ability to count seconds

STUDENTS ARE REQUIRED TO BRING THE FOLLOWING TO THE COURSE ORIENTATION (first day of the course)

- Textbook

IF YOU ORDER THE BOOKS FROM A VENDOR OTHER THAN THE STARK STATE COLLEGE BOOKSTORE, IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU HAVE THE APPROPRIATE REQUIRED BOOKS AT THE COURSE ORIENTATION.

Thank you for your interest and we look forward to meeting you.

If you have any questions about the registration process contact the EMS Program Coordinator.

Jaime Jones
EMS Program Coordinator
Stark State College
jjones@starkstate.edu
330-494-6170 ext. 5571

Procedure for Fire and EMS Departments

In order to streamline the registration process for Fire or EMS Departments sending their candidates to the Emergency Services Training Classes, please take the following steps:

1. Have the candidate/employee apply on line as a guest/transient student.
 - a. <https://www.starkstate.edu/admissions/transient-guest/>
2. Email Jackie Hostetler, jhostetler@starkstate.edu and John Ring, jring@starkstate.edu to advise your intention to sign up for the EMT Course (advise which EMT course) and for what semester. This can be done by the Chief with the names of attendees attached, or done by the individual students. Please include full name, in addition to date of birth.
3. Chiefs contact Sean Richards with the following information:

This will give us approval and appropriate information for invoicing.

1. Purchase order # or authorization letter
2. Student Employee Name and Student Identification Number
3. Time period of coverage which can be:
 - a. Specific semester – Summer, Fall, Spring or
 - b. Specific academic year or
 - c. Total time to achieve degree
4. Number of credit hours or specific courses
5. Listing of other charges that they will pay
 - a. Fees: Processing, Maintenance & Security, Background, etc.
 - b. Books
 - c. Supplies
6. Billing address

Our invoices are processed and mailed approximately eight weeks into the semester.

Sean's Contact Information:

Sean Richards, Assistant Bursar
Stark State College
6200 Frank Avenue NW, S301B
North Canton, OH 4420
330-494-6170 ext. 4368
srichards@starkstate.edu



EMT COURSE STUDENT APPLICATION



Submit this form to the EMS Program Coordinator.
This may only be submitted after enrollment to the college is complete.

LAST NAME		FIRST NAME			MI
STUDENT ID #		DATE OF BIRTH			AGE
SSC EMAIL			PERSONAL EMAIL		
HOME ADDRESS (STREET)		P.O. BOX	CITY		STATE ZIP CODE
COUNTY OF RESIDENCE		SOCIAL SECURITY NUMBER		PHONE NUMBER	
Disclosure of social security number is mandatory pursuant to ORC 3123.50 in the furtherance of licensing provision and any other state or federal requirements					
OHIO CERTIFICATION NUMBER (if applicable): *^					
DATE OF COMPLETION: NIMS 100: *			NIMS 700: *		
1) __Yes __No Are you under 18 years of age? (if NO, go to question 3)					
2) __Yes __No Are you 17 years of age and graduated from high school or enrolled in your last year of High School					
3) __Yes __No Have you ever been convicted of a felony or misdemeanor other than a minor misdemeanor traffic violation?					
4) __Yes __No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a healthcare licensure in any state or to an agency authorizing the legal right to work?					

*Attach copies to this application.

^Verification of state certification may also be obtained by accessing: <https://services.dps.ohio.gov/EMSProviders/Verification>

The information I am providing is accurate to the best of my knowledge. I understand that it is my responsibility to notify the College of changes in my name, address, telephone number or other pertinent information.

Name (PRINT) Signature Date

Program Coordinator (PRINT) Signature Date

**AGREEMENT AND RELEASE
EMERGENCY SERVICES DEPARTMENT
STARK STATE COLLEGE**

The undersigned hereby applies to participate in Training or Testing at **THE STARK STATE COLLEGE EMS TRAINING FACILITY** in North Canton, Ohio. In consideration of allowing the undersigned to participate in training or testing and use of facilities, I agree as follows:

1. To abide by all of the College's Rules and Regulations which may be in effect during the course of this training, testing, or any other procedure which relate to the control of my actions and conduct while on the College campus, including the EMS Training Facility Rules and Procedures attached hereto.
2. I hereby acknowledge the risks and hazards which may arise through participation in training, testing, or any other procedure and that these activities involve serious risks, including risk of loss of life and/or limb and/or property.
3. I hereby acknowledge that my participation in said training, testing, or any other procedures is at the sufferance of the College and I acknowledge that such participation may be revoked at any time, either orally or in writing, by any authorized College personnel. In the event of such revocation, I shall immediately comply and shall thereafter have no rights or recourse against **STARK STATE COLLEGE**, its agents or employees as a result of that decision or any other matter whatsoever.
4. I hereby agree to hold **STARK STATE COLLEGE**, its agents, employees, and Trustees harmless and to release them from any and all claims which might inure to the benefit to myself, my heirs or assigns during the course of said training, testing or other procedures; whether arising out of any actions or inaction, either intentional or negligence on the part of myself, **STARK STATE COLLEGE**, its agents, employees, and Trustees. I agree that this Release shall be binding upon any of my heirs, administrators, executors, and assigns.
5. I agree to maintain or cause to be maintained a health and accident policy of insurance ensuring that any medical and other claims resulting from my participation in Training or Testing, etc. shall be covered. I agree to provide the College with proof of such insurance upon the request of the College.
6. By signing this Agreement, I hereby certify that I have read this Agreement and Release, the Rules and Procedures attached thereto, and agree to abide by the conditions contained in them.

STUDENT (print)

SIGNATURE

DATE

PARENT (print) (If under 18 years of age)

SIGNATURE

DATE

Emergency Contact Information

Last Name _____ First Name _____


Relationship _____

Phone Number _____

EMT Course Checklist (this is for student use)

Submit completed documentation to the EMS Program Coordinator in H209

Student Name (Print): _____ #S00 _____

	Requirements for Registration to an EMT course
	<input type="checkbox"/> BCI and FBI Background checks completed and submitted <input type="checkbox"/> BCI and FBI Background checks in process. Receipt of payment submitted. (The student is not permitted to participate in clinical or field experience until a clear background is submitted)
	Completed application to an EMT course
	Completed agreement and release form
	NIMS IS 700 and NIMS IS 100
	Complete College admission and reading placement testing. <i>(New Students)</i>
	Current state of Ohio certification (if applicable): Provide certification number _____