Dear prospective Emergency Medical Technology student,

Thank you for your interest in the Emergency Medical Technology (EMT) program at Cuyahoga Community College (Tri-C®) — where futures begin. Our program is accredited by the State of Ohio Division of EMS to offer emergency medical responder, EMT, advanced EMT and paramedic certification courses. We also provide continuing education for all levels of EMT.

The EMT program is focused on student success. We are pleased to help you design a plan for your success here at Tri-C, as well as in your EMS career. We work closely with Fire Academy staff to help those seeking a career in firefighting to attain their goals.

The College accepts applications for the EMT program on a continual basis. Call the EMT office for information regarding approval to enter the program. Submitting your application early better enables us to assist you in your plan to achieve certification. **A background check from the _College-approved vendor_ is required in order to give departmental approval for certification courses.** EMT certification classes are offered every semester. The Paramedic certificate program begins each fall and spring semester.

Questions pertaining to Tri-C's EMT program may be directed to the EMT office at 216-987-4449. We wish you success in reaching your educational goals.

Sincerely,


Ed Bak
Program Manager
Emergency Medical Technology
216-987-4449
edward.bak@tri-c.edu

2900 Community College Ave.
MHCS 126-H
Cleveland, Ohio 44115


Encl: Health Careers
      Application; EMT
      Program Application

## Emergency Medical Technology Program

The Emergency Medical Technology department at Tri-C routinely offers:

Short-Term Certificate for EMT Basic
Certificate of Proficiency for Paramedic
Associate of Applied Science (AAS) in EMT
Associate of Applied Science (AAS) in Fire-Emergency Medical Services

Credits earned in the EMT and Paramedic certificate programs are applied toward the AAS in EMT or Fire-EMS.

The program can be accomplished in a traditional college degree sequence, or students may take the EMT and Paramedic certificate courses first and then complete the associate degree requirements after achieving state certification and pursuing employment.

### *Program Admission*

> **Disqualification**
>
> Ohio Administrative Code precludes admission of students to EMT certification courses with a felony on their record.
>
> The State of Ohio EMS Board individually reviews the applications for certification of those with misdemeanor convictions after a background investigation by division staff. They may choose not to certify these individuals. These applications are handled on a case-by-case basis, after course completion. There is no mechanism to pre-review the circumstance to determine certification eligibility.
>
> ***Students who are charged or convicted of a felony or misdemeanor involving moral turpitude while in the program may be suspended or dismissed from the program.***

**Application process:**

| | |
|---|---|
| **College application** | Submit a Tri-C General Application for Admission or Readmission if you have not applied to the College in the past. An online application is available at http://www.tri-c.edu/apply. |
| **English and Math assessments** | Complete Tri-C English and math assessment tests. Sample tests and information about the assessment centers are available at http://www.tri-c.edu/placement-testing/index.html. |
| **EMT/Health Careers application** | Complete the Health Careers Program Application as well as the EMT program application's Student Information and Self Evaluation forms. The Health Information form can be forwarded later. Additional EMT information is available at http://www.tri-c.edu/emt. |
| **Submit application materials to:** | Health Careers Enrollment Center<br>Cuyahoga Community College<br>2900 Community College Ave.<br>MHCS 126<br>Cleveland, Ohio 44115-3196 |

## EMT Certification Program and Short-Term Academic Certificate

### Program Description

The EMT Certification Program (EMT-1302 and EMT-130L) at Cuyahoga Community College is entry-level training for the professional pre-hospital care provider. Students who successfully complete the program are eligible to take the National Registry of EMTs cognitive exam, which is required for State of Ohio EMT Certification. State of Ohio EMT Certification is required by state rule to continue on to EMT-Intermediate or Paramedic. The EMT short-term certificate is an academic credential awarded by Tri-C that includes Anatomy and Physiology for Paramedics (EMT-1401). This course is required[1] to advance to the Paramedic program.

