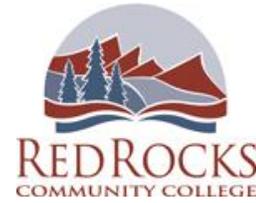




RED ROCKS COMMUNITY COLLEGE
EMT PROGRAM INFORMATION
FALL 2014



The EMT program (formerly known as EMT-Basic) is an entry-level program, with no experience required. It consists of 210 hours of classroom and skills instruction and 30 hours of clinical experience on an ambulance or with a fire department. Upon successful completion of the program, students are eligible to take the National Registry EMT practical and written certification exams. After passing the National Registry exams and submitting a fingerprint based background check to the Colorado Department of Public Health and Environment, students may apply for Colorado EMT certification.

COURSE OFFERINGS:

The EMT program is broken down into 5 classes: EMS 121, 122, 123, 124, and 170.

- The first half of the program consists of EMS 121 and 123.
- The second half of the program consists of EMS 122, 124, and 170.

FULL TIME OPTION:

The entire program is finished in one semester. Students take EMS 121 and 123 the first half of the semester, and 122, 124, and 170 the second half of the semester. Two sections are offered:

Section 001	M – F	9:30 am – 1:00 pm	August 18 – December 9
Section 002	M – R	1:30 pm – 5:00 pm	August 18 – December 9
Section 004	R, F	8:00 am – 5:00 pm	August 18 – December 9

PART TIME OPTION:

The program takes 2 semesters to complete. Students will take EMS 121 and 123 the first semester, and 122, 124, and 170 the second semester. The part time program works well for students receiving the GI bill. The part-time program only starts in the fall, and the next classes will begin in August 2014. There will be both daytime and evening sections available, with sufficient student enrollment.

Section 003	M, W	6:00 pm – 9:30 pm	August 18 – December 9
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COURSE COST:

Colorado resident tuition and fees for the EMT Program are approx. \$1,700 (with COF applied). Costs for required textbooks and equipment are approximately \$200. Prior to the clinicals, there are costs for a physical exam and vaccinations, as well as a background investigation. NREMT testing and certification costs after course completion are approximately \$145.

All tuition listed is approximate and subject to change.

PREREQUISITES:

- Proof of age 18 by the first day of class (no exceptions).
- Documentation of reading ability at the college level. (ACCUPLACER reading comprehension score of 80 or higher and sentence skills score of 95 or higher, or proof of completion of college level English.)

Registration for the fall semester will begin April 7th. Students with all of the required pre-requisites are admitted to the program on a first-come, first-served basis. Students must meet with a college advisor to enroll.

CLINICAL REQUIREMENTS: (BRING THIS INFORMATION TO THE FIRST DAY OF CLASS)

- Completion of a background check through CBI (use attached form).
- A completed Physical Examination form, signed by a health care provider, documenting that you do not have any condition that would endanger your health or that of your patients during EMT-Basic training. Proof of vaccinations and a recent TB test are also required. The physical form and vaccinations can be completed by the student's primary care physician, or at the Red Rocks student health clinic.
- A CPR card demonstrating completion of a CPR course at either the *Healthcare Provider* or *Professional Rescuer* level. This is a one day course offered at Red Rocks Community College as HPR 102. It may also be taken at any CPR training center.

DISQUALIFYING OFFENSES:

Any conviction or deferred adjudication of the following criminal offenses, whether felony or misdemeanor, appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

- I. Crimes against persons (physical or sexual abuse, neglect, assault, murder, etc.) as defined in section 18-1.3-406 C.R.S.
- II. Any offense involving unlawful sexual behavior.
- III. Any offense of which the underlying basis has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S.
- IV. Any crime of child abuse, as defined in section 18-6-401 C.R.S.
- V. Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances.
- VI. Crimes of theft.
- VII. Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S.
- VIII. Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.).
- IX. Registered sex offenders.
- X. More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application
- X. Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses.

Students who have completed the terms of a deferred adjudication agreement will not be disqualified on the basis of those crimes.



The State of Colorado is an open records state by Colorado Revised State Statute which allows anyone to obtain Colorado arrest information. Sealed records are not releasable and generally juvenile records are not accessible to the public. To inquire about a person and to obtain his or her record, you must enter the exact spelling of the person's name and the correct date of birth. Otherwise, the criminal history record will not be found.

Terms and Limitations of Criminal History Searches and Reports

1. A non-refundable fee of \$6.85 will be charged for every search, regardless of search results. If more than one record matches your description, each record match viewed will be an additional \$6.85.
2. To retrieve a criminal history record, it is recommended you enter the exact spelling of the person's name and the correct date of birth (NOTE -DO NOT use suffix i.e. Jr, Sr, I, II, Esq). Although, to ensure a more accurate response, you may want to include the optional criteria, which are the social security number, gender and race. Use of maiden and or alias names will require an additional \$6.85 search. Misspellings may result in a failed search.

