



# Emergency Medical Technician-Basic Registration Packet

**Mercy College of Health Sciences**

ALLIED HEALTH | LIBERAL ARTS AND SCIENCES | NURSING

# Thank you for exploring Mercy College

## **What does a emergency medical technician do?**

A Emergency Medical Technician (EMT) works in a variety of settings under the supervision of a medical director physician.

This course includes both classroom instruction and clinical experience, preparing students to enter the emergency medical services in a 9-1-1 emergency response service or a private transportation service.

Should you decide to further your education, this short-term certificate program fulfills one of the prerequisite requirements for admission to the Paramedic or Emergency Medical Services Certificate programs at Mercy College.

### **Office of Admissions**

Mercy College of Health Sciences  
Office of Admissions  
921 6th Avenue  
Des Moines, IA 50309-1200

**(515) 643-6715**

Fax (515) 643-6702

Toll Free (800) 637-2994, ext. 3-6715

[admissions@mchs.edu](mailto:admissions@mchs.edu)

[www.mchs.edu/shortterm](http://www.mchs.edu/shortterm)

### **Inside, find out about:**

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## Short-term Certificate Course Schedule

Visit [mchs.edu/shortterm](http://mchs.edu/shortterm) to view the upcoming courses available at Mercy College.

## National Background Check Instructions

Refer to [mchs.edu/bc](http://mchs.edu/bc) for instructions on how to initiate your national background check.

Package code: **mc83**

## Health Forms

For detailed information about the required health forms, download the FAQ Immunizations PDF found at [mchs.edu/shortterm](http://mchs.edu/shortterm).

## About the Program

Certificate education programs began in 1998 and are administered by the Division of Allied Health. Mercy College is the only Catholic college in Central Iowa and is accredited by The Higher Learning Commission of the North Central Association of Colleges and Schools (NLC-NCA).

The Emergency Medical Technician-Basic (EMT-B) program provides a foundation for entry into multiple health care professions and fulfills one of the admission requirements to the Paramedic and Emergency Medical Services Certificate programs. The program is held over the course of 5-17 weeks. A variety of day and evening courses are available. To learn more about the upcoming program offering, please visit our website at [mchs.edu/shortterm](http://mchs.edu/shortterm) and download the Short-term Certificate Schedule.

In addition to classroom instruction, students must also participate in a clinical internship in a local emergency department/trauma center and must complete required ambulance runs as a member of an affiliated ambulance service.

## Admission Requirements

The successful applicant for admission to the EMT-B short-term certificate program must complete the following steps **30 days prior to the course start date**:

### Step 1 - Apply

- ❑ Complete the online **Application for College Admission** at [mchs.edu/apply](http://mchs.edu/apply). The paper application may also be downloaded at [mchs.edu/shortterm](http://mchs.edu/shortterm) and mailed with the application fee to the Admissions Office. Upon request, the Admissions Office will mail you a paper application. Paper applications must include a \$30 non-refundable application fee paid by check or money order. There is no application fee if you apply online.

### Step 2 - National Background Check

- ❑ Initiate a national criminal background and a child and adult abuse check with **CertifiedBackground.com** along with the required payment to the vendor **30 days prior** to a registration session. The student must authorize **CertifiedBackground.com** to provide the results of these checks as part of the final verification for admission to the College.

### Step 3 - Health Forms

Below are the health forms included in this packet that must be **completed and returned** to the Office of Admissions no later than **five (5) business days prior** to attending a registration session. *It is recommended to submit these forms earlier in case follow-up is necessary.*

- ❑ **EMT/PM/EMS Clinical Standards** signed by the applicant.
- ❑ **Medical History/Health Update** signed by the applicant.

### Step 4 - Immunizations

Students starting courses **Summer 2012** must complete and return the immunization form to the Office of Admissions at least five (5) business days prior to attending a registration session.

Students starting courses **Fall 2012** or later will be required to submit immunization records to CertifiedBackground.com along with the required payment to the vendor 30 days prior to attending a registration session.

- ❑ Completed **Required Immunizations** signed by an appropriate healthcare provider or submit official documentation of completed vaccinations.

### Step 5 - CPR Requirement

You will be required to submit a copy of your current certification in **American Red Cross for the Professional Rescuer** or **American Heart Association CPR for the Health Care Provider** (including adult, infant, child, 1 and 2 rescuer CPR, AED, and use of a Bag-Valve Mask) card to the Admissions Office prior to registration.

If you have not met this requirement, visit [mchs.edu/cpr](http://mchs.edu/cpr) to view course and registration information and the schedule of classes. Classes fill quickly, so register as early as possible.