### Admission Requirements

| | |
|---|---|
| **Minimum Age** | 18 years of age or 17 years of age and a high school senior. |
| **General Admission to Tri-C** | Complete general requirements for admission (described on previous page). |
| **English and Math** | Eligibility for ENG-0990 and MATH-0955 on placement exams. |
| **Background Check** | Complete required Health Careers-approved background check. Additional information about background check available at http://www.tri-c.edu/programs/health-careers/background-check-information-bci.html. Directions for the background check are available at the link at the bottom of the page. |

Once these requirements are met, contact EMT program manager to secure departmental approval to register.

### Field Experience Requirements

The EMT course includes lecture, lab, and field experience. The following items are required to schedule and participate in the field experience component of the course (EMT-130L):

| | |
|---|---|
| **TB Testing and Vaccinations** | Submit proof of vaccinations and TB test results before the first class session (Physical Exam and Immunization Documentation Form). |
| **Physical Exam** | Documentation from a physician for fitness to participate in the program before first class session (Physical Exam and Immunization Documentation Form). |
| **Liability Insurance** | Students are assessed the fee through the College's Enrollment Center when they register for EMT-130L. |
| **Health Insurance** | Provide proof of personal health care insurance. If not covered, one source for student health insurance is http://www.ejsmith.com/health-plans. This is not the only acceptable insurance. |
| **CPR** | Successful completion of the Basic Life Support for the Health Care Provider component of the course. |

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[1] BIO-2331 and BIO-2341, Anatomy and Physiology I and II may be substituted for this course.

## Anticipated Course Expenses (2018-2019)

| Estimated Costs for EMT Basic Certification (EMT-1302 and EMT-130L) | In-County | In-State | Out-of-State |
|---|---|---|---|
| Tuition | 801.78 | 1008.56 | 1898.33 |
| Background check, estimate, additional cost for out-of-state residency | 99.80 | 99.80 | 121.00 |
| Textbooks, uniform, medical equipment | 385.00 | 385.00 | 385.00 |
| Clinical uniform shirt | 35.00 | 35.00 | 35.00 |
| Medical liability insurance | 12.50 | 12.50 | 12.50 |
| **Subtotal for EMT Basic Certification** | **1,334.08** | **1,540.86** | **2,451.83** |
| | | | |
| **Estimated Cost for Anatomy and Physiology for Paramedics (EMT-1401)** | | | |
| Tuition | 458.16 | 576.32 | 1084.76 |
| Texts and instructional materials | 98.75 | 98.75 | 98.75 |
| **Subtotal for Anatomy and Physiology for Paramedics** | **556.91** | **675.07** | **1,183.51** |
| **Total EMT Short-Term Certificate (includes Paramedic prerequisites)** | **1,890.99** | **2,215.93** | **3,635.34** |

## Paramedic Certification Program and Short-Term Academic Certificate

### Program Description

This program is significantly revised, effective fall 2012. The Paramedic certificate program requires successful completion of the EMT Basic certification program, including Anatomy and Physiology for Paramedics (EMT-1401). This serves as the state-required anatomy and physiology prerequisite for Paramedic certification. Students who have completed BIO-2331 and BIO-2341 (Anatomy and Physiology I and II) may substitute these for EMT-1401. Students who completed EMT training through another institution will need to take either EMT-1401 or BIO-2331 and BIO-2341, or have approval for equivalent courses completed elsewhere, to meet this requirement. Students then continue into EMT-2330 through 2370 (Paramedic Theory I-V) courses. The total paramedic hours required for certification exceeds 900 contact hours. Students who successfully complete the certificate program are eligible for National Registry of EMTs Paramedic test, the state of Ohio's certification examination.

