RED ROCKS COMMUNITY COLLEGE
EMT PROGRAM INFORMATION
SUMMER / FALL 2017

The EMT program is an entry-level program, with no experience required. It consists of 210 hours of classroom and skills instruction and 30 hours of clinical experience on an ambulance. Upon successful completion of the program participants are eligible to take the National Registry EMT practical and written certification exams. After passing the National Registry exams and submitting a fingerprint based background check to the Colorado Department of Public Health and Environment, students may apply for Colorado EMT certification.

FALL SCHEDULE OPTIONS:

In the full-time option, **EMS 121, 122, 123, 124, and 170** are all completed during one 15 week semester. The full-time schedule options are:

Section 001	Tues – Thurs	8:30 am – 1:10 pm	August 21 – December 12
Section 002	Mon. – Thurs	1:30 pm – 5:00 pm	August 21 – December 12
Section 004	Thurs. and Fri	8:00 am – 4:30 pm	August 21 – December 12

PART TIME OPTION:

The program takes 2 semesters to complete. Students will take **EMS 121** and **123** the fall semester and **EMS 122, 124, and 170** the spring semester. The part-time program only starts in the fall.

Section 003	Mon. and Wed	6:00 – 9:30 pm	August 21 – December 12

SUMMER OPTION:

The summer program will be an intensive five day per week offering over the course of 9 weeks.

Section 001	Mon – Thurs	9:00 am – 5:00 pm	June 1 – August 3

PREREQUISITES:

- Proof of age 18 by the first day of class (no exceptions).
- The student must be eligible to enroll in ENG 121 or provide proof of completion of ENG 121, or its equivalent, with a grade of C or higher.

Registration for the summer and fall semesters will start on April 3rd, 2017. Students with all of the required pre-requisites are admitted to the program on a first-come, first-served basis. Students must meet with an EMS faculty member or a college advisor to enroll. For more information or to schedule an individual enrollment appointment, please contact Steven Brown, at steven.brown@rrcc.edu , Robert Vroman, at Robert.vroman@rrcc.edu, or Lou Hren at Louis.Hren@rrcc.edu

CLINICAL REQUIREMENTS: (BRING THIS INFORMATION TO THE FIRST DAY OF CLASS)

- Proof of completion of a background check through CastleBranch (use attached form).
- 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-Basic training. Proof of vaccinations and a TB test within 12 months are also required. The physical form and vaccinations can be completed by the student's primary care physician, or at the Red Rocks student health clinic.
- A CPR card demonstrating completion of a CPR course at either the *Healthcare Provider* or *Professional Rescuer* level. This is a one day course offered at Red Rocks Community College as HPR 102. It may also be taken at any CPR training center.

PROGRAM COST:

Colorado resident tuition and fees for the EMT Program are approx. $1,900 (with COF applied). Costs for required textbooks and equipment are approximately $200. Prior to the clinicals, there are costs for a physical exam and vaccinations, as well as a background investigation. NREMT testing and certification costs after course completion are approximately $145. *All tuition listed is approximate and subject to change.*

REQUIRED TEXTBOOK:

EMERGENCY CARE, 13TH EDITION BY LIMMER AND O'KEEFE AND THE ACCOMPANYING MY BRADY LAB ACCESS CODE

DISQUALIFYING OFFENSES:

Any conviction or deferred adjudication of the following criminal offenses, whether 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 offense of which the underlying basis 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. More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application

XI. 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 a deferred adjudication agreement will not be disqualified on the basis of those crimes.

BACKGROUND CHECK:

The background check is completed by an external company, CastleBranch, and is mandatory for all students participating in a healthcare program. Background checks must have been completed within the last 12 months, and cannot be transferred from another school.

Please visit http://cccs.castlebranch.com/ to complete the background check.

Background check process:

- On the home screen please click on "Place Order"
- Click on "Red Rocks Community College" on the page requesting you to select your school
- From the dropdown box choose "Emergency Medical Services"
- From the next dropdown box that appears on that page choose the appropriate option
- Do not click anything, just wait for the page to reload
- Confirm your order, click the box at the bottom indicating you have read the terms and conditions, and click on "Continue Order"
- Complete the following screens providing the requested information. You will also be required to complete a drug test via urinalysis. Follow the appropriate instructions for completing this

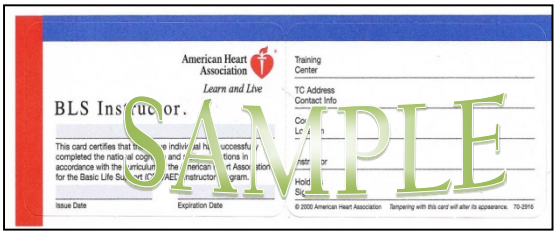
Be sure your information is correct. It is not possible to make changes to your order after it has been submitted. IF your order is submitted with incorrect information you will need to submit another background check with additional fees.

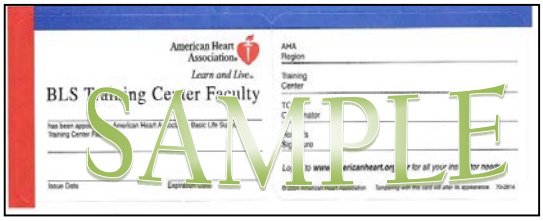
Please contact CastleBranch at 1-888-723-4263 or customerexp.cu@castlebranch.com with any questions or if you experience any problems with the ordering process.

Acceptable BCLS Cards for Colorado EMS Certification

As stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules CPR at the healthcare provider level is required to be an EMT in the state of Colorado. Moreover most of the EMS agencies and hospitals we utilize for the clinical and internship portions of our programs require CPR for the Healthcare Provider from the American Heart Association. Therefore the following CPR cards are the only ones that will be accepted by the RRCC EMS Program.

American Heart Association





Healthcare Provider
BLS Instructor
BLS Training Center Faculty

The Healthcare Provider CPR course is a one day course offered at Red Rocks Community College as HPR 102.

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
- IV Training for EMT
- Advanced Emergency Medical Technician
- Emergency Medical Technician Intermediate

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 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 303-914-6552 for further instructions.

This form is valid for 12 calendar months.

You are welcome to call the Program Director with any questions at 303-914-6552. Please complete and sign the back of this sheet.

Thank you!

STATEMENT OF HEALTH CARE PROVIDER

NAME OF PATIENT: _____

I understand 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 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: _____
3. MMR Date of last vaccination or booster: _____
4. Tuberculosis Testing (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 1st vaccine received _____ Titer Date (if applicable): _____

   Date 2nd vaccine received _____ Results: _____

   Date 3rd vaccine received _____
6. Seasonal Influenza Vaccine Date of vaccination: _____

_____ _____

Signature of provider ***Date***

_____ _____

Printed name and Professional Degree of provider ***Telephone number***