### Step 6 - Course Registration

- ❑ After you have completed and returned the above requirements (Steps 1-3) to the Admissions Office call **(515) 643-6715**, your admissions associate will then register you for the course. **Registration is on a first-come basis and class size is limited.**

### Step 7 - Education Requirements

- ❑ If English is not your native language and you did not graduate from a U.S. high school, you will need to provide the results from a COMPASS ESL Reading test with a score of 92 or higher within the last two years. Successful completion of this requirement will satisfy the educational requirement for admission into this course.

## Department of Public Health Training Program Requirements

A. Iowa Code Section 641-131.2 (147A) Emergency medical care providers - requirements for enrolling in training programs. To be enrolled in an EMS training program course leading to certification by the Department of Public Health, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an EMT-I, EMT-P, or PS course.
3. Be able to speak, write, and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT-B, EMT-I, EMT-P, or PS course.

B. Iowa Code Section 641-131.4(147A) Emergency medical care providers - certification, renewal standards, procedures, continuing education, and fees.

1. 131.4(1) Student application and candidate examination.
  - a. Applicants shall complete the EMS Student Registration at the beginning of the course. EMS Student Registration shall be completed via the bureau of the EMS website at [www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems).
  - b. EMS Student Registration shall be completed within 14 days after the course start date.

## Paying Your Tuition Bill

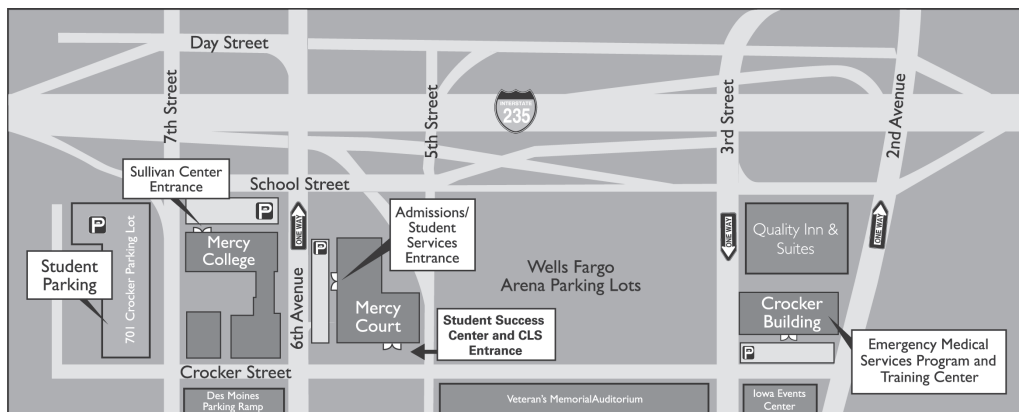
Following registration, students will receive a letter in regards to required uniform and materials for clinical, books and tuition. **Tuition is payable to Mercy College of Health Sciences upon registration and is due at least two weeks before the start of the course.** For current short-term certificate tuition rates visit [mchs.edu/tuition](http://mchs.edu/tuition).

Tuition for the EMT-B short-term certificate course is non-refundable after the first day of class.

The Business Office is open from 8:00 a.m. - 4:00 p.m. Monday through Friday. Please contact the Business Office at **(515) 643-6629** for more information.

## Directions and Campus Parking

Mercy College of Health Sciences is located just south of I-235 between 6th Avenue and 7th Street, and just north of downtown Des Moines. Parking is free on campus.



**KEY:** ■ Mercy College of Health Sciences  
■ Mercy College Student Parking  
■ Mercy College Visitor Parking



## Helpful Phone Numbers and Websites

### Mercy College Admissions

Admissions Office

[mchs.edu/admissions](http://mchs.edu/admissions)  
(515) 643-6715

### Business Office

Pay Tuition Bill  
Account Information

[mchs.edu/office](http://mchs.edu/office)  
(515) 643-6629  
(515) 643-6603

### Technology and Support

Online Course Management System

[mchs.edu/tsupport](http://mchs.edu/tsupport)  
[mchs.edu/eleos](http://mchs.edu/eleos)

### Course Schedule and Registration

### College Catalog

[mchs.edu/shortterm](http://mchs.edu/shortterm)  
[mchs.edu/catalog](http://mchs.edu/catalog)

### Student Handbook

### Registrar

### Health Forms FAQ

### General Information

Campus Maps  
Directory

[mchs.edu/handbook](http://mchs.edu/handbook)

[mchs.edu/registrar](http://mchs.edu/registrar)  
(515) 643-6715

[mchs.edu/shortterm](http://mchs.edu/shortterm)  
(515) 643-6715

[mchs.edu](http://mchs.edu)  
[mchs.edu/maps](http://mchs.edu/maps)  
[mchs.edu/directory](http://mchs.edu/directory)

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# Medical History / Health Update

Please complete all information. Please print clearly. Black or blue ink only.