### Admission and Retention Requirements

Minimum requirements for admission into the Paramedic Certification program are listed below.

| | |
|---|---|
| **General Admission to Tri-C** | Complete general requirements for admission (described on page 3). |
| **EMT Certification** | Provide evidence of certification as an EMT in the State of Ohio to continue into Paramedic Theory I (EMT-2330). |
| **English and Math Assessments** | Eligibility for ENG-1010 and MATH-0955 on placement exams to continue into EMT-2330. |
| **Good Standing in Program** | Maintain a "C" or higher in EMT-1401 and EMT-2330 through 2360. |
| **Background Check** | If new to the program, or returning more than two years after beginning EMT, complete required Health Careers approved background check. Additional information about background check available at http://www.tri-c.edu/programs/health-careers/background-check-information-bci.html. |

Once these requirements are met, contact EMT program manager to secure departmental approval to register.

## Clinical/Field Experience Requirements

| | |
|---|---|
| **TB testing and vaccinations** | - Submit proof of vaccinations and TB test results before the first class session (*Physical Exam and Immunization Documentation Form*). |
| **Physical Exam** | Documentation from a physician for fitness to participate in the program before first class session (Physical Exam and Immunization Documentation Form). |
| **Liability Insurance** | Students are assessed the fee through the college's Enrollment Center when they register for EMT 2340. |
| **Health Insurance** | Provide proof of personal healthcare insurance. If not covered, one source for student health insurance is http://www.ejsmith.com. This is not the only acceptable insurance. |
| **CPR** | Provide evidence of current CPR credentials for the Health Care Provider. |
| **EMT Certification** | Provide evidence of State of Ohio EMT certification. |

## Anticipated Course Expenses (2018-2019)*

| Estimated Costs for Paramedic Certification Program | In-County | In-State | Out-of-State |
|---|---|---|---|
| Tuition | 3321.66 | 4178.32 | 7864.51 |
| Background check, estimate, additional cost for out-of-state residency | 99.80 | 99.80 | 121.00 |
| Textbooks, uniform, medical equipment | 450.00 | 450.00 | 450.00 |
| Clinical uniform shirt | 35.00 | 35.00 | 35.00 |
| Medical liability insurance | 12.50 | 12.50 | 12.50 |
| **Total for Paramedic Certification** | **3,918.96** | **4,775.62** | **8,483.01** |

*Textbook cost estimates are preliminary, due to changes in curriculum and potential adoption of new learning materials.

## Associate of Applied Science in EMT

## Program Description

The Associate of Applied Science degree program in Emergency Medical Technology:

- o Includes EMT Basic and Paramedic certificate courses.
- o Transfers to four-year colleges to complete a bachelor's degree.
- o May be completed in a traditional manner or after completing the certificate courses.
- o Is designed to build the academic skills and background knowledge needed for success in the field and to provide common ground with other health professionals.
- o Tri-C Fire Academy credits include an AAS in EMT elective. More information available at http://www.tri-c.edu/workforce/public-safety/fire-ems- training/fire-training-academy/index.html.
- o Confers additional academic credential, important for those seeking competitive positions. Details on the AAS in EMT are available at www.tri-c.edu/emt.

# Cuyahoga Community College (Tri-C®) HEALTH CAREERS PROGRAM APPLICATION

Received:

_____
Program of Application

**Please Print or Type All Information**

Full Legal Name:

_____

Last                First           Middle        Former, if applicable

Address:_____ Apt#:_____ Telephone: (_____)_____

City:_____ State:_____ Zip Code:_____ County:_____

Student Number:_____ (This can also be your social security number)

Email Address:_____

Are you now or have you ever been enrolled at Cuyahoga Community College? Yes _____ No _____

Separate official college transcripts for each college and university attended must be submitted to the Admissions Office along with application to the College by the applicant at least eight weeks prior to submission of Health Careers Application Packet.

**If you are transferring credits from another college or university, you must obtain a second official copy of your transcript to be included in the Health Careers Application Packet.**

Complete the following blanks if you have attended any other college, university or other post-high school programs. (List in order of attendance, most recent first.)

| Name of College/University | City and State | From (Month/Year) | To (Month/Year) |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Are you a military service veteran? Yes ____ No____**

Have you ever been convicted of a felony? Yes _____ No _____ Misdemeanor? Yes_____ No _____

**Completion of this form and minimum program requirements does not constitute admission to the program. Applicants will be notified by letter when they are accepted into the program.**

Cuyahoga Community College is committed to continuing affirmative action and equal opportunities of access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sexual orientation, national origin or ancestry, age, disability, sex, military status or status as a veteran. It is also the intent of the College to comply with appropriate federal and state laws, rules and regulations and to give special attention to increasing the participation of minorities, women, persons with a disability and disabled veterans in all levels of the College. It is also the intent of the College to ensure that its environment is free from harassment or intimidation of any kind.

