Paramedic Program

Admission Requirements
Paramedic Program

IMPORTANT: PLEASE READ CAREFULLY

The Paramedic program is a two year Associate Degree Program that starts in the Fall Semester only. We also offer a Certificate Program for those who already have a Degree. You must complete EMT-Basic and be nationally Registered and State certified to apply. The deadline for packets to be turned in is August 1st.

In order to be considered for admission to this class, you must have the following information on file in the Paramedic department before you can register for classes:

**Admission Requirements:**

1. A completed application to EMCC—Golden Triangle.

2. A copy of your valid driver’s license showing you to be 18 years old before the beginning date of the program.

3. All official college transcripts.

4. An official transcript from your high school showing date of graduation or official GED transcript showing high school equivalency.

5. A minimum scale score of 77 on the Reading section of the Compass or a minimum ACT composite of 16 if taken after October 1989 or composite of 12 if taken before 1989.

6. Certification from EMT-Basic (must be nationally registered and state certified)

7. A valid CPR certification card (Health Care Provider Level).

8. A physical examination showing you to be physically fit per physician (dated within six months prior to beginning date of the EMT Paramedic class) with a current shot record (report should include dates of Tetanus (dated within 10 years) and childhood vaccines).

9. Proof of 2-Step Tuberculin test (dated within 1 year) and proof of starting the Hepatitis B vaccinations prior to clinical and ambulance rotations.

10. A drug screen dated within 10 working days prior to the beginning of class with negative results.
11. The Paramedic Program will conduct a criminal background check on each student (at the student’s expense) prior to entry into the program. Criminal background checks for students are valid for two years, as long as the student is continuously attending the program. If the student is not continuously enrolled in the Paramedic program, a new “clear” background check will be required prior to readmission.

EMCC will fingerprint each provisional student and submit those prints to the Mississippi State Department of Health (MSDH). The MSDH will send the finger prints to the MS Criminal Information Center (Department of Public Safety) and from there, the prints will be sent to the FBI for a national criminal history record check. If the report is returned “no disqualifying event”, the student will be issued a notarized clearance letter from the Paramedic Program Director and Allied Health that is good for two years, as long as the student is continuously enrolled.

If the report is returned as “may have a disqualifying event”, the student will have the opportunity to provide the Clinical Review Committee with any supporting documentation regarding the charge(s). The decision of the committee is final with no opportunity for appeal. The committee will take the following into consideration: the type and seriousness of the event, extenuating circumstances surrounding the event, the age at which the event occurred, if the event was isolated, or repetitive, length of time since the event, and accuracy of information provided by the student.

If the background check reveals a disqualifying event as outlined in State Code 43-11-13, Mississippi Code Annotated the student will be dismissed from the program with no opportunity for appeal.

**COMPASS TEST**

The Compass test will be administered based on the enclosed schedule at a cost of $20. The ACT test will also be administered based on the enclosed schedule at a cost of $35. Testing for the Compass and ACT could take up to 4 hours. In order to reserve a seat for the Compass and ACT test, you must pay in the business office and sign up for the next available test that fits your schedule.

Anatomy and Physiology I will be mandatory for all students before entering the Paramedic class. Anatomy and Physiology I must have been completed within the last 5 years with a grade of “C” or better.
Felony convictions may impact your ability to complete the program. For additional information, please contact John McBryde at 662-243-2689 before registering for this program. If you have any questions, please contact the counselor at 662-243-2631.

East Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Dr. Andrea Mayfield
Vice President for Scooba Campus, SC Student Services, EEOC/OCR, & Institutional Research & Effectiveness
Davis Administration Building
P.O. Box 158
Scooba, MS 39358
662-476-5000
ascott@eastms.edu

If you scan the barcode below with your cell phone, it will take you to the online information packet!
Date:__________________________________________________

I. Physical: TO BE COMPLETED BY A PHYSICIAN
Physician’s Name: ___________________ Address: ___________________ Phone: ___________________

Physical Examination:

**Vital Signs:**

<table>
<thead>
<tr>
<th>BP:</th>
<th>Pulse:</th>
<th>Resp.:</th>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
</table>

**General Appearance**

**Neck/Head**

**Nutritional Status**

**Eyes**

**Chest**

**Peripheral Vascular**

**Visual Acuity**

**Lungs**

**Musculoskeletal**

**Ears**

**Heart**

**Neurological**

**Auditory Acuity**

**Abdomen**

**Skin**

**Nose/Throat**

**Breast-Axillae**

**Current Treatment:**

In your opinion, is there any health problem which would interfere with this individual’s ability to pursue a program of study and/or a career in an allied health program?