**Legal Name** \_\_\_\_\_  
Last Name First Name Middle Name Suffix (Jr., etc.)

**Preferred Name**, if not first name (choose only one) \_\_\_\_\_ **Former last name(s)**, if any \_\_\_\_\_

**Program of Study** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Home Phone** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_\_) \_\_\_\_\_

**Current Address** \_\_\_\_\_  
Number and Street City State Zip Code

The purpose of the questions obtained in this medical history is to secure complete information regarding the condition of the examinee's health. All injuries, illnesses and health conditions must be stated and fully explained. Information obtained will be kept in the Student health file and treated as a confidential medical record. **Please answer all questions below.**

Please review your program clinical standards. These standards are required by Mercy College students. (For a complete listing of standards refer to the College Catalog or the Program Clinical Standards Form.)

<b>Allergies: Medication/Environmental/Latex</b> (If none, state "none")	<b>Current Medications</b> (If none, state "none")

**Do you have or been treated within the last 10 years for any of the following? If yes, please comment in space below.**

	Yes	No		Yes	No		Yes	No
1. Surgery, Accident and/or injury			16. Kidney disease, stones or difficulty w/urination			30. Are you currently under a physician's care other than routine visits		
2. Cancer			17. Goiter or Thyroid Disease			31. Skin Disease		
3. HIV/AIDS			18. Dizziness/Weakness			32. Have you ever had an EMG, MRI, CT Scan or other diagnostic studies		
4. Liver disease / Infectious Hepatitis			19. Numbness or tingling in wrists or hands			33. Examined by a psychiatrist, orthopedist or any other specialist		
5. Leukemia/Blood Disease			20. Any mental disorder				34. Have you ever used illegal drugs and/or abused prescription drugs	
6. Diabetes			21. Epilepsy, convulsions, or seizures			35. How much do you drink per week? Beer _____ Wine _____ Liquor _____		
7. Asthma or wheezing			22. Diseases of muscle or bone				36. Have you ever participated in a Substance Abuse Program	
8. Cough, Pleurisy, Lung Disease			23. Headaches/Migraines			37. Have you ever had a positive TB skin test		
9. Chest pain, pressure, or shortness of breath			24. Disease, swelling or pain in joints				38. Have you ever taken TB medication	
10. Heart "trouble"			25. Back trouble or scoliosis			39. Have you ever had chicken pox in your lifetime		
11. High or Low Blood Pressure			26. Ulcers of the stomach					
12. Swelling of feet or ankles			27. Blood in bowel movement or black stool					
13. Diseases of the eye			28. Hernia					
14. Defective color vision			29. Any other diseases, disabilities, abnormalities, conditions or on-going health concerns					
15. Impaired hearing or ringing in the ears								

If you answered YES to any of the above questions please record question number and explain (include dates and description of event(s)):

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I have read, understood and answered all questions on the medical history inquiry form. I understand that any deception or knowingly false statements I make in completing this form may result in dismissal from my educational program.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Students need to retain copies of all health documents submitted for admission to the college. Once submitted they become the property of Mercy and are not released. (Students will need to make a copy of this form for future job applications.)

## Required Immunizations

Verify and document below (full dates needed) **by an appropriate healthcare professional**, or provide a copy of official documents for proof of immunity.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 2- Step Tuberculin Skin Test Screening (1-3 week interval recommended)

**Step1:** Date administered: \_\_\_\_\_ 48-72 hour date **read:** \_\_\_\_\_ Result: \_\_\_\_\_ (Neg. or Pos.)

**Professional's Signature:** \_\_\_\_\_

**Step2:** Date administered: \_\_\_\_\_ 48-72 hour date **read:** \_\_\_\_\_ Result: \_\_\_\_\_ (Neg. or Pos.)

**Professional's Signature:** \_\_\_\_\_

\*Chest X-ray (if needed) Date & Result: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_

\*CXR must be current within the last year. Please attach copy of CXR report.

\*\***Hepatitis B series (three full dates):** 1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_ or include copy of Hepatitis B surface antibody titer report for proof of immunity.

\*\*Per CDC guidelines, three doses are required. Minimum of 1st dose documentation if new series needed to start class. Submit following vaccines upon completion for full immunity.

**1st MMR:** \_\_\_\_\_ **2nd MMR:** \_\_\_\_\_ or include copies of titer reports on all three diseases for proof of immunity. (Two doses needed for all ages.)

