

# FALL 2020 VOLUNTEER INITIATIVE EMT BASIC APPLICATION PACKET

## SCHEDULE and COST INFORMATION

### EMT Basic:

- This program includes Basic EMT online curriculum with Saturday Labs
- You must be on a Volunteer Fire Department and provide a letter from the Chief
- Schedule: **Saturday, August 22, 2020 to Saturday, December 19, 2020**
- 265 Clock Hours
- Enrollment is limited to 25
- Tablets/laptops are permitted for use in the classroom by the students
- Estimated out of pocket costs can range between \$500 and \$800

*Pre-Admission and Post-Admission Costs are to be paid directly to outside vendors/agencies and are the responsibility of the student.*

### EMT Basic Total School Charges:

- \*No Tuition fee for Volunteer Firefighters\*

### Estimated Pre-Admission, Out-of-Pocket Costs:

- Group One Federal Background Check Printed Receipt - \$49
- Vaccinations - \$0-\$300 (from one TB test up to complete immunizations)
- SurScan Random Drug Testing Fee - \$40

### Estimated Post-Admission, Out-of-Pocket Costs:

- **EMT BASIC TEXTBOOK \$324:**
  - “Navigate 2 Premier Access for Emergency Care and Transportation of the Sick and Injured, Eleventh Edition”, No Workbook {ISBN 978-1284110524} FISDAP Included
  - This ISBN is good only if package deal is purchased from <http://www2.jblearning.com>.
  - With Discount Code = \$324; Without Discount Code = \$431. *Discount Code will be emailed to you once you have completed your Application Packet and have been enrolled into the class.*
- **EMT UNIFORMS:**
  - EMT Clinical Polo Shirt - \$29
  - *Detailed uniform information will be given during the orientation.*
- **EMT SUPPLIES:**
  - Stethoscope - \$30 -- Suggestion: Littman Lightweight II SE from [www.amazon.com](http://www.amazon.com)
  - Pen Light - \$6
  - Wrist Watch - \$5 (analog style – needs second hand for EMS skills)

Contact Dana Robertson, EMT/Fire Administrative Assistant, in Public Services at (405) 390-5315, or at [drobotson@eoctech.edu](mailto:drobotson@eoctech.edu) if you have any questions.

## **FALL 2020 PACKET APPLICATION** **VOLUNTEER INITIATIVE EMT BASIC**

Complete the information form below and include it in your packet. Please print.

Name: \_\_\_\_\_  
                     First  Middle  Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender (optional):     \_\_\_\_\_ Male     \_\_\_\_\_ Female

Race/Ethnicity (optional) - Answer either (A) or (B):

\_\_\_\_\_ (A) Hispanic/Latino/Spanish of Any Race   **OR**

\_\_\_\_\_ (B) Check All That Apply:

\_\_\_\_\_ White     \_\_\_\_\_ Black/African-Amer.;     \_\_\_\_\_ Amer. Indian/Alaskan Native;     \_\_\_\_\_ Asian;  
 \_\_\_\_\_ Native Hawaiian/Other Pacific Islander;     \_\_\_\_\_ Unknown;     \_\_\_\_\_ Nonresident Alien

Highest Education Level you have completed (check one):

\_\_\_\_\_ H.S. Diploma/GED     \_\_\_\_\_ Some College     \_\_\_\_\_ Associate's Degree  
 \_\_\_\_\_ Bachelor's Degree     \_\_\_\_\_ Master's Degree     \_\_\_\_\_ Doctorate

Which program are you planning to enroll in? (check one)

\_\_\_\_\_ EMT Basic (Volunteer Initiative) – Fall 2020

**BE SURE TO READ ALL ENCLOSED PAPERWORK!** See the EMT Application Packet Checklist on Page 2 for details on each requirement that follows. Requirements will be at the applicant's expense. Turn in documents altogether in this packet by the deadline! If this packet is missing ANY of the required paperwork when it is turned in, you will NOT be admitted. Please follow all instructions – VERY IMPORTANT!

