# METROPOLITAN
## Community College

# Emergency Medical Technician

## How to apply:

A completed application packet is due two weeks prior to the course start date. Information regarding class schedules can be found at catalog.mccneb.edu/Pages/Home.aspx.

The Metropolitan Community College Emergency Medical Technician course (EMSP 1100) provides an introduction to emergency medical care. Training modules include the medical and legal roles and responsibilities of the EMT; documentation and communication; and human anatomy and physiology of the major human systems. The module also covers medical terminology; lifting and moving; basic and advanced airway management; patient assessment; medical and trauma emergencies; treatment and use of assisted medications and IV maintenance; and shock and bleeding control. In addition, the EMT training module will include use of immobilization devices, obstetrical emergencies, childbirth, pediatrics and child emergencies, ambulance operations, hazardous materials, mass casualty and triage. The course consists of 110 didactic hours, 55 lab hours and mandatory patient contact.

At the completion of the MCC Emergency Medical Technician course, students are eligible to take the National Registry of Emergency Medical Technicians examination. Upon successful completion of this exam, students seek licensure as an EMT. Students are then able to apply and enroll in the MCC Paramedicine program to further their EMS education.

## Application timeline

The College's EMT course is offered each quarter at two campus locations. Completed applications **MUST** be turned in **two weeks prior** to the start of the selected quarter.

| Campus | Day classes | Evening classes | Format | Accepted |
|--------|-------------|-----------------|--------|----------|
| South Omaha | T/TH | M/T/TH | In-person | 15 students per quarter |
| Fremont | N/A | M/T/TH | In-person | 15 students per quarter |

## Contacts

Health Careers
South Omaha Campus
531-MCC-4631

**Program questions**
Craig Jacobus
EMS program director
chjacobus@mccneb.edu
531-MCC-3004

## Admission process

Complete all sections of the application and attach a copy of a current CPR certification card. American Heart Association or American Red Cross Basic Life Support (BLS) CPR cards are accepted. If you do not have one of the approved cards, you will need to complete the CPR certification course (EMSP 1000) prior to enrollment in EMSP 1100.

Mail **completed** paperwork to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE, 68103-0777, or drop off at any MCC Student Services office. Paperwork can also be faxed to Health Careers at 402-403-3120.

If you have questions concerning the application process, visit Health Careers, South Omaha Campus, Mahoney Building, room 519, or call 531-MCC-4631.

Students may be registered for a class before background check results are returned. Final admission is based on the ability to pass a background check.

**IT IS RECOMMENDED STUDENTS KEEP A COPY OF ALL REQUIRED PAPERWORK. COPIES OF PAPERWORK WILL NOT BE AVAILABLE AFTER THE END OF THE QUARTER.**

**All course grades must be completed with a C or higher.**

# EMERGENCY MEDICAL TECHNICIAN TECHNICAL STANDARDS VALIDATION

**METROPOLITAN** Community College

All health care students are required to meet definite standards for the profession and for practical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements.

The following are specific requirements of all students:

- Ability to stand, sit, walk, push and squat
- Ability to lift and/or carry 125 pounds
- Ability to reach in forward, lateral and overhead motions
- Ability to climb stairs
- Ability to distinguish distance, colors, objects and persons
- Ability to demonstrate depth perception
- Ability to hear conversation, monitor equipment, perform auscultation, use telephone and distinguish background noise
- Ability to distinguish sharp/dull and hot/cold
- Ability to perform fine and gross motor skills with both hands
- Ability to think clearly and calmly in stressful situations
- Ability to communicate effectively, verbally and in writing, using appropriate grammar, spelling and vocabulary
- Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

_____
Applicant signature

_____
Social Security or student ID number

_____
Printed name

_____
Date

# EMERGENCY MEDICAL TECHNICIAN APPLICATION FORM

**Metropolitan Community College**

**Select appropriate areas:** ☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer

☐ South Omaha Campus option:  ☐ Day  ☐ Evening  Section # _____

☐ Fremont Campus option:  ☐ Evening  Section # _____

## Personal (print or type)

Full legal name _____
(last)　　　　　(first)　　　　　(full middle)　　　　　(maiden)

Social Security _____

MCC student ID _____

Home address _____
(street)　　　　　(city)　　　　　(state)　　　　　(ZIP)

Telephone (required) _____
(home)　　　　　(work)　　　　　(cell)

Email _____
(MCC email account)　　　　　(personal email account)

Gender: ☐ male  ☐ female  ☐ prefer not to answer　　　Birth date _____
(month)　　(day)　　(year)

Employer _____
(name)　　　　　(address)

Marital status: ☐ single  ☐ married  ☐ widowed  ☐ divorced

U.S. citizen: ☐ yes  ☐ no

If no, type of visa: ☐ student  ☐ permanent  ☐ other _____

Have you previously enrolled at MCC? ☐ yes  ☐ no　　dates _____

Do you have a ☐ high school diploma  or  ☐ GED　　year received _____

Name of granting institution _____

Address of granting institution _____
(street)　　　　　(city)　　　　　(state)　　　　　(ZIP)

Colleges previously attended other than MCC (if applicable):
(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to Metropolitan Community College, Records, P.O. Box 3777, Omaha, NE 68103-0777 or transcripts@mccneb.edu.)

| | College | Address | Dates attended |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

# EMERGENCY MEDICAL TECHNICIAN APPLICATION FORM

**METROPOLITAN Community College**

Furnishing the following information is not a requirement for admission and will not be used in admission discussions. The data will be used for statistical purposes only.

