It is our mission:

To serve as a leader in advancing professionalism in Emergency Medical Services and promoting effective, efficient pre-hospital care by designing and delivering high quality, cost effective initial and continuing education which prepares members of the pre-hospital care team for competent practice as clinicians, educators, and administrators in the Emergency Medical Services system.
DEL MAR EMS PROGRAM

EMS Checklist

Student Info
Name: ________________________________ Class Date: ________________________________
EMT or Paramedic: ________________________________ Semester: ________________________________

First Day
☐ Provide student with Syllabus
☐ Signed Contract of agreement of syllabus

Required Info
☐ Completed
- High School Diploma
- GED
- Reading level _____
- Writing level _____
- Math level _____
- Over 18 yes or no
- Student Information form
- Student agreement
- Application
- Health Form
- Degree Plan
- Progress report
- Grades
- Skills Sheets w/ final checklist

Clinical paper work
- Basic _________
- Clinical 1 _________
- Clinical 2 _________
- Clinical 3 _________
- Clinical Syllabus agreement
- Community Service
- Hours _________ total amount

Miscellaneous
- Grade change forms
- Disciplinary forms

Student Info
Email ____________________________ Student phone ____________________________ Emergency Contact: ____________________________
SS# ____________________________ Student ID# ____________ Birthdate: ____________

Completion Info
Completion of Skills: ____________________________ Exit Exam Date: ____________________________
NREMT EMT-Basic cert: ____________________________ NREMT Paramedic cert: ____________________________
State EMT#: ____________________________ State Paramedic#: ____________________________
Survey completed: ____________________________ Course Completion Number: ____________________________

Revised August 2017
Thank you for your interest in the EMS Program offered by the Emergency Medical Services Professions (EMSP) Program. We strive to consider all applicants in a fair and consistent manner. The application process is structured in a manner that allows us to assess your ability to perform well in the program. This packet describes the steps involved in completing the application.

The program to which you are applying is both mentally and physically challenging. Because of the unique environment in which paramedics function, it is important to have a good understanding of the demands of the profession. A copy of the Functional Position Description is attached. Please review it carefully to assess your ability to perform the essential job functions of the profession. **If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student please contact the EMS Professions Program as soon as possible.** While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete **ALL** of the programs requirements, either with or without reasonable accommodations. You should also be aware that the Texas Department of State Health Services and the National Registry of Emergency Medical Technicians administers a separate process from the one used by Del Mar College for determining whether accommodations for disabilities will be granted during the certification examination. Therefore, a student who receives an accommodation from Del Mar College has no guarantee of receiving an accommodation for the National Registry certification process.

Del Mar College and the EMS Professions Program do not discriminate on the basis of race, color, religion/creed, age, gender, disabiling conditions, handicaps or national origin. To be admitted to the EMT or paramedic program, students must first meet the basic entrance requirements of Del Mar College. However, admission to Del Mar College does not constitute automatic acceptance into the EMS Professions Program.

This packet also includes a list of the program’s prerequisites and application process as well as the necessary forms for admission to the program. You should consult the checklist at the bottom of the form to ensure your application is complete. We do **NOT** accept incomplete applications. If you have any questions, please contact us. We will be happy to assist you.

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EMS Program  
Del Mar College  
101 Baldwin Blvd.  
Corpus Christi, TX 78404-3897  
Phone 361-698-1895

Revised August 2017
PREREQUISITES

Applicants must meet the following prerequisites to be considered into the paramedic/intermediate program:

1. High school graduation or a GED (unless a dual-credit high school student)

2. All new students are required to take a placement test to determine if developmental courses are needed in reading, writing, English and mathematics as required by the Texas Success Initiative (TSI). The following examinations all qualify to satisfy the TSI requirement:
   - ACT
   - TAKS
   - SAT

   The above exemptions may be used within a 5 year period of enrollment. Completion of placement testing, TSI, ACT or ACT must meet for the program

   Reading level -3
   Writing and English Level -3
   Math Level -2

3. Acceptance to Del Mar College

4. Completion of the Del Mar College Emergency Medical Services Professions Program Admissions Packet

5. Completion of the Student Health Form by a physician

6. Verification of immunization against tetanus, diphtheria, mumps, measles, rubella, Hepatitis B, pertussis and varicella.

7. Negative results from a tuberculosis skin test or chest x-ray performed within the 12 month prior to the end of the semester of enrollment

8. Proof of successful completion of the American Heart Association’s Basic Life Support for Health Care Providers or an equivalent course approved by the Program, within the previous year.