__________________________________________________________________________________________________

Remarks/Special Recommendations:

Date of Examination: ___________________________ Signed: ___________________________, M.D.

ANNUAL DIAGNOSTIC TEST/RESULTS

<table>
<thead>
<tr>
<th>Mantoux Tuberculin Skin Test (IF NEGATIVE, NO CHEST X-RAY REQUIRED)</th>
<th>Previous physical transfer statement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________ Result: __________</td>
<td>Has student been under the care of a physician or been hospitalized since this physical was completed?</td>
</tr>
<tr>
<td>Signed ___________________________, M.D. or R.N.</td>
<td>Yes: ______ No: ______</td>
</tr>
<tr>
<td>(Or) Negative Chest X-Ray Date __________</td>
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<tr>
<td>Signed ___________________________, M.D. or R.N.</td>
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</tbody>
</table>

Name of Student: ____________________________________________
I. Physical: TO BE COMPLETED BY A PHYSICIAN
The following information must be certified by the physician or Health Department:

**Immunizations must be current with dates listed.**

- **Diptheria/Tetanus** (must be dated within 10 years)
- **Polio** (date of “SOS”)
- **Mumps Vaccine**
- **OR**
  - Previous History of the Disease
- **Measles (Rubeola) Vaccine** (Once since 1967)
  - **OR**
  - Previous History of the Disease
- **German Measles (Rubella) Vaccine**
  - (Adolescence or Adulthood)
  - **OR**
  - Positive Titer

**Hepatitis B Vaccination Dates**

- **1st Dose**
- **2nd Dose**
- **3rd Dose**

*Proof of immunizations and skin test is required (either a copy of the official report/certificate or information signed by the physician).*

Physician’s Name: ____________________________, M.D.  **OR** Health Department______________________________
FALSIFICATION OF INFORMATION IS A BASIS FOR DENYING ADMISSION OR FOR IMMEDIATE TERMINATION OF ENROLLMENT.

Student Health Record

Student (Print) __________________________ Date of Birth __________________________

Parent/Guardian / Spouse __________________________ Student Home Phone __________________________

Home Address __________________________ City __________________________ State __________ Zip __________

Have you ever had or do you now have any of the following? (Please check to the right of each item.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td>Hernia</td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td>High Blood Pressure</td>
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<tr>
<td>Back Problems</td>
<td></td>
<td></td>
<td>Jaundice</td>
<td></td>
<td></td>
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<tr>
<td>Chest Pain</td>
<td></td>
<td></td>
<td>Kidney Or Bladder Problems</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Cough</td>
<td></td>
<td></td>
<td>Measles</td>
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<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Menstrual Disorders</td>
<td></td>
<td></td>
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<tr>
<td>Digestive Disturbances</td>
<td></td>
<td></td>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diptheria</td>
<td></td>
<td></td>
<td>Rheumatic Fever</td>
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<td></td>
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<tr>
<td>Ear/Nose/Throat Problems</td>
<td></td>
<td></td>
<td>Scarlet Fever</td>
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<td></td>
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<tr>
<td>Excessive Bleeding</td>
<td></td>
<td></td>
<td>Seizure Disorders, Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive Weight Loss</td>
<td></td>
<td></td>
<td>Shortness of Breath</td>
<td></td>
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<tr>
<td>Eye Problems</td>
<td></td>
<td></td>
<td>Skin Disorders</td>
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<td></td>
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<tr>
<td>Foot Problems</td>
<td></td>
<td></td>
<td>Speech Difficulties</td>
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<tr>
<td>Frequent Colds</td>
<td></td>
<td></td>
<td>Swollen or Painful Joints</td>
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<tr>
<td>Frequent or Severe Headaches</td>
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<td></td>
<td>Tooth or Gum Problems</td>
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<tr>
<td>German Measles</td>
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<td></td>
<td>Tuberculosis</td>
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<tr>
<td>Hay Fever</td>
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<td></td>
<td>Ulcer</td>
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<tr>
<td>Hearing Difficulties</td>
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<td></td>
<td>Varicose Veins</td>
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<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td>Venereal Disease</td>
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</tbody>
</table>

Do you have any food or drug allergies? List them.

What medications are you currently taking?

Have you been or are you in drug or alcohol rehabilitation?

Do you smoke?

Have you had any surgical operations? List them.

Have you had any accidents or injuries? List them.

Do you have any other health problems? List them.

I certify that I have reviewed the information that I have supplied and that it is true and complete to the best of my knowledge.