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any of this application may result in cancellation of admission.

**Signature of Applicant** (Do Not Print):_____ **Date**:_____

Revised 6/2011

# Cuyahoga Community College (Tri-C®)
## Health Career Program Application
(Please submit a separate application for each program)

PLEASE PLACE AN "X" IN FRONT OF THE PROGRAM FOR WHICH YOU ARE APPLYING (ONLY ONE PROGRAM PER APPLICATION)

## College-Wide

___**Emergency Medical Technology**    ___East ___Metro ___West    ___Westshore

___Day ___Evening    ___Fall ___Spring ___Summer

___Basic Certificate    ___EMT Associate Degree

___EMT Paramedic
Certificate of Proficiency    ___Fire-EMS Associate Degree

___**Health Information Management**    ___Metro    ___Day ___Evening

___**Sport and Exercise Studies**    ___East ___Metro ___West

___**Medical Assisting Certificate** (One Year)    ___East ___Metro ___West ___Westshore

___**Medical Assisting Associate Degree**    ___East ___Metro ___West ___Westshore

## Eastern Campus-Based Programs

___**Pharmacy Technology**    ___Day ___Evening    ___Certificate (One Year) ___AAS Degree (Two Years)

## Metropolitan Campus-Based Programs

___**Cancer Registrar Post-Degree Certificate** (One Year)    ___**Health Unit Coordinator**    ___**Occupational Therapy Assistant**

___**Human Services**    ___**Optical Technology**

___**Dental Office Manager**    ___Social Worker Asst _ Drug Counseling    ___**Ophthalmic Assisting Certificate**

___**Dental Hygiene**    ___**Laboratory Phlebotomy Certificate**    ___**Physical Therapist Assisting**

___**Dietetic Technology**    ___**Medical Billing Specialist Certificate** (One Year)    ___**Sterile Processing and Distribution** (One Year)

___**Dietetic Manager Certificate**    ___**Medical Laboratory Technology** (Two Years)    ___**Surgical Technology**

___**General Nutrition Certificate** (One Year)

## Western Campus-Based Programs

___**Diagnostic Medical Sonography**
(Select Option Below)    ___**Electroneurodiagnostics**    ___**Polysomnography**

___Abdominal/Ob/Gyn    ___**Mammography**    ___**Radiography**

___Echocardiography    ___**Nuclear Medicine**    ___**Respiratory Care**

___Vascular    ___**Veterinary Technology**

**Submit To: Health Careers Enrollment Center, 2900 Community College Ave. Cleveland, OH 44115**

# Cuyahoga Community College
# Nursing and Allied Healthcare Career Programs
# Background Check and Conviction of Crime
# Acknowledgement

I understand and acknowledge that Cuyahoga Community College District ("the College") may develop or obtain one or more criminal background checks ("CBC") pertaining to me. The CBC may be used for evaluation of my eligibility for one or more limited-entry programs of the College, and eligibility for one or more clinical/practicum/internship training requirements with third-party organizations. I understand and acknowledge that the CBC may contain information concerning my criminal background. In all cases, all expenses associated with the CBC are to be my responsibility. If the results of the CBC are not deemed acceptable by the College, or if information received indicates that I have provided false or misleading statements, have omitted required information or in any way am unable to meet the requirements for completion of the program, my admission may be denied or rescinded, and/or I may be disciplined or dismissed. I further understand and acknowledge that if, while I am a student, I am convicted of a crime of any type, other than a minor traffic violation, I must report the offense to the applicable program manager in writing within 30 days of conviction (conviction includes plea arrangements, guilty pleas, pleas of no contest, findings of guilt, etc.).

