



# EMS Professions: Application for Admission - 2009

Lone Star College-North Harris • 2700 W.W. Thorne, WNSP 174 • Houston, Texas 77073 • 281-618-5781 • <http://ems.lonestar.edu>

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**Please use this form as the cover sheet for your application.**

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## SOCIAL SECURITY NUMBER

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## DATE

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## STUDENT CONTACT INFORMATION

Last Name	First Name	Middle Initial

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## APPLICATION CHECKLIST

- Reviewed the EMS Professions Paramedic Information Packet
- Applied and gained admission to [Lone Star College-North Harris](http://www.lonestar.edu)
- Meet the required reading, writing, and math prerequisites (see a College counselor)
- Reviewed the Texas Department of State Health Service's Functional Job Description (included in this application packet)

## HAVE YOU ATTACHED THE FOLLOWING DOCUMENTS?

*Even if you have provided the below information to the college upon admission, the EMS Professions program still needs a copy for your official EMS student file. All transcripts for the EMS Professions student file can be simple photocopies and UNOFFICIAL in nature.*

- Photocopy of high school transcript, diploma, or GED
- Photocopy of all college transcripts (except for Lone Star College System transcript)
- Photocopy of EMS certification or statement that you are engaged in the credentialing process (included in this application packet)
- Copies of all other EMS/medical certifications and licenses including CPR
- Photocopy of Drivers License or official state ID
- A current resume or curriculum vitae (limited to medical education and experience)
- Application Essay (included in this application packet)
- EMS Professions Immunization Form (included in this application packet)
- Photocopies of all original, individual immunizations transcribed onto the EMS Professions Immunization Form
- Background check documentation from an APPROVED college vendor

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**\*This application is for ADVANCED coursework (EMT- Intermediate and Paramedic) ONLY! You do not need to complete this for EMT-Basic courses.**

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<b>APPLICATION FOR PROGRAM ADMISSION TO:</b>		Date of Application:	
		<input type="checkbox"/> Morning Classes	<input type="checkbox"/> Evening Classes
<input type="checkbox"/> Associate of Applied Science, EMS Professions (Paramedic)	<input type="checkbox"/> Certificate, EMS Professions (Paramedic)	<input type="checkbox"/> Certificate, EMS Intermediate Certificate	

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE</b>												
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<b>STUDENT CONTACT INFORMATION</b>			
Last Name	First Name	Middle Initial	Date of Birth
Street Address (No PO Boxes)			Home Phone
City	State	Zip	Work Phone
Email			Mobile Phone
Email 2			Pager

<b>EMERGENCY CONTACT INFORMATION:</b>			
Last Name	First Name	Middle Initial	Home Phone
Street Address			Work Phone
City	State	Zip	Mobile Phone
Relationship			Other

<b>EDUCATIONAL DATA (Photocopies of ALL diplomas and transcripts are required)</b>			
<input type="checkbox"/> GED Certificate	Date Received	City/State	
<input type="checkbox"/> High School Graduate	Year Graduated	City/State	Name of School

	Name of College/School (List most recent first)	City/ State	Dates	Hours earned	Degree/Cert.
<input type="checkbox"/> College, Trade or Professional School					

**EMS/Medical Certification or License Data** (Copies of ALL certifications are required)

<input type="checkbox"/> CPR	Agency of Issue	Expiration Date	Date of Initial Training	Course Director
<input type="checkbox"/> EMT-Basic	State of Issue	Expiration Date	Date of Initial Training	Course Director
<input type="checkbox"/> NREMT	Agency of Issue <b>NREMT</b>	Expiration Date	Date of Initial Training	Course Director
<input type="checkbox"/> EMT-Intermediate	State/Agency of Issue	Expiration Date	Date of Initial Training	Course Director
<input type="checkbox"/> Other _____	State/Agency of Issue	Expiration Date	Date of Initial Training	Course Director
<input type="checkbox"/> Other _____	State/Agency of Issue	Expiration Date	Date of Initial Training	Course Director

**Relevant EMS/Medical Employment or Volunteer History** (List most recent first)

Name of Employer or Agency			Name of Supervisor
Street Address			Start Date of Service
City	State	Zip	End Date of Service
Position and description of duties			Hours per week

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**Criminal History:** Applicants who wish to become certified or licensed with the [Texas Department of State Health Services](#) and/or the [National Registry of EMTs](#) need to be aware that any criminal history may prevent them from such action. The Lone Star College-North Harris EMS Professions program is not able to, or responsible for, advising a student with criminal history on whether they are eligible for certification or licensure. All questions regarding eligibility should be directed to both the Texas Department of State Health Services and the National Registry of EMTs.