## APPLICATION PACKET CHECKLIST FOR EMT BASIC

All of the following documents must be completed and reviewed by Dana Robertson, EMT/Fire Administrative Assistant, in Public Services Building on or before Thursday, August 6, 2020.

Complete the following:

\_\_\_ Packet Application Form

\_\_\_ Group One Federal Background Check Receipt

Go to the following link and follow the instructions:

[https://gp1.acciodata.com/cgi-bin/pub/unsolicited\\_portal?guid=yUYGgc4VK8g13Aj6MTKBv5f2F6nfxo8H](https://gp1.acciodata.com/cgi-bin/pub/unsolicited_portal?guid=yUYGgc4VK8g13Aj6MTKBv5f2F6nfxo8H)

Continue through the prompts until request is complete. You will pay by credit card online. You **MUST** include a copy of your receipt in your packet. You will NOT receive the results of this background check. They will be sent directly to EOC Technology Center.

\_\_\_ SurScan Random Drug Testing Fee Receipt

Go to [www.SurScan.com](http://www.SurScan.com) . Click on **REGISTER** and enter client code **EOKC**. Follow the directions carefully. You must only input the STUDENT'S information in the Billing Information. It must be the student's NAME, CURRENT ADDRESS, PHONE # AND EMAIL ADDRESS even if someone else's credit card is being used to pay. The student's information is how the drug testing will be tracked. Program Selection is **EMS**.

**The fee is \$40.00**, you will need to provide a copy of your receipt with your enrollment packet.

\_\_\_ Copies (No Originals) of Required Vaccination Records

\_\_\_ Hepatitis B Vaccination Declination Form (if student does not have the HEP B Vaccinations)

\_\_\_ Letter from your Chief stating that you are a Volunteer Fire Fighter and in good standing at your department

\*It is mandatory that you are in attendance for Orientation. Please be prepared to purchase your EOC Tech polo at this time.

## VACCINATION RECORDS

**COPIES (NO ORIGINALS!)** of all required vaccination records must be included in packet to be returned to EOC Tech. We are not responsible for any original vaccination records you include in this packet.

- If any required vaccination record is not included, the paperwork in your packet **will be considered incomplete and you will be removed from the admission process.**

### Required Vaccinations:

- **ONE (1) TB test** that cannot expire during the duration of the class (TB's tests are valid for one year). If you test positive for TB, you must have a chest X-Ray and you must bring a letter from your county health department clearing you for public contact.
- **MMR vaccine or Titer** (2 vaccines if administered under age 18; only 1 vaccine or Titer if over age 18)
- **Flu shot** – must be current year vaccine
- Must have two (2) **Varicella Vaccinations** or **Varicella Titer**. A history alone of Varicella (Chicken Pox) is **NOT** acceptable.
- Must have **Tetanus booster** within the last 10 years.
- Must provide a record of **THREE (3) Hepatitis B shot series OR Titer OR sign a Hepatitis B Waiver. NOTE: Sign the following waiver ONLY if you are unable to provide proof of having Hepatitis B Vaccinations or a Titer.**

Contact Dana Robertson, EMT/Fire Secretary, in Public Services at (405) 390-5315 or [drobertson@eoc tech.edu](mailto:d Robertson@eoc tech.edu) , if you have any questions about the vaccination requirements listed above.

## EASTERN OKLAHOMA COUNTY TECHNOLOGY CENTER HEPATITIS VACCINATION DECLINATION FORM

**Sign this waiver only if you have not completed the three shot series or do not desire to take the Hepatitis B vaccine.**

The Hepatitis B Virus (HBV) is a serious and dangerous disease and may be contracted through the contact of blood, blood products, and other potentially infectious material.

EOCTC strongly encourages me to take the three shot series or the titer for the Hepatitis B virus. However, I **DECLINE** to be vaccinated at this time. I understand that by declining to be vaccinated I am at risk of acquiring the Hepatitis B virus.

EOCTC strongly suggests that if I going to have occupational exposure to blood, blood products, and other potentially infectious material in the future, that I should consider being vaccinated with the Hepatitis B vaccine.

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_