9. Current criminal background check

10. Proof of personal health insurance

Revised August 2017
ADMISSIONS PROCESS

1. Carefully review the Functional Position Description. This document describes the physical and mental tasks the EMS profession requires. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the EMS Professions Program as soon as possible.

2. Review the Del Mar College Emergency Medical Services Professions program Mission Statement. This document describes the program's commitment to quality education of competent pre-hospital care providers.

3. Apply to Del Mar College.

4. Contact the Testing Center at 361-698-1645 and schedule to take the required placement exams. (Students who completed their EMT-Basic training at DelMar College have already taken the placement exams; however they may choose to re-test in order to raise their Reading, Writing, or Math (REM) scores if they must be a Reading 3, English 3, and Math 2).

5. Submit the following required documents:
   a. Completed Program Application.
   b. Completed Application Essay.
   c. Copies of all relevant academic transcripts: high school, college or university, military service schools, and other (proprietary schools). Your college transcript must reflect successful completion of an introductory Human Anatomy & Physiology course. If you are enrolled in this course at the time you make application, attach a statement to this effect.
   d. A current resume or curriculum vitae showing your work history with emphasis on EMS or other healthcare experience.
   e. Documentation of current EMT-Basic certification (Advanced applicants only). Students who currently are enrolled in an EMT-Basic course or who are engaged in the credentialing process should attach a statement to that effect (Advanced applicants only).
   f. Proof of successful completion of the American Heart Association’s Basic Life Support for Health Care Providers, or an equivalent course approved by the Program, within the previous year.
   g. Completed Student Health Form. This form must be completed by your physician and returned to the Program as a means of verifying that your health will permit you to meet the technical requirements defined by the Functional Position Description, either with or without reasonable accommodations.
   h. Verification of immunization against tetanus, diphtheria, mumps, measles, rubella, hepatitis B, pertussis varicella and chickenpox. Immunization against hepatitis A is recommended but NOT required.
   i. Negative results from a tuberculosis skin test or chest x-ray performed within the 12 months prior to the end of the semester of enrollment.
   j. Current criminal background check. (Certain criminal convictions, either felony or misdemeanor, may prevent candidates from being certified by the Texas Department of State Health Services.) If the applicant completed their EMT-Basic through Del Mar College within past calendar year, their background check will be on file. If the applicant did not complete their EMT-Basic at Del Mar College, they must contact the Clinical Coordinator to complete the criminal background check.
   k. Proof of personal health insurance.
   l. Submit your complete admissions application with all accompanying documents to the EMS Professions Program.
   m. We will NOT accept incomplete applications.
      Please retain copies of all documents you provide as part of the admissions process. Employers frequently require similar documents as part of their application process.
*The EMS Professions Program does NOT routinely provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files.

Revised August 2017
EMT-Emergency Medical Technician
The EMT must demonstrate competency in handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum. The course shall include at least 176 clock hours of classroom, laboratory, 96 hours of clinical and field instruction which shall include supervised experiences in the emergency department and with a licensed EMS provider and other settings as judged appropriate by the Program Director.

Advanced Emergency Medical Technician
The minimum curriculum shall include all content required by the portions of the current national paramedic education standards and competencies as defined by the DOT which address the following areas:

* roles and responsibilities of the paramedic;
* well-being of the paramedic;
* illness and injury prevention;
* medical/legal issues;
* ethics;
* general principles of pathophysiology;
* pharmacology;
* venous access and medication administration;
* therapeutic communications;
* life span development;
* patient assessment;
* airway management and ventilation, including endotracheal intubation; and
* trauma
* operations

The course shall include at least 272 clock hours of combined classroom, laboratory, clinical and field instruction which shall include supervised experiences in the emergency department and with a licensed EMS provider and other settings as judged appropriate by the Program Director. In addition, the information contained in the FEMA document entitled "Recognizing and Identifying Hazardous Material" shall be part of the course curriculum. Manual external defibrillation is an optional course skill.

Emergency Medical Technician Paramedic
A minimum curriculum shall include all content required by the current national paramedic education standards and competencies as defined by the DOT.

The course shall consist of at least 1152 clock hours of combined classroom, laboratory, clinical and field instruction that shall include supervised experiences in the emergency department and with a licensed EMS provider and other settings as judged appropriate by the Program Director. In addition, the information contained in the FEMA document entitled "Recognizing and Identifying Hazardous Material" shall be part of the course curriculum. Manual external defibrillation is a required skill. Certification as an EMT basic is required as a prerequisite to this course.

