



PARADISE VALLEY COMMUNITY COLLEGE EMT104 (EMT-Basic) STUDENT CHECKLIST

BEFORE YOU CAN REGISTER:

1. ____ You must become a student at PVCC. Visit the Admissions & Records Office on campus in the KSC Building, log on to <http://www.paradisevalley.edu/admissions> or call 602 787 7020.
2. ____ You must take one of the following reading tests and pass with the appropriate score: Nelson Denney reading test and score at the 9th grade level, Asset reading score of at least 41 **OR** Compass score of at least 81. Even if you have a college degree, you still need to meet this requirement per Arizona Department of Health regulations. **YOU MUST BRING A COPY OF YOUR SCORE ON THE FIRST DAY OF CLASS.** Contact the Assessment Center for additional information or to schedule a test at 602 787 7050.

BEFORE THE START OF CLASS:

3. ____ You can register for EMT101 (if needed) and EMT104 as soon as you have passed the reading test, but you must bring the required items on this list with you to the first day of class or **you will be dropped**.
4. ____ You must meet the physical history standards as determined by Arizona Department of Health Services Office of EMS. **Complete pages 3, 4, & 5. YOU MUST BRING A COPY OF THESE PAGES ON THE FIRST DAY OF CLASS.** Your physical exam can be completed by your primary care physician or at an occupational health clinica. See page 6 for a list of providers.
5. ____ For questions regarding your eligibility to be an EMT in the State of Arizona with a criminal history, please call the Bureau of Emergency Medical Services at 602 364 3186. (Please note that Paradise Valley Community College is not authorized to answer any questions to this issue).
6. ____ Have a current CPR card for the duration of the semester. PVCC requires one of the following CPR certifications **(YOU MUST BRING A ONE PAGE ONE PAGE PHOTOCOPY OF THIS ON THE FIRST DAY OF CLASS, NOT THE CARD ITSELF):**

Only these cards will be accepted. Issuer & Level of Training:

- **American Heart Association: Healthcare Provider (EMT101 is highly recommended)**
- American Red Cross: Professional Rescuer
- American Safety and Health Institute (ASHI): CPR Pro (CPR for Healthcare Professionals)
- EMP International or EMP America: BLSPRO (Basic Life Support for Professionals)
- Green Cross or National Safety Council Professional Rescuer (NSC)
- Military Training Network (MTN) "meets American Heart Association guidelines 2000 for healthcare providers"

* HeartSaver CPR/AED or Community CPR **is not accepted**.

7. ____ Proof of a 5 panel clean drug screen is required. A letter from your employer verifying that they have a clean drug screen on record is acceptable. The drug screen is required for hospital clinicals. Failure to provide proof of a clean drug screen will result in removal from EMT104. Sonora Quest Laboratories offers drug screening for a fee for PVCC EMT students. Sonora Quest authorization form and location information is included in this packet. **NO FAXES WILL BE ACCEPTED.**
8. ____ Keep all of your **original** documents and provide copies to PVCC as requested.
9. ____ Purchase all necessary textbooks, stethoscope, and CPR mask. See the bookstore on campus in the KSC Building or online at <http://www.paradise.bkstr.com>.
10. ____ Visit the Campus Safety Office in the KSC Building to get a Student ID. (You will need this ID card for your hospital rotation).

11. ___ In order to receive financial aid, you must use EMT104 as part of an approved degree. See Financial Aid Office for more information or call them at 602 787 7100.

12. ___ **Bring this entire packet signed and completed on the first day of class.**

DURING & AFTER CLASS

13. ___ You must be 18 years of age in order to take the National Registry Test (NRT) exam (which gains you certification as an EMT). You can be under 18 when you take the class, but **you have to be 18 when you take the NRT exam**. Anyone 16 years or younger must be advised by an EMT advisor. Please call 602 787 6782 for an appointment. Cost to take the NRT exam is \$70 and is subject to change.

14. ___ You will be fingerprinted in class within the first month of the class start date. If you are unable to make class on the day that fingerprinting is done, it is your responsibility to get the fingerprinting card. The cost to be fingerprinted at PVCC is \$10.

15. ___ Attend each scheduled class day. Report unavoidable absences to your instructor as soon as possible or call the EMT department at 602 787 6782.

16. ___ Review and sign disclosure document.

17. ___ Attend each of the four additional 8-hour course days on Saturday (or additional 8-hour Sunday if you are in the Saturday class).

18. ___ Complete one ten hour hospital rotation and receive a satisfactory evaluation.

19. ___ Successfully complete final practical skills testing with 80% or better, the final written exam with 80% or better, and a cumulative score of 80% or better.

20. ___ After completion of this class you will need to fill out a Arizona Department of Health Services application in order to be a state certified EMT. You will also take a National Registry EMT exam. Cost to take the NRT exam is \$70 and is subject to change. You will have to pass this exam in order to be eligible to be a state certified EMT.

I have completed all the necessary documents to bring to the first day of class and have read the requirements to pass the course. I also understand the requirements of class are subject to change and it is my responsibility to receive those changes.

