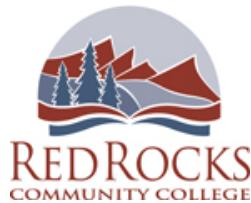




Red Rocks Community College IV Approval for EMTs Spring 2013 Course Information



The IV Approval for EMTs course at Red Rocks Community College is designed for Colorado certified EMTs to be able to include this skill in their practice. It follows the Colorado state approved curriculum for IV approval. The course consists of 24 hours of classroom instruction (lecture and skills) and one or more clinical shifts in a hospital. Upon successful completion of the course, EMTs who are working in the field may be authorized by their medical director to initiate IV therapy and administer fluids or 50% dextrose to patients.

Scheduled Courses

Two courses are scheduled for Spring semester 2013:

EMS 130 001 (32131)	1/24 – 3/7	Thursdays 1:00 – 4:30 pm
EMS 130 002 (31327)	3/6 – 4/24	Wednesdays 5:30 – 9:00 pm

Tuition and Fees:

Course costs are based upon 2 credits, plus additional fees for clinicals and insurance. The total for Spring 2013 will be approximately \$369.00 with COF applied. A textbook is also 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. Upon completing the enrollment appointment, you will receive a permission slip to enroll. To schedule an appointment, email the course instructor at steven.brown@rrcc.edu

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 including a recent influenza vaccination 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. There are instructions for obtaining the background check included in this packet.
- Proof of personal health insurance



820 Sixteenth St. 8th FL.
Denver, CO 80202
Tel:(303)573-1130 Fax:(303)573-1779

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

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

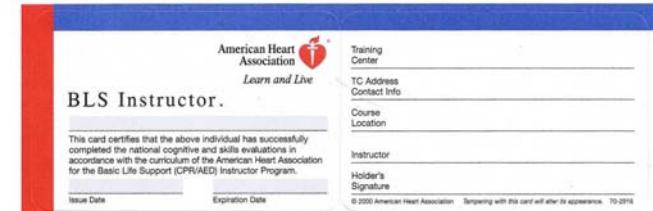
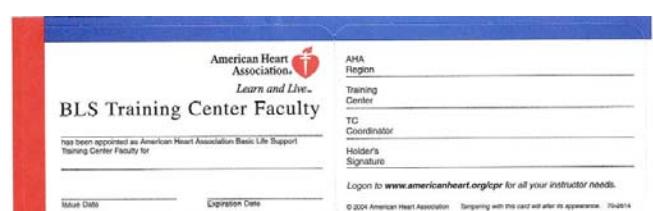
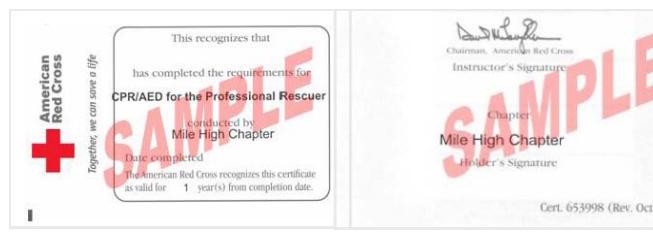
Any conviction or deferred adjudication of the following criminal offenses (Felony or Misdemeanor) appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

- 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.)

ACCEPTABLE BCLS CARDS FOR ALL COLORADO EMT CERTIFICATION

The Colorado EMTS section has evaluated BLS/CPR and ACLS education programs for satisfaction of Colorado EMS provider certification/recertification requirements. The following organizations' courses are the ONLY programs that will be recognized by the department as satisfying the requirements as stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules.

<u>Organization</u>	<u>Acceptable Courses</u>	<u>Examples ONLY</u>
<u>American Heart Association</u>	Healthcare Provider BLS Instructor BLS Training Center Faculty	  
<u>American Red Cross (ARC)</u>	CPR/AED for the Professional Rescuer	
<u>American Safety & Health Institute (ASHI)</u>	BLS for Healthcare Providers and First Responders CPR Pro for Healthcare Providers and First Responders CPR Pro for the Professional Rescuer BLS Instructor	 

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 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 of provider

Degree: MD, DO, PA, NP

Telephone number

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!**