Description of Tasks:
Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient or stabilize injuries.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department. Observes patient in route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Moves the patient into the emergency facility from the ambulance. Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.

Maintains familiarity with all specialized equipment. Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.
The Emergency Medical Services Professions Program at Del Mar College offers courses that lead to certification as an Emergency Medical Technician (EMT); Certified Advanced EMT (A-EMT); Certified Paramedic (EMT-P); and Licensed Paramedic (LP).

To be eligible to take the National Registry Exam for Emergency Medical Technician, the student must successfully complete EMSP 1501 (Emergency Medical Technician) and EMSP 1160 (Clinical).

EMSP 1501 is the didactic (classroom) portion of EMT training in which students learn the theories, concepts, behaviors and skills necessary to become competent Emergency Medical Technicians.

In EMSP 1160, the student will participate in clinical rotations in the Emergency Department, Labor & Delivery and Intensive Care Units of local hospitals. The student will also ride out with a 911 emergency ambulance provider.

Students who plan to continue toward Paramedic should also enroll in BIOL 2401 (Human Anatomy & Physiology I)

Pre-requisites
Application-Prospective students MUST submit a COMPLETES application and be accepted into the program. Dates are available online or by contacting the office.

CPR-Students enrolling in the EMT course must have a current American Heart Association Healthcare Provider CPR card. A CPR course is approximately $50.00

JCAHO Requirements-The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that all students participating in clinical rotations in a JCAHO accredited hospital must meet all requirements of employees of that hospital, therefore, prior to starting clinical rotations, the EMT student must:

- Submit documentation of a negative Tuberculosis test performed no more than 12 months prior to the end of the semester. Students who prove to be “positive” for TB may have to delay starting their clinical rotations until they are determined to be non-infectious. (approx.. $15.00)
- Submit documentation of completion of the Hepatitis B series of inoculations.
- Submit immunization records verifying current vaccination for the following:
  - MMR(2) – Measles, Mumps, Rubella
  - DPT-Diphtheria, Pertussis, Tetanus (within the past 10 years)
  - Varicella
  - Influenza (Fall Semester Only)

*If the student has immunity as a result of contracting the disease, the student must provide dates when the disease manifested. *

Fees for immunizations or immunization records vary. Please check with your physician or the Health Department

Criminal History
The Texas Department of Health does not allow persons who have been convicted of certain misdemeanors and/or felonies to be certified. Prospective students, who have been convicted of, pled guilty to, received court-ordered probation, received a deferred, adjudicated or sentence for any felony or misdemeanor (excluding minor violations such as speeding or parking) should contact the EMS Program Director. The Program Director will be able to assist the prospective student in ascertaining whether the student can be certified.

- Note: It is policy of the Corpus Christi Fire Department that persons with felony convictions (no matter the degree) are not allowed to perform clinical rotations with the Fire Department. This policy could adversely affect a student’s ability to complete. Please inform your program advisor or the Program Director of any felony
convictions.

- Successfully complete a drug screen (approx. $32.00) (Submit after the first clinical meeting).
- Submit a criminal background check (approx. $35.00) (Submit with application packet).

***Must use company designated by EMS Program***

**Tuition & Fees**

The cost of the course varies depending on the residential status. Students who do not reside within the Del Mar College taxing district are required by State law to pay an additional out-of-district or out-of-state fee for classes. Please contact the Business office for more information. Tuition and fees do not include books, equipment or uniforms.

**Textbooks**

**EMT-Basic**

**New**: EMT-Basic book along with the Preferred Access of Navigate 2 with FISDAP
EMT 11e Nav 2 (print)
Preferred package (paperback book) ISBN 978128107029

**Required with used book**: Preferred Access of Navigate 2 with FISDAP
EMT 11e Preferred Digital Supplement ISBN 9781284131703 through JBLearning.com

**Equipment & Supplies** – Student admitted into the program be required to purchase the following equipment:

<table>
<thead>
<tr>
<th>Clinical Uniform &amp; Equipment</th>
<th>Blood Pressure Cuff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Shirt (x2)*</td>
<td>Analog watch with second hand</td>
</tr>
<tr>
<td>Clinical Shirt (x2)*</td>
<td>Bandage shears</td>
</tr>
<tr>
<td>Dark blue or black pants</td>
<td>Penlight</td>
</tr>
<tr>
<td>Black shoes or boots**</td>
<td>EMS Testing Software</td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
</tr>
<tr>
<td>Safety goggles</td>
<td></td>
</tr>
</tbody>
</table>

*Available at Stitch It Embroidery & Screen Printing, 4333 S. Alameda, 361-992-2006

**Plain, unornamented black leather top shoes or boots - Athletic shoe styles are acceptable if they are a solid black and have an upper surface made from impermeable leather or leather-like material. Only round-toed boots are allowed. More information on uniforms and equipment can be found in the Clinical/Practicum Handbook.