To conduct a background check visit www.cbirecordscheck.com. Have the records sent to
Barbara.Eagleman@rrcc.edu

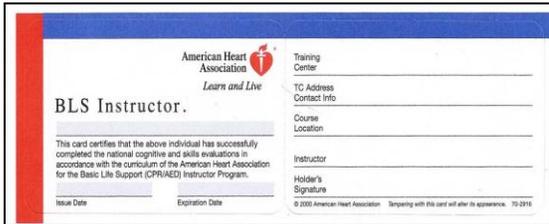
ACCEPTABLE BCLS CARDS FOR COLORADO EMS CERTIFICATION

The Colorado EMTS section has evaluated BLS/CPR and ACLS education programs for satisfaction of Colorado EMS provider certification/recertification requirements. The following organizations' courses are the ONLY programs that will be recognized by the department as satisfying the requirements as stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules.

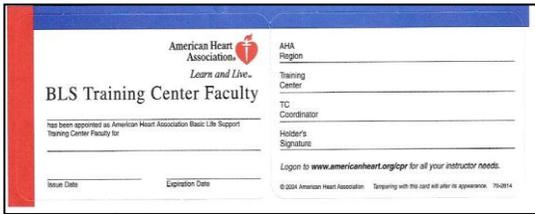
American Heart Association



Healthcare Provider
BLS Instructor
BLS Training Center Faculty



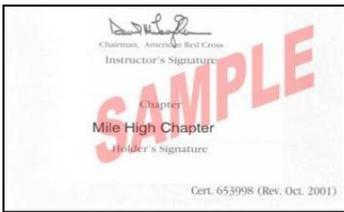
The Healthcare Provider CPR course is a one day course offered at Red Rocks Community College as HPR 102.



American Red Cross (ARC)



CPR/ AED for the Professional Rescuer



BLS for Healthcare Providers and First Responders

American Safety and Health Institute (ASHI)



CPR Pro for Healthcare Providers and First Responders

CPR Pro for the Professional Rescuer

BLS Instructor

HEALTH CARE PROVIDER'S CERTIFICATION OF NEW STUDENT'S HEALTH

INSTRUCTIONS FOR PROVIDERS:

The person bearing this form has been extended an offer of admission to one of the following programs at Red Rocks Community College:

- Emergency Medical Technician
- IV Training for EMT
- Advanced Emergency Medical Technician

To matriculate in the program, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well-being of patients or other students, or prevent him/her from performing the physical tasks of emergency medical care. Generally, the following tasks are required:

- Ability to be fitted with a respirator mask in case of continued exposure to an airborne pathogen;
- Ability to lift, carry and balance heavy loads;
- Ability to interpret written and oral instructions, calculate weight and volumes ratios, and read small print, all under threatening time constraints;
- Ability to use good judgment and remain calm in high stress situations;
- Ability to work effectively in an environment with loud noises and flashing lights;
- Ability to function efficiently throughout an entire work shift;
- Good manual dexterity, with ability to perform tasks related to patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

At the expense of the student, please interview and examine this prospective student, and complete the form below. In the event you feel the student *does* have a health condition which could endanger the health or well-being of patients, faculty or students, please discuss that condition with the student and instruct the student to call the Red Rocks Community College Emergency Medical Services program director at 303-914-6552 for further instructions.

You are welcome to call the Program Director with any questions at 303-914-6552. Please complete and sign the back of this sheet.

Thank you!

STATEMENT OF HEALTH CARE PROVIDER

NAME OF PATIENT: _____

I understand the above-named patient has been tentatively extended an offer of admission to Emergency Medical Services training program.

Following an appropriate history and physical examination, it is my opinion the above-named patient:

___ Does **not** have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

___ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

ADDITIONAL REQUIREMENTS:

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination Date of illness or vaccination: _____
2. Tetanus Date of last vaccination or booster: _____
3. MMR Date of last vaccination or booster: _____

4. Tuberculosis Testing (PPD only acceptable test, less than one year old)

Date Tested: _____ Date Read: _____ Positive/Negative (circle one)

If positive, date re-tested: _____ Date Read: _____ Positive/Negative (circle one)

If positive, date of Chest X-Ray: _____

If positive, start date/end date of treatment: _____

5. Hepatitis B Vaccine (3-shot series)

Date 1st vaccine received _____ Titer Date (if applicable): _____

Date 2nd vaccine received _____ Results: _____

Date 3rd vaccine received _____

6. Seasonal Influenza Vaccine Date of vaccination: _____

Signature of provider

Date

Printed name and Professional Degree of provider

Telephone number