Are you:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

For those individuals who are non-Hispanic/Latino, select one or more of the following:
- ☐ American/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian/Pacific Islander
- ☐ White

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog.

I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Submit your completed application, technical standards form and checklist to any MCC academic advisor, or place it in the drop-box outside of the Health Careers office on the MCC South Omaha Campus (Mahoney, room 519).

Final admission will be based on receipt of a completed background check, drug screening results and eligibility to attend clinical at all health care organizations partnered with the program. Please review the admission process information on the program webpage for full details.

Applicant signature _____ Date _____

Printed name _____

## Application timeline

The College's EMT course is offered each quarter at two campus locations. Completed applications **MUST** be turned in **two weeks prior** to the start of the selected quarter.

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|---|---|---|---|---|
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# METROPOLITAN Community College

# EMERGENCY MEDICAL TECHNICIAN CHECKLIST

**Note: All items below are required to complete registration.**

- ☐ Copy of current driver's license or birth certificate
- ☐ Completed and signed application form
- ☐ Signed and dated Technical Standards form
- ☐ High school diploma, GED or college degree
- ☐ Completed and signed (parent signature required if under 19 years old) Background Check form
- ☐ Copy of current CPR certification card; American Heart Association or American Red Cross Basic Life Support (BLS) CPR cards are accepted. If you do not have one of the approved cards, you will need to complete CPR certification (EMSP 1000) prior to enrollment in EMSP 1100.
- ☐ English writing and reading skills at 1000-level courses through assessment testing or completion of comparable coursework. If coursework was completed at another college, attach a copy of unofficial transcripts to the application form. Note: ACCUPLACER/Companion and English Writing Sample scores are good for two years only. ACT scores are good for three years.
- ☐ Math skills proficiency at 1000 level or higher through assessment testing (ACT last three years; ACCUPLACER/Companion and ALEKS last two years).
  OR
  Successful completion of MATH 0960 or MATH 0931
  OR
  Completion of any 1000-level math (algebra) class (excluding Applied Math for the Hospitality Industry, Statistics and Business Math) with a grade of C or higher. If coursework was completed at another institution, attach a copy of unofficial transcripts to the application form.

  For HSRT-AD entrance exam and other testing information, visit mccneb.edu/Prospective-Students/Student-Tools-Resources/Testing-Services/Tests-Assessments-Available-By-Location.
- ☐ Copy of immunizations must be submitted with completed application
  - ☐ Annual flu vaccine (when available)
  - ☐ Varicella vaccination or titer; documentation by physician; if unknown, must complete titer
  - ☐ Current Tetanus within past 10 years
  - ☐ MMR immunization or titer; if born after 1956, must show evidence of having received two MMRs
  - ☐ Hepatitis B vaccine or titer; if vaccine, must have at least started the series, and the series must be followed per current standard
  - ☐ COVID vaccine or waiver (medical or religious) *is required by clinical-affiliated partner agreements*
    - ☐ Dose 1 _____     Date _____
    - ☐ Dose 2 _____     Date _____
- ☐ Provide proof of a current (within the past 12 months) Mantoux PPD Skin Test (Tuberculosis Test). Results must be current through the last day of EMT class. If the student has received the BCG vaccine, they will need to have a chest X-ray instead of a TB test. If TB test is positive, the student must have a note from the physician stating the disease is not active at this time.

Final admission is based on ability to pass a background check and the ability to complete the duties and requirements in the functional job description of an EMT.

Students must be registered by the MCC Health Careers office.

Submit a completed application to the Health Careers enrollment specialist on the South Omaha Campus, Mahoney Building, room 519 or by mail to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE 68103-0777 **two weeks prior to the start of the quarter**.

_____        _____
*Printed name*                                      *Applicant signature*

_____
*Date*

# BACKGROUND CHECK

**METROPOLITAN COMMUNITY COLLEGE AND AFFILIATES AUTHORIZATION AND DISCLOSURE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS.**

In connection with my application for student clinical assignment/experience, I understand that a background investigation may be requested, which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, past behaviors, background and mode of living. I understand that Metropolitan Community College may seek and request information from public and private sources about employment, workers' compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials and references.

I understand that Metropolitan Community College may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment/experience or employment or continued aforementioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of the aforementioned.

This document permits the release of any information to Metropolitan Community College or their agent, Secured Data Services. I hereby authorize and release from any liability any law enforcement agency, institution, information service bureau, school, employer, personal reference, Metropolitan Community College or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

## APPLICANT INFORMATION
The following information is required for identification to conduct the background investigation:

Print name _____
                           (last)                          (first)             (middle)

Other/previous names _____

Social Security number _____

Current street address _____
                            (street)         (city)     (state)     (ZIP)

Prior addresses within the last 10 years (list street, city, state and ZIP)

_____

_____

_____

_____

For identification purposes only

Birth date __ / __ / ____        Sex _____
My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment/experience or continuation of such.

Have you ever been convicted of a crime? _____No   _____ Yes (If yes, explain below)

_____

## SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION
The above information is given voluntarily, and I understand that omission, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed _____      Applicant signature _____
                                        (parent signature if minor)

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**Reports requested**
The consumer and investigative consumer reports requests may include but are not limited to the following:
(College checks all that apply)
____ County criminal history     ____ Nebraska Abuse Registry (attach separate form)
____ USHHS list of excluded individuals and entities

**Requested by name/department/phone** *Laura Leach/Metropolitan Community College Health Careers/531-MCC-4794*
Secured Data Services, P.O. Box 1554, Fremont, NE 68026-1554. Voice: 402-721-8260. Fax: 402-721-5706.

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