Criminal background checks are required of all students who attend a clinical rotation. Standards for the background check are established and enforced by our clinical affiliates. Information concerning background check procedures should be directed to the Clinical Coordinator.

**College Admission:** This application is intended for program purposes ONLY and does not constitute application to the college. To be admitted to the EMS Professions program, applicants must first meet all entrance requirements for and be properly admitted to Lone Star College. Successful admission to Lone Star College does not constitute automatic admission to the EMS Professions program.

I certify that I have read and understand the admission requirements and processes contained within the EMS Professions Paramedic Information Packet or on the [EMS Professions](#) website at <http://ems.lonestar.edu>. Additionally, I certify that the information given in this application packet is complete and correct. Falsification or omission may subject me to immediate dismissal from the EMS Professions program and/or Lone Star College.

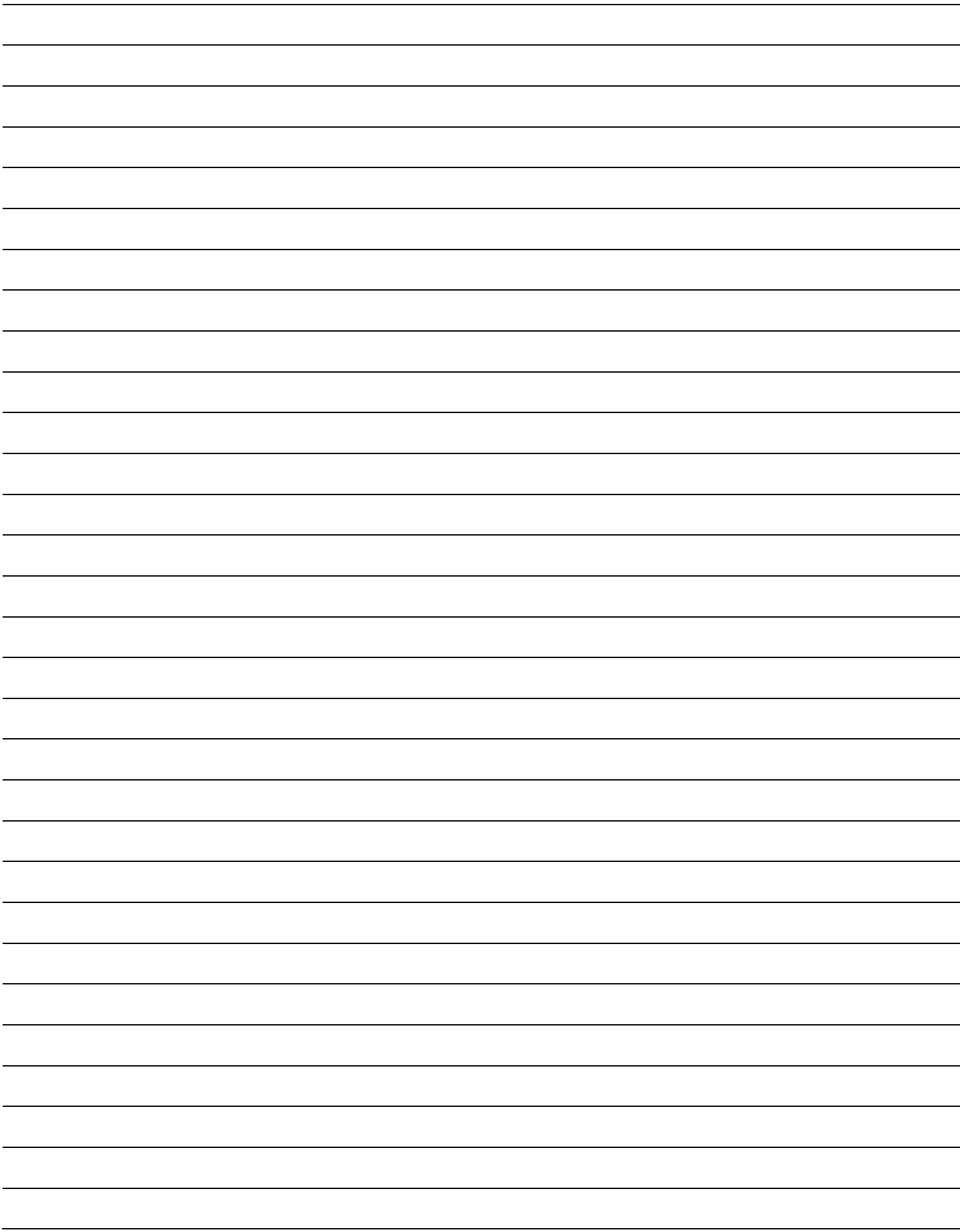
Signature:

