



## **EMERGENCY MEDICAL SCIENCES PROGRAM**



## **PROSPECTIVE STUDENT PACKET**

1<sup>st</sup> contact \_\_\_\_\_

Date \_\_\_\_\_

Emergency Medical Technology Program  
TSTC-Harlingen  
1902 N. Loop 499  
Harlingen, Texas 78550  
Office 956-364-4740  
Fax 956-364-5223

Prospective Student: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Items needed**

Complete

Not Complete

Items needed	Complete	Not Complete
Application		
Criminal Conviction Form		
Student Agreement Form		
NR Exam Acknowledgement Form		
Copy of DL or State ID		
Drug Screen Acknowledgement Form		
Copy of High School Diploma or equivalent		
Physical / State Eligibility Form (form supplied)		
TSTC Insurance copy of receipt	Upon payment of tuition.	
L1 Identity Background Check		
Drug Screen From (10 panel) must be completed with NTC		
Uniform		
Textbook/Workbook/ Emergency Care and Transport of the sick and injured/ Nancy Carolina 10 <sup>th</sup> edition <b>JB test prep</b>		
<i>Immunizations( must be complete prior to the first day of class)</i>		
Hep B #1		
Hep B #2		
Hep B #3		
Current TB (1 year)		
Bacterial Meningitis (1 year)		
Current Tetanus(10 years)		
Varicella (Chicken Pox)		
MMR#1		
MMR#2		
Flu Vaccine (1year)		
CPR Certification (American Heart Association)		
EMT-Basic Certification-Paramedic		

Advisor Signature \_\_\_\_\_

Date: \_\_\_\_\_

Prospective EMT/Paramedic student:

Thank you for expressing interest in the Emergency Medical Technician-Basic /Paramedic course. EMT's are on the front line of emergency pre-hospital care and make life and death decisions on a daily basis. We offer an Emergency Medical Technician-Basic course that enables students to gain a unique depth of experience in the emergency health service, specifically related to the provision of emergency pre-hospital care and transportation of the sick and injured. The major objective of the course is to prepare students for the work in the various occupational settings relating to emergency health services and the emergency medical service system. We have developed an academically and physically challenging course. The 260-hour long program stresses academic and clinical abilities, interpersonal skills, critical thinking processes, decision-making abilities, and the capacity for quick and appropriate judgment. Graduates of the program will be prepared to interact effectively with other emergency medical services system personnel, manage an emergency medical response from start to finish, and satisfy licensure requirements from the National Registry of Emergency Medical Technicians/Paramedic as well as the State of Texas Department of Public Health, Office of Emergency Medical Service.

We take students on first come-first served basis. We will accept the max of 20 students per class. Four EMT-Basic courses and one Paramedic course per year will be offered at TSTC-Harlingen. Students interested in attending the course must schedule an appointment with the EMT Instructor 956-364-4740. In addition to weekday lectures, there will be several field internship days. Please examine the syllabus closely for the dates and times. **Attendance at all scheduled lectures and each practical is mandatory** unless an extenuating circumstance such as personal illness or family emergency occurs. In case of such emergencies, you will be required to contact the Course Coordinator as soon as possible by telephone or e-mail.

The EMT/Paramedic course stresses academic excellence to ensure successful completion of the National Registry EMT/Paramedic exam. To prepare each student for this exam, quizzes will be given at lectures and during some practical's. There will be 1 final exam and several practical exams. For more detailed class requirements, please read the Student Handbook.

This course is a unique opportunity for each student to receive training that will affect the lives of others. We take this training very seriously and students are expected to do the same. At the same time, students are also encouraged to enjoy the experience. Interesting subject matter and enthusiastic instructors are used to enrich the course.

The tuition fee will be **\$1,400.00 for EMT-Basic and \$3,500.00 for Paramedic**. The first payment must be made before the first class day. This course fee includes all required handouts, and insurance. Fees for the National Registry licensure tests /Texas State Certification and uniforms are **not** included and must be provided by the student. Enrollment is on an application basis, provided that a complete application packet. Applicants are encouraged to submit their paperwork as early as possible. Applicants should plan their schedule accordingly as refunds will not be granted for students who realize their class or personal schedule conflicts with the EMT course. **No refunds will be given to any student who drops this course after the first day of class.** As outlined above, this is a time-consuming course. Students are expected to attend four hours of class time each week. In addition to class time, there will be intense amounts of reading and skills check offs each student must complete on their own time. Excuses and conflicts are rarely granted and are handled on a case-by-case basis.

If you have any questions about the course or any of the course policies, please feel free to contact me.