Date: __________________________ Signed __________________________

(Student’s Signature)

(East Mississippi Community College)
### Pulmonary History

(May be submitted in lieu of a chest X-ray in the event of a previous positive TB test.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a chronic cough?</td>
<td></td>
<td></td>
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<tr>
<td>2. Do you Smoke?</td>
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<tr>
<td>3. Have you lost weight recently?</td>
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<td></td>
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<tr>
<td>4. Have you coughed up blood?</td>
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<td></td>
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<tr>
<td>5. Have you noticed any shortness of breath?</td>
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<td></td>
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<tr>
<td>6. Have you had any night sweats?</td>
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<td></td>
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<tr>
<td>7. Have you been around anyone who has TB?</td>
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<tr>
<td>8. Have you had a TB test?</td>
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<td></td>
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<tr>
<td>A. Was it: Positive □ or Negative □?</td>
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<td></td>
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<tr>
<td>B. When was it first Positive?</td>
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<td>C. What medication did you receive and for how long?</td>
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</tbody>
</table>

**COSTS***
1. **FEES THAT ARE PAYABLE THE BEGINNING OF EACH SEMESTER:**

   - **TUITION** $1025.00
   - **REGISTRATION** $200.00
   - **LIABILITY INSURANCE** $76.80
   - **COURSE FEE** $125.00

2. **TEXTBOOKS ARE APPROXIMATELY $525.00 FOR THE YEAR.**

3. **OTHER FEES/COSTS:**

   - **PARKING DECAL** $10.00
   - **PICTURE ID** Free

4. **UNIFORM COSTS:**

   - **BLACK UNIFORM PANTS/BDU TYPE (2 REQUIRED)** $50.00/each
   - **WHITE OR NAVY UNIFORM SHIRT (2 REQUIRED)** $35.00/each
   - **BLACK SHOES (1 PAIR REQUIRED)** $75.00/each

5. **SUPPLIES:**

   - **STETHOSCOPE (1 REQUIRED)** $50.00
   - **PEN LIGHT (1 REQUIRED)** $10.00
   - **SCHOOL PATCHES (2 REQUIRED)** $10.00/each
   - **TRAUMA SHEARS (1 REQUIRED)** $10.00/each

*NOTE: ALL COSTS ARE APPROXIMATE AND SUBJECT TO CHANGE. COSTS ARE BASED ON PAST EXPENSES.*
State certified EMT and Anatomy and Physiology I are prerequisites (by state regulations and national standards) for entrance into this program.

**FIRST SEMESTER**

**First Semester (Fall)**
- EMS 1122 Introduction to EMS Systems .................................................. 2 semester Hours
- EMS 1314 Airway: Management, Respirations and Oxygenation .................. 4 semester Hours
- EMS 1414 Patient Assessment ..................................................................... 4 semester Hours
- EMS 1614 Pharmacology ........................................................................... 4 semester Hours
- EMS 1513 EMS Practicum I ........................................................................ 3 semester Hours
- LLS 1711 Job Search Skills ......................................................................... 1 semester Hour
- LLS 1311 Orientation .................................................................................. 1 semester Hours
  **19 semester Hours**

**Second Semester (Spring)**
- EMS 1825 Cardiology .................................................................................. 5 semester Hours
- EMS 2714 Trauma ........................................................................................ 4 semester Hours
- EMS 2855 Medical ....................................................................................... 5 semester Hours
- EMS 1525 EMS Practicum II ......................................................................... 5 semester Hours
  **19 semester Hours**

**Third Semester (Summer)**
- EMS 2912 EMS Operations .......................................................................... 2 semester Hours
- EMS 1422 EMS Special Patient Populations ............................................... 2 semester Hours
- EMS 2414 Maternal/child Emergencies ....................................................... 4 semester Hours
- EMS 2565 EMS Practicum III ...................................................................... 5 semester Hours
- CPT 1113 Microcomputer Applications ..................................................... 3 semester Hours
- BIO 2524 Anatomy and Physiology II ....................................................... 4 semester Hours
  **20 semester Hours**

**Semester Four (Degree Option)**

- ENG 1113 English Composition I ................................................................ 3 semester Hours
- SPT 1113 Public Speaking I .......................................................................... 3 semester Hours
- Social/Behavioral Science Elective ............................................................. 3 semester Hours
- Fine Arts/ Humanities Elective ................................................................. 3 semester Hours
  **12 semester Hours**
Paramedic Candidate Questionnaire

1. How long have you been an EMT?
   □ 0-5 years
   □ 6-10 years
   □ 11-15 years
   □ 16-20 years

2. In 100-250 words please describe why you wish to become a Paramedic and describe your work experience in EMS.

3. Please list two references with contact information.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>______________________________</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>______________________________</td>
<td></td>
</tr>
</tbody>
</table>