



## Red Rocks Community College IV Approval for EMTs Course Information



Thank you for inquiring about the IV Approval for Emergency Medical Technician – Basic course at Red Rocks Community College. This program follows the Colorado state approved curriculum for IV approval. It consists of 24 hours of classroom instruction (lecture and skills) and one or more clinical shifts in a hospital. Upon successful completion of the class, EMTs who are working in the field may be authorized by their physician advisor to initiate IV therapy, and administer fluids or certain medications to patients.

Please check the college schedule for dates and times of upcoming courses. A clinical shift is also required and will be scheduled after the classroom component. Upon completion of a practical exam, the clinical shift documentation of 10 successful IV starts, and a comprehensive final exam students will receive a course completion certificate.

Course costs are based upon 2 credits, plus additional fees for clinicals and insurance. A textbook is required, and is available in the Red Rocks Community College bookstore.

### Application Process

The only prerequisite for application is a **current Colorado EMT-Basic Certificate**. Students with current Colorado EMT-Basic certificates are admitted on a first come-first served basis. Students interested in attending the course must schedule an enrollment appointment with a faculty member, and bring their Colorado EMT-Basic certificate to the appointment. Upon completing the enrollment appointment, you will receive a permission slip to enroll. For more information please call (303) 914-6552.

By the first day of class, students will need the following:

- A completed Physical Examination form, signed by a health care provider, documenting that you do not have any condition that would endanger your health or that of your patients during EMT training. Proof of vaccinations and a recent TB test are also required.
- A CPR card at either the *Healthcare Provider* or *Professional Rescuer* level.
- A completed background check through American DataBank at [www.healthcareex.com](http://www.healthcareex.com). Be sure to fill out all appropriate paperwork including the Disclosure and Release form. Information will be forwarded to Red Rocks Community College regarding your eligibility for enrollment.

## CCCS Healthcare Student Instructions for the Background Screening Procedure

This screening is for the admission to the EMT program at your institution. This background screening is **not** for the Colorado State EMT certification process, which requires a fingerprint based background check from the CBI.

### **INSTRUCTIONS FOR BACKGROUND SCREENING**

**Step 1:** Go to [www.healthcareex.com](http://www.healthcareex.com)

**Step 2:** Go to **Click to Order** near the bottom of the page on this Website and start the application. Select package 1, the criminal background check without a drug test or fingerprint check (\$59\*). \*Subject to change.

### **DISQUALIFYING OFFENSES**

Any conviction or deferred adjudication of the following criminal offenses (Felony or Misdemeanor) appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

- I Crimes against persons (physical or sexual abuse, neglect, assault, murder, etc.) as defined in section 18-1.3-406 C.R.S.
- II Any offense involving unlawful sexual behavior.
- III Any underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S.
- IV Any crime of child abuse, as defined in section 18-6-401 C.R.S.
- V Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances.
- VI Crimes of theft
- VII Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S.
- VIII Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.)
- IX Registered sex offenders
- X Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses.

(Students who have completed the terms of their deferred adjudication agreement, those crimes will not be disqualifying.)

# Health Care Provider's Certification of New Student's Health

## INSTRUCTIONS FOR PROVIDERS:

The person bearing this form has been extended an offer of admission to one of the following programs at Red Rocks Community College:

Emergency Medical Technician-Basic  
IV Training for EMT-Bs

To matriculate in the program, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well being of patients or other students, or prevent him/her from performing the physical tasks of emergency medical care. Generally, the following tasks are required:

- Ability to be fitted with a respirator mask in case of continued exposure to an airborne pathogen;
- Ability to lift, carry and balance heavy loads;
- Ability to interpret written and oral instructions, calculate weight and volumes ratios, and read small print, all under threatening time constraints;
- Ability to use good judgment and remain calm in high stress situations;
- Ability to work effectively in an environment with loud noises and flashing lights;
- Ability to function efficiently throughout an entire work shift;
- Good manual dexterity, with ability to perform tasks related to patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

At the expense of the student, please interview and examine this prospective student, and complete the form below. In the event that you feel the student does have a health condition which could endanger the health or well being of patients, faculty or students, please discuss that condition with the student and instruct the student to call the Red Rocks Community College Emergency Medical Services program director at 303-914-6441 for further instructions.

***You are welcome to call the Program Director  
with any questions at 303-914-6441.***

**Please complete and sign the back of this sheet.  
Thank you!**

# STATEMENT OF HEALTH CARE PROVIDER

Name of patient: \_\_\_\_\_

I understand that the above-named patient has been tentatively extended an offer of admission to Emergency Medical Services training program.

Following an appropriate history and physical examination, it is my opinion that the above-named patient:

\_\_\_ Does not have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

\_\_\_ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

## ADDITIONAL REQUIREMENTS

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination  
Date of illness or vaccination: \_\_\_\_\_
2. Tetanus  
Date of last vaccination or booster: \_\_\_\_\_  
(Must be within the last 10 years)
3. MMR  
Date of last vaccination or booster: \_\_\_\_\_
4. Tuberculosis Testing (PPD only acceptable test, less than one year old)  
Date Tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)  
If **positive**, date re-tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)  
If **positive**, date of Chest X-Ray: \_\_\_\_\_  
\_\_\_\_\_  
If **positive**, start date/end date of treatment: \_\_\_\_\_  
\_\_\_\_\_
5. Hepatitis B Vaccine (3-shot series)  
Date 1<sup>st</sup> vaccine received \_\_\_\_\_ Titer Date (if applicable): \_\_\_\_\_  
Date 2<sup>nd</sup> vaccine received \_\_\_\_\_ Results: \_\_\_\_\_  
Date 3<sup>rd</sup> vaccine received \_\_\_\_\_
6. Seasonal Influenza Vaccine  
Date of vaccination: \_\_\_\_\_

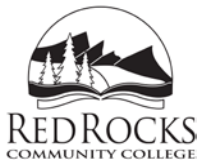
\_\_\_\_\_  
*Signature of provider*

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

\_\_\_\_\_  
*Printed name of provider*

\_\_\_\_\_  
*Degree: MD, DO, PA, NP*

\_\_\_\_\_  
*Telephone number*



## Red Rocks Community College Emergency Medical Services Course Application

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Class Applying for: \_\_\_\_\_ Section: \_\_\_\_\_ Semester/year: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

### Contact Information

Email Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

(If different from above)

\_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_