**Registration/Certification Fees**

Upon successful completion of the EMT program, the student will be eligible to take the National Registry of Emergency Medical Technicians (NREMT) examination. Successful completion of the National Registry of the examination may qualify the student to achieve Texas Department of State Health Services (TDSHS) certification. The NREMT and the TDSHS charge fees for the exam, registration and certification. Please check with your program advisor for current fee. These fees are NOT included in the DMC tuition.

**Contact**

You may contact the Emergency Medical Services Professions office at 361-698-1895.
DEL MAR COLLEGE
EMERGENCY MEDICAL SERVICES PROFESSIONS
A-EMT & PARAMEDIC
PROGRAM INFORMATION

The Emergency Medical Services Professions Program at Del Mar College offers courses that lead to certification as an Emergency Medical Responders (EMR); Emergency Medical Technician (EMT); Advanced Emergency Medical Technician (A-EMT); Certified Paramedic (EMT-P); Licensed Paramedic (LP)

Pre-requisites
Application- Prospective students MUST submit a COMPLETE application and be accepted into the program. Dates are available online or by contacting the office.

CPR – Students enrolling in the Paramedic program must have a current American Heart Association Healthcare Provider CPR card. A CPR course is offered at the first of the semester for those who do not have a current card. The fee for the course is approximately $50.00.

EMT-Basic Certification – To be eligible to enroll in the Paramedic program students must have successfully completed EMSP 1501 (Emergency Medical Technician – Basic) and EMSP 1160 (Clinical) and must be certified by the Texas Department of State Health Services as an Emergency Medical Technician – Basic.

JCAHO Requirements - Prior to starting clinical rotations, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that all students enrolling in the Paramedic program must:

- Submit documentation of a negative Tuberculosis test performed no more than 12 months prior to the end of the semester. Students who prove to be “positive” for TB may have to delay starting their clinical rotations until they are determined to be non-infectious.
- Submit documentation of completion of the Hepatitis B series of inoculations. Students who are unable to complete the series before the beginning of clinical rotations may contact the Clinical Coordinator for exceptions.
- Submit immunization records verifying current vaccination for the following:
  - *2 MMR – Measles, Mumps, Rubella
  - DPT – Diphtheria, Pertussis, Tetanus (within past 10 years)
  - *Varicella or proof of virus
  - Influenza (Fall Semester Only)
- Successfully complete a drug screen (approx. $32.00) (Submit after the first clinical meeting.)
- Submit a criminal background check (approx. $35.00) (Submit with application.)

*Bacterial Meningitis Vaccination – In addition to the vaccinations required by JCAHO, the Texas Legislature requires new and transfer students entering a college or university who are under age 30 to show proof they’ve been vaccinated against meningitis in the previous five years. The requirement doesn’t affect students who only take courses online. The measure applies to students entering college as of January 1, 2012. Effective October 1, 2013, the age has been lowered. Only students 21 and younger are required to get the vaccination. A student may opt out of this vaccine if a doctor says the vaccine would be harmful to the student or if a student cites reasons of conscience for not being vaccinated, including religious reasons. The Clinical Coordinator will inform enrolling student where/how these requirements may be met.

Criminal History
The Texas Department of Health does not allow persons who have been convicted of certain misdemeanors and/or felonies to be certified. Prospective students, who have been convicted of, pled guilty to, received court-ordered probation, received a deferred adjudicated, or adjudicated sentence for any felony or misdemeanor (excluding minor violations such as speeding or parking) should contact the EMS Program Director. The Program Director will be able to assist the prospective student in ascertaining whether the student can be certified.

Revised August 2017
• **NOTE:** It is the policy of the Corpus Christi Fire Department that persons with felony convictions (no matter the degree) are not allowed to perform clinical rotations with the Fire Department. This policy could adversely affect a student’s ability to complete. Please inform your program advisor or the Program Director of any felony convictions.

• **NOTE:** It is the policy of Driscoll Children’s Hospital that persons with a felony convictions of a violent nature (no matter the degree) are not allowed to perform clinical rotations at the hospital. Persons with this type of conviction will, therefore, not be able to complete the program and should not begin the paramedic program.

**Tuition & Fees**
The cost of the course varies depending on residential status. Please look in the current Schedule of Classes or contact the Business office for information. Tuition and fees do not include books, equipment, or uniforms.

**Textbooks**
- **New:** Nancy Caroline 7e Preferred Package with Access of Navigate 2 and FISDAP Nancy Caroline 7e Nav 2 (print), Enhanced Preferred, **ISBN 9781284128338**

- **Required with used book:** If you have a used book, you will need to also purchase Nancy Caroline 7e Nancy Caroline 7e Digital Supplement, **ISBN 9781284087406**

**Pediatric Advanced Life Support-American Heart Association**

**Prehospital Trauma Life Support-American Heart Association**

**Advanced Cardiovascular Life Support-American Heart Association**


**Equipment & Supplies** – Students admitted into the Program will need the following equipment:

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<td>EMS Testing Software</td>
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*Available at Stitch It Embroidery & Screen Printing, 4333 S. Alameda, (361-992-2006)

**Plain, unornamented black leather top shoes or boots – Athletic shoe styles are acceptable if they are a solid black and have an upper surface made from impermeable leather or leather - like material. Only round-toed boots are allowed.

More information on uniforms and equipment can be found in the Clinical Handbook.

**Enrollment**
Early and regular registration is held at the DEL MAR COLLEGE West Campus in the Department of Public Safety Education building (PS1-124). Please refer to the Del Mar College website for current dates. You may also contact the EMS Professions office (361-698-1895) for further details.

**Registration/Certifications Fees**
Upon successful completion of the EMT program, the student will be eligible to take the National Registry of Emergency Medical Technicians (NREMT) examination. Successful completion of the National Registry examination may qualify the student to achieve Texas Department of State Health Services (TDSHS) certification. The NREMT and the TDSHS charge fees for the exam, registration, and certification. Please check with your program advisor for current fees.

**Contact**
You may contact the Emergency Medical Services Professions office at 361-698-1895

Revised August 2017
Below are discounted ordering links to:


Application for admission to:

Emergency Medical Services Professions

EMT

Semester Requested (Check one):

☐ Fall  ☐ Spring  ☐ Summer  

Year: ____________

Del Mar College EMS Program does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability. Applications accepted year round.

Please Type or Print clearly. If there is a problem with your application or we need further information, you will be contacted using the information provided here. Please make sure it is correct.

Name: ___________________________________________  ___________________________________________

Last  First  Middle

Mailing Address: ___________________________________________  ___________________________________________

Number &Street  Apt/Suite  City  County  State  Zip

Home Phone: __________________________  Alternate Phone: __________________________

Social Security Number (required): __________________________

Date of birth: __________________________________________

DMC Student ID (required): __________________________

E-mail address: __________________________  (Print Legibly)

Upon completion of the Emergency Medical Services Profession Program, the candidate will be required to answer questions regarding felony convictions, or deferred adjudication as part of the application process for certification to the National Registry and the State of Texas. For questions regarding your background history, please look at the following websites for their evaluation procedure and contact information.

Texas Department of State Health Services, Criminal History Evaluation and EMS Investigations:

www.dshs.state.tx.us/emstraumasystems/Ohome.shtm

National Registry of EMT’s Felony Conviction Policy

www.nremt.org/about/policy_felony.asp

It is the student’s responsibility to:

Return this application by mail or in person to the DMC Public Safety Office at the West Campus

(4101 Old Brownsville Rd, Corpus Christi, TX 78404)

Additional information on the web:  www.delmar.edu  361-698-1895

Please note: Students must keep mailing address current with the Public Safety EMS office.

R6/17

For Office Use Only

Application Received: __________________________  Reviewed By: __________________________  Print Name and Phone Extension

Revised August 2017
Application for admission to:
Emergency Medical Services Professions

Advanced EMT & Paramedic

Semester Requested (Check one):

☐ Fall   ☐ Spring   ☐ Summer

Del Mar College EMS Program does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability. Applications accepted year round.

Please Type or Print clearly. If there is a problem with your application or we need further information, you will be contacted using the information provided here. Please make sure it is correct.

Name: ____________________________

Last First Middle

Mailing Address: ____________________________

Number & Street Apt/Suite City County State Zip

Home Phone: ____________________________ Alternate Phone: ____________________________

Social Security Number (required): ____________________________ Date of birth: ____________________________

DMC Student ID (required): ____________________________ E-mail address: ____________________________

(Print Legibly)

Upon completion of the Emergency