**Childhood Chicken Pox:**  Yes  No Date of Illness (if known) \_\_\_\_\_ **Physician's Initials Required** \_\_\_\_\_

**Varicella Vaccine (two dates):** 1) \_\_\_\_\_, 2) \_\_\_\_\_ (Include copy of varicella titer result for proof of immunity if drawn.)

**Physician's Signature:** \_\_\_\_\_ **Clinic Name:** \_\_\_\_\_

# >> FAQ IMMUNIZATIONS

Please share this FAQ sheet with your healthcare provider's office to clarify the documentation needs for short-term certificate and professional programs at Mercy College.

Q: What immunizations are required?

**A:** ALL the immunizations listed in this guideline sheet and/or on the Required Immunizations form are required prior to registration. You may need to locate and obtain a copy of your own immunization records before seeing your healthcare provider so that during your appointment you can receive the necessary updates/boosters/doses to complete your vaccines. *Required immunizations are:*

**MMR (Measles [Rubeola], Mumps and Rubella)** – Documentation of 2 separate doses of the MMR vaccine. If you only have documentation of 1 MMR vaccine, no matter what your age, you need to receive a 2nd MMR dose. If you cannot find documentation proving you have received 2 MMR vaccines you can have your healthcare provider draw a blood lab titer that will determine which, if any, of these 3 diseases you are immune to. Then request updates of vaccines if necessary.

**Hepatitis B** – Documentation stating that you've received or are currently in the process of getting the 3 dose Hepatitis B series. The first dose is required prior to registration. The 2nd and 3rd doses need to be administered on the appropriate schedule (0 month, 1 month, 6 months) and documentation needs to be turned in after each dose.

**TB Skin Test** – Documentation of a 2-step TB skin test is now required initially, on acceptance to any short-term certificate and professional program. You will be required to submit documentation of the 2-step process prior to registration for classes.

**1st Step:** TB test administered and read with in 48-72 hours by a RN or Physician.

**2nd Step:** 1-3 weeks after 1st step is completed repeat the skin test on opposite arm, submit documentation of both skin tests.

If a positive TB skin test results in steps 1 or 2, you will need to provide a current Chest X-ray written report along with follow-up treatment recommendations. Chest X-ray results must be negative to start class. If you have had a positive TB skin test in the past or sensitivity issue related to PPD; submit a CXR written report from your physician that is less than 1 year old. TB skin testing is still an annual requirement, though only one TB skin test is needed yearly, after the initial 2 step process.

**Chicken Pox (Varicella disease)** – Signed documentation from your healthcare provider stating "had disease in childhood" as confirmation is acceptable; but if you did not have the disease, you will need to obtain the 2 dose varivax vaccine, and submit this documentation from your healthcare provider.

*The College may, at its discretion, also require proof of seasonal flu vaccination prior to participation in courses that include a clinical rotation.*

FYI: Mercy College does not provide any administration of vaccines. You will need to obtain these at your preferred healthcare provider/clinic. Your local county health department may be available to help with vaccines/test; or as a resource for available clinics sites and costs call United Way 2-1-1 by dialing 211.

Q: What if I can't locate my old immunization records?

**A:** Discuss this with your healthcare provider at your appointment. Let your healthcare provider know that Mercy College will accept blood lab titers for any and/or all the diseases listed:

- Rubeola, Rubella, Mumps (IGG)
- Hepatitis B (Surface Antibody Titer)
- Chicken Pox (Varicella IGG)

Otherwise, your healthcare provider may decide to repeat some vaccines or give you boosters. **Reminder: be sure to inform your healthcare provider if you are pregnant, or planning to get pregnant in the next few months, or are nursing a baby, before you receive any vaccines or TB tests.**

Q: How can I obtain a copy of my medical records from Mercy College?

**A:** Mercy College is unable to give out copies of student medical records after they have been turned into the College. **We strongly suggest making copies of your health forms/immunization records before turning them in to Mercy or CertifiedBackground.com. You will need these documents for future jobs, etc., and it is the student's responsibility to present your own records upon request.**

All medical information will be kept in a confidential file separate from the student's academic file.

Q: Where do I submit my Immunization form?

**A:** Students starting courses **Summer 2012** must complete and return the immunization form to the Office of Admissions at least ten (10) business days prior to attending their designated registration session. It is recommended to submit this form earlier in case follow-up is necessary. Summer 2012 students can fax the immunization form to: (515) 643-6702.

Students starting courses **Fall 2012** or later will be required to submit immunization records to CertifiedBackground.com along with the required payment to the vendor 30 days prior to your designated registration session.

## Immunization Form Contact

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