Student Print _____

Student Signature _____

Date: _____

If under 18 then a legal guardian must also sign and read the requirements:

Legal Guardian Name: _____

Legal Guardian Signature: _____

Date: _____

Advisor Signature (signed on first day of class)

_____ Date: _____

ARIZONA DEPARTMENT OF HEALTH SERVICES
 150 North 18th Avenue Phoenix, Arizona 85007
 CERTIFICATE OF MEDICAL EXAMINATION

NAME _____
 SSN# _____

ADDRESS _____
 CITY _____
 ZIP _____

HAVE YOU HAD OR DO YOU HAVE:	YES	NO
VISION OR HEARING PROBLEMS If Yes, Explain:		
HEART PROBLEMS If Yes, Explain:		
CHILDHOOD DISEASES If Yes, Explain		
EPILEPSY, DIABETES, HIGH BLOOD PRESSURE, KIDNEY PROBLEMS If Yes, Explain		
BONE/JOINT DIEASE OR INJURY, BACK INJURY If Yes, Explain		
SERIOUS INJURIES/MAJOR SURGERY, HERNIAS If Yes, Explain		
MENTAL ILLNESS/NERVOUS DISORDER If Yes, Explain		
DRUG/ALCOHOL PROBLEMS If Yes, Explain		
LUNG DISEASE If Yes, Explain		
SKIN PROBLEMS/DISEASES: If Yes, Explain:		

I HERBY CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

 APPLICANTS SIGNATURE

 DATE

FOR PHYSICIAN USE ONLY

PATIENT NAME _____ AGE _____ HEIGHT _____ WEIGHT _____

PHYSICAL EXAMINATION _____ DATE: _____

HEENT: _____ Lungs: _____

Heart _____ **Pulse: _____ **BP _____

Abdomen: _____ Extremities/Joints: _____

Neurologic/Mental: _____

**Vision: R _____ L _____ Corrected: R _____ L _____

A State certified Emergency Medical Technician must be able to perform the following functions according to R9-13-802:

- Control hemorrhage and bandage wounds.
- Stabilize and splint fractures.
- Care for behavioral emergencies.
- Perform basic cardio-pulmonary resuscitation.
- Extricate, lift, move, position, and otherwise handle patients to minimize discomfort and additional injury.

BASED ON THIS PHYSICAL, DO YOU FIND ANY REASON WHY THIS PERSON CANNOT PHYSICALLY PERFORM THESE ACTIVITIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

PHYSICIAN NAME: _____ MD/DO
(PRINT)

PHYSICIAN
SIGNATURE: _____

ADDRESS: _____

PARADISE VALLEY COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY (EMT)
IMMUNIZATION RECORD

Print Name

Physician, Physician's Assistant, Nurse Practitioner Signature OR A copy of a
medical record/immunization card.

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REQUIRED:

1.) Yearly Tuberculin Intradermal Skin Test (PPD)

Date_____ **AND** Results_____

(Optional): Chest X-Ray

Date_____ **AND** Results_____

2.) PROOF of any **ONE** of the following

Rubella Titer (German Measles): Date_____ **AND**
Results_____

Rubella Vaccine: Date:_____

Rubeola Titer (Measles): Date_____ **AND** Results_____

Rubeola Vaccine: Date_____

M.M.R. Vaccine: Date_____

3) Date when you had the Chicken Pox: _____
(approximate year)

OR

Varicella Titer (Chicken Pox): Date_____ **AND** Results_____

Varicella Vaccine: Date_____

Physical & Immunization Clinic Locations

Please call to confirm information is current

Location	General Information
Banner Baywood Occupational Health Clinic 6553 E. Baywood Ave., Ste 104 Mesa, AZ 85206 480 324 2300	Open M-F, 7 am to 6 pm Bring your immunization rec. w/you. Fees are due at time of service. Insurance is not accepted. Vaccinations are provided on a walk-in basis. You can call the clinic and schedule an appt.
Desert Samaritan Occupational Health Clinic 2225 W. Southern Ave. Mesa, AZ 85202 480 512 3275	Open M-F, 7 am to 6 pm Bring your immunization rec. w/you. Fees are due at time of service. Insurance is not accepted. Vaccinations are provided on a walk-in basis. You can call the clinic and schedule an appt.
Good Samaritan Occupational Health Clinic 1300 N. 12 th Street, Suite 520 Phoenix, AZ 85006 602 239 4456	Open 24 hrs, 7 days a week Bring your immunization rec. w/you. Fees are due at time of service. Insurance is not accepted. Vaccinations are provided on a walk-in basis. You can call the clinic and schedule an appt.
Banner Thunderbird Occupational Health Clinic 5601 W. Eugie Ave., Ste 213 Glendale, AZ 85304 602 865 5618	Open M-F, 7 am to 6 pm Bring you immunization rec. w/you. Fees are due at time of service. Ins. Is not accepted. Vaccines are provided on a walk-in basis. You can call the clinic and schedule an appt.