

FALL 2021 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 7, 2021 to Saturday, December 11, 2021**
- 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
 - 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 [drobertson@eocotech.edu](mailto:d Robertson@eocotech.edu) if you have any questions.

FALL 2021 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 2021

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 Tuesday, July 27, 2021.

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

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 . 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** – for this class it will be the Fall 2021 vaccination when it is available
- 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@eoctech.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 _____