Nicole Chacon  
EMS Instructor  
Emergency Medical Sciences  
956-364-4740



**ATTENTION:**

**Persons applying for initial Texas EMS certification/licensure with a criminal conviction**

A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificate, or licensed paramedic is convicted of or place on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2009 listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:

- (1) murder;
- (2) capital murder;
- (3) indecency with a child;
- (4) aggravated kidnapping;
- (5) aggravated sexual assault;
- (6) aggravated robbery;
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:
  - (a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or
  - (b) Health and Safety Code, §481.134(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;
- (8) sexual assault;
- (9) An offense, other than an offense committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.

**Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.**

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

**Date:** \_\_\_\_\_



## Student NR Exam Acknowledgement Form

Emergency Medical Sciences Program,

Students have 60 days after course completion date to take the National Registry Exam. If the EMS student has not taken the exam within 60 days he/she will be required to attend 4 cram sessions and pass a cram session exam before being approved to take the National Registry Exam. The cram session begins at 9:00 a.m. and ends at 5:00 p.m. The class is presented with PowerPoint presentations and stand up lecture. It is designed to review the majority of the EMT/paramedic national curriculum beginning with Medical Legal and ending with EMS Operations. These are "jammed packed" days of information and each attendee will leave with a wealth of knowledge and information.

**Print Student Name** \_\_\_\_\_

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



### **Drug Screen Acknowledgement**

I understand that prior to participation in the clinical courses; I must submit to a drug screen.

I further understand that if I fail to provide such a certified negative drug result I will be unable to participate in the clinical portion of TSTC Emergency Medical Sciences Program.

By signing this document, I am indicating that I have read, understand and voluntarily agree to the requirement to submit to a drug screen and to provide a certified negative drug result prior to participation in the clinical component of TSTC Emergency Medical Technology Program.

A copy of the signed and dated document will constitute my consent for the certified laboratory performing the drug screen to release the original results of any drug screen to TSTC-Harlingen. I direct that the certified laboratory hereby release the results to TSTC-Harlingen.

I further understand that my continued participation in TSTC Emergency Medical Technology Program is conditioned upon satisfaction of the requirements of the TSTC- EMT Department.

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

\_\_\_\_\_  
Print Student Name and Student ID #

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

# N.T.C. DRUG & ALCOHOL TESTING SERVICES, INC.

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We have five locations to better serve you.

## N.T.C. HEADQUARTERS

4132 N 23rd Street, McAllen, TX 78504

Phone: (956) 682-7090 / Fax: (956) 682-4252

1402 South M street

Harlingen, TX 78550

(956) 412-8378

1210 West Exp 83

Weslaco, TX 78596

(956) 973-1880

409 E. Mahl #5  
Edinburg, TX 78539

(956) 287-8378

112 W. Exp. 83  
La Joya, TX 78560

(956) 580-2662





## Collection Clinic Information Sheet

Employee Last, First, Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Company: Texas Sate Technical College -Harlingen

\*Phone: 956-364-4740

\*Supervisor: Roxanne Peña

### Reason for Test (Check One):

Pre Employment (Student TSTC)                       Post Accident  
 Reasonable Cause     Random  
 Periodic or Follow up     other – Return to Work

### Check Type of Test:

Non – DOT Panel 5     Non – DOT Panel 10  
 Alcohol DOT / Non – DOT     DOT Drug Screen

Clinic Name: *NTC Drug Testing Services*

Clinic Addresses:

**Headquarters – McAllen – 4132 N. 23<sup>rd</sup> Street**                      (956) 682 – 7090

Edinburg – 409 E Mahl    (956) 287 – 8378

Weslaco – 1210 W Exp 83, Ste B                                      (956) 973 – 1880

Harlingen – 1402 South M. Street                                      (956) 412 – 8378

La Joya - 112 W Hwy 83    (956) 580 – 2662

Picture ID is required to take the test.

Please take the time to fill in the information needed.

If you have any questions please call (956) 682 – 7090. Thank you.

**Please send this form in with your employee filled out.**

# Emergency Medical Technician Course



## Student Agreement

**Notice: Your application will not be valid until you have initialed each bullet point and submitted this form to the Course Advisor.**

If you have any questions regarding the course policies, do not hesitate to contact the Course Coordinator.

If you have any concerns about meeting these course criteria, please do not submit an application until you speak with the Course Coordinator.

\_\_\_\_\_ I verify that I am above the age of 18 or will be by the Licensure Examination. I also verify that I have completed high school, as evidenced by a high school diploma or G.E.D. If the student is between ages 16 to 18 a parental consent form must be complete and signed by the parent / guardian. Contact the course coordinator for the form.

\_\_\_\_\_ I understand that I must schedule an appointment with the EMT Course Advisor prior to being accepted into the program.

**956-364-4740**

\_\_\_\_\_ I understand that the entire \$1,400.00/\$3,500.00 course fee is completely non-refundable after the start of the first class. I understand that all additional fees are completely non-refundable should I get into the class, although I will be able to keep all materials.