Date:

**Lone Star College and the EMS Professions program do not discriminate on the basis of race, color, religion/creed, age, gender, disabling conditions, handicaps, or national origin.**

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**Lone Star College-North Harris  
Emergency Medical Services Professions**

**DOCUMENTATION OF REQUIRED IMMUNIZATIONS**

**Please Print  
Name:** \_\_\_\_\_

(Last)

(First)

(MI)

**Date of Birth** \_\_\_\_\_

**SS#** \_\_\_\_\_

**Enrollment Date** \_\_\_\_\_

All students enrolled in health related courses who have or will have any direct patient contact must show proof of the **following immunizations prior to starting the clinical component of their course. Valid CPR card must be attached to this document.**

<b>MEASLES MUMPS RUBELLA:</b> Physician/Nurse/PA/LP signature verifying record of date of illness or <u>two (2) DOSES</u> on or after first birthday or a laboratory report of immune serum antibody <u>TITER</u> . (Attach)					
Vaccine	Date of Illness	<u>Date of 1st and 2nd Immunization</u>		Date of TITER Immune/not immune	Physician/Nurse/PA/LP Signature/
Y N					
<b>TB (PPD): PPD Skin Test</b> is required upon admission and yearly thereafter. Students with a history of a <u>positive</u> PPD test should obtain a chest X-ray. (Attach radiology report)					
<u>Date PPD Skin Test</u>	<u>Reaction to Skin Test</u>	<u>Date of Chest X-ray</u>	<u>Results of X-ray</u>	<u>Physician/Nurse/PA/LP Signature</u>	
<b>DIPHTHERIA-TETANUS:</b> All students must submit proof of a booster shot within the past three years or TDaP if taking now.					
<u>Date of Booster Vaccine</u>				<u>Physician/Nurse/PA/LP signature</u>	
<b>Hepatitis B :</b> All students must submit proof of series or serum antibody TITER (Attach)					
Hepatitis B Vaccination #1	Hepatitis B Vaccination #2	Hepatitis B Vaccination #3	<u>Physician/Nurse/PA/LP signature</u>		
<u>Booster Date</u>			<u>Physician/Nurse/PA/LP signature</u>		
<b>Chicken Pox:</b>					
I certify that to the best of my knowledge, I _____ have, _____ have not had the chicken pox. If I have stated that I have had the chicken pox, I had them on or about the _____ of _____.			<u>Date of Varicella vaccine</u>	<u>Physician/Nurse/PALP signature</u>	

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# LSCS Health Occupation Programs

## Instructions for Background Check Process

Prior to registering for many healthcare programs, students who have been conditionally accepted must complete a criminal background check. Students are responsible for completing the background application process, paying all fees and ensuring that a copy is submitted to the appropriate program director. Additional background checks may be required, if a student is convicted of a felony or misdemeanor while enrolled in a LSCS healthcare program. The four (4) background check agencies that are accepted by LSCS are listed alphabetically below.