I understand and acknowledge that these background checks will be obtained by the vendor chosen and specified by the College. The current vendor for this service is CastleBranch, with corporate headquarters located at 1844 Sir Tyler Drive, Wilmington, NC 28405 (1-888- 823-4263). The vendor is subject to change at any time. Background checks obtained from a vendor other than the vendor chosen and specified by the College will not be accepted.

I acknowledge and understand that I may not be admitted to a clinical setting, be permitted to test for or be granted licensure or accreditation if I have been or in the future am convicted of a crime. I acknowledge and understand that admittance to a limited-entry program and/or completion of a program in no way guarantees that I will receive licensure, be permitted to practice and/or obtain future employment. I understand that I am financially responsible for all costs incurred as a student.


_____          _____
Student Signature (Sign)                      Date


_____          _____
Student Name (Print)                          S-Number

## Student Information Form

| Last Name: | First: | Middle: | Former, If applicable: |
|---|---|---|---|
| Student Number: | | State of Ohio EMT/Fire Certification Number: | |
| Date of Birth: | | High School Diploma or GED:<br>Y____N _____ | |

Please respond to the following questions to determine qualification for certification under OAC4765-8-01-A:

1. Are you at least 18 years old or a 17-year-old high school senior or graduate?

   Yes_____No _____

2. Have you ever been convicted of, pled guilty to, had a judicial finding of guilt for or had a judicial finding of eligibility for treatment/interventions in lieu of conviction for; or are you currently under indictment for any of the following: any felony; a misdemeanor committed in the course of practice; a misdemeanor involving moral turpitude; a violation of any federal, state, county, or municipal narcotics law or controlled substance law; an act committed in another state, that, if committed in Ohio would constitute a violation set forth in 4765-8-01 (a)(6) of the Ohio Administrative Code?
   Yes_____No _____

3. Have you ever been adjudicated mentally incompetent by a court of law?

   Yes_____No _____

4. Do you currently engage in the illegal use or illegal acquisition of controlled substances, alcohol or other habit-forming drugs or chemical substances while on duty as a first responder or EMT?
   Yes_____No_____

5. Have you ever committed fraud or material deception in applying for or obtaining a certificate to practice under Chapter 4765 of the Revised Code?
   Yes_____No _____

6. Have you been convicted, in this state or another state, of providing emergency medical services or representing yourself as an EMS provider without a license or certificate, or a similar crime directly related to the profession of EMS?
   Yes_____No _____

7. If you are or have been certified or licensed as an EMS provider in this state or another state, is your certificate or license currently on probationary status, or has it been suspended or revoked by the board or the EMS certifying or licensing entity in another state?
   Yes_____No _____

The above information is true and correct to the best of my knowledge. I authorize the release of my state examination scores to the Ohio Dept. of Public Safety and Cuyahoga Community College. I understand that supplying false information may mean dismissal from all EMT classes.

Applicant Signature_____Date_____

## Self-Evaluation Form

Name: _____ Student Number: _____ Date: _____

DIRECTIONS

Please answer the following questions, choosing the answer that best describes your current circumstances.

Please identify your current EMT certification status:

- ☐ I do not hold any EMT certifications.
- ☐ I am a State of Ohio-certified First Responder.
- ☐ I am a State of Ohio-certified EMT-Basic.
- ☐ I am a State of Ohio-certified EMT-Intermediate.
- ☐ I am a State of Ohio-certified EMT-Paramedic.
- ☐ I am EMT certified in a state other than Ohio. Level of certification: _____

Please identify any of the following health care licenses you may possess:

- ☐ I do not hold any other health care licenses.
- ☐ I am a registered nurse or licensed practical nurse.
- ☐ I am a respiratory therapist.
- ☐ I hold another health care professional license: _____

Please write a brief self-evaluation paragraph describing what you have done prior to applying to the EMT program and your future goals in providing pre-hospital care. It is acceptable to attach a word-processed paragraph to this form.