\_\_\_\_\_ I understand that in addition to the course fee, I am responsible for the payment of National Registry of Emergency Medical Technicians testing fees and Texas State Certification fees.

\_\_\_\_\_ I understand that I must attend all class and practical sessions. I have checked my schedule and have no conflicting events on any class or practical session.

\_\_\_\_\_ I understand that this course is very intense and I realize that I will receive no refund if I drop the course because of school or work- related conflicts.

\_\_\_\_\_ Any and all material submitted to Emergency Training Services becomes property of Emergency Training Services and can be used for publication at a later date.

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Print Name

Signature

Date





## **Emergency Medical Technology Program**



### **Physical Form**

Doctor,

Please examine this prospective student's mental and physical capabilities by utilizing the Texas Department of State Health Services, Essential Eligibility Requirements for EMT Certification which is on the reverse side of the student physical exam form. Please print your name, sign, and provide your telephone number for verification of completion.

This prospective student, should he/she be accepted into the program will be conducting patient contact and care in both hospital and ambulance clinical setting.

We thank you for your cooperation and commitment to the future of pre-hospital care. If you have any questions, please feel free to contact the EMS department.

Respectfully,

EMS Department  
Texas State Technical College-Harlingen  
Emergency Medical Sciences Program  
1902 North Loop 499  
Harlingen, TX 78550-3697  
(956)364-4740



**EMT Essential Eligibility Requirements for Prospective Students: Please sign stating you meet all requirements.**

A. DSHS Qualifications

1. Successfully complete a DSHS-approved course. This shall include verification of skills proficiency and achievement of a passing score on the written certification examination.
2. Must be at least 18 years of age.
3. DSHS certification requires a high school education or equivalent.
4. Possess the ability to:
  - communicate verbally in English, via telephone and radio equipment;
  - lift, carry, and balance up to 125 pounds (250 with assistance);
  - interpret written, oral and diagnostic instructions;
  - use good judgment and remain calm in high-stress situations;
  - be unaffected by loud noises and flashing lights;
  - function efficiently throughout an entire work shift without interruption;
  - calculate weight and volume ratios and read small print, both under life-threatening time constraints;
  - read English language manuals and road maps;
  - accurately discern street signs and address numbers;
  - interview patient, family members and bystanders;
  - document, in written English, all relevant information in the prescribed format;
  - converse in English with coworkers and hospital staff as to status of patient;
  - perform all tasks related to the highest quality patient care with good manual dexterity;
  - bend, stoop and crawl on uneven terrain;
  - withstand varied environmental conditions such as extreme heat, cold and moisture; and
  - work in low light and confined spaces.

Student SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADMISSIONS OFFICE  
**Bacterial Meningitis  
Vaccination Form**

www.harlingen.tstc.edu/BacterialMeningitis.aspx



1902 N. Loop 499 | Harlingen, TX 78550 | 956.364.4001 | 1.800.852.8784 | www.harlingen.tstc.edu

Print Name \_\_\_\_\_ TSTC ID# \_\_\_\_\_ SS# \_\_\_\_\_

**SB 1107 Bacterial Meningitis Vaccination**

The state of Texas passed a new law (SB 1107) effective Spring Semester 2012 that will require all new students under age 30 to have a vaccination against bacterial meningitis. All first-time freshmen, transfer students, and students who have taken a leave of absence from school in either a fall or spring semester must have received this vaccination during the five-year period immediately preceding and at least 10 days prior to the first day of the semester enrolled or re-enrolled. The following evidence must be provided to the Admissions Office as an admissions requirement. This information shall be maintained in the Admissions Office in accordance with Family Education Rights and Privacy Act (FERPA) Regulations and the Health Insurance Portability and Accountability Act. Please provide evidence of vaccination by one of the following methods:

**I received the bacterial meningitis vaccine on \_\_\_\_/\_\_\_\_/\_\_\_\_/ (Date) as evidenced by: (please check)**

\_\_\_ **(A)** An official immunization record generated by a physician or his/her designee (submit copy).

If this form is used to document the immunization, the signature or the office stamp of the physician or his/her designee must be provided in the space below:

\_\_\_ **(B)** An official immunization record generated from a state or local health authority (submit copy).

\_\_\_ **(C)** An official record received from school officials, including a record from another state (submit copy).

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution: (check if applicable)

\_\_\_ **(A)** an affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination would be injurious to the health and well-being of the student; OR

\_\_\_ **(B)** an affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. **A conscientious exemption form from the Texas Department of State Health Services found at <https://webds.dshs.state.tx.us/immco/affidavit.shtm> must be used.**

The exemption noted in Section 21.614 (B) does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services and is in effect for the location of the institution the student attends.

Please note: If a student has previously taken the vaccine, he/she must still follow A, B, or C above.  
The bacterial meningitis vaccine lasts for up to 5 years.