Clinical facilities determine what constitutes an unacceptable background check. The student is responsible for working with the background check company to clear up any reporting discrepancies. If there is a criminal history that cannot be cleared up prior to the start of clinical, the student needs to apply to his/her respective professional board for licensure clearance. Students cannot begin or continue their studies until the background check process is satisfactorily completed.

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### CERTIFIED BACKGROUND

Standard Student Package Code: NO30

Price: \$40.00\* (Please note the package code consists of the letters N, O and the numbers 3, 0).

International Student Package Code: NO30A

Price: \$45.00\* (Please note the package code consists of the letters N, O, the numbers 3, 0 and the letter A)

\*Those students having a maiden name or alias found through our research, will be incurred an additional \$15.00 charge to search that name for criminal records.


Access application online at <http://www.certifiedbackground.com> Applicants complete the release information form and select payment type-- a password is then generated and the applicant shares it with the program director to view the reported results.

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MYBACKGROUNDCHECK.COM \$44.95

Access application on line @ <http://www.MyBackgroundCheck.com>

3 ways to order:

1. Fax application to 800-503-2371 (requires credit card)
2. Mail in money order or certified check to MyBackgroundCheck.com, P.O. Box 492770, Redding, CA 96049.
3. Online Application (requires credit card) @ <http://www.MyBackgroundCheck.com> enter Order Code (A4P25) and click on the  and follow the instructions. The Certificate of Verification is mailed to the applicant and available online for 90 days.

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PreCheck, Inc. - StudentCheck Package: \$45.00 (flat rate)

- ✓ Go to [www.PreCheck.com](http://www.PreCheck.com) and click on the **StudentCheck** link to fill out an application.
- ✓ Payments can be made securely online with a credit/debit card or money order.
- ✓ For your records, you will be provided a receipt and confirmation page for your order.
- ✓ PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigation and your name will not be given out to any businesses.
- ✓ If you need assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).

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VERIFIED CREDENTIALS, INC. \$35.00

Access application online @ <http://www.myvci.com/LSCS>

Follow prompts to your specific program and follow directions for ordering the report.

Payment may be made by credit card or bank transfer online. A money order will also be accepted. Mail to: Verified Credentials/Student, 20890 Kenbridge Court, Lakeville, MN 55044. For assistance, if problems are encountered, please contact: Verified Credentials at 888-671-1238.

Report includes:

- ST-Criminal Texas
- ST-Sex Offender Index
- Patriot Act
- Social Security Alert
- NW-Healthcare Fraud & Abuse

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# Texas Department of State Health Services

<http://www.dshs.state.tx.us>

1100 West 49th Street  
Austin, Texas 78756-3199  
512/458-7111

## FUNCTIONAL POSITION DESCRIPTION ECA/EMT/EMT-I/EMT-P

### Introduction

We are providing the following position description for ECA/EMT/EMT-I/EMT-P. This should guide you when giving advice to anyone who is interested in understanding what qualifications, competencies and tasks are required of the ECA/EMT/EMT-I/EMT-P.

### Qualifications:

Successfully complete a department approved course. Verification of skills proficiency and achievement of a passing score on the written certification examination.

Must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift without interruption; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality 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 and confined spaces.

## COMPETENCY AREAS

### ECA Emergency Care Attendant

Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/First Responder Training Course and the FEMA document entitled "Recognizing and Identifying Hazardous Materials", and to include curricula on aids to resuscitation, blood pressure by palpation and auscultation, oral suctioning, spinal immobilization, patient assessment, and adult, child, and infant cardiopulmonary resuscitation. The automated external defibrillator curriculum is optional.

### EMT - Basic

Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum and the FEMA document entitled "Recognizing and Identifying Hazardous Materials". EMT 1994 curriculum includes objectives pertaining to the use of the pneumatic antishock garment, automated external defibrillator, epinephrine auto-injector and inhaler bronchodilators.

### EMT- Intermediate

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic and EMT-I curriculum. The curriculum will include objectives pertaining to endotracheal intubation.

### Paramedic

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic, EMT-I curriculum, and the Paramedic curriculum. The Paramedic has reached the highest level of pre-hospital certification.

## Description of Tasks

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to that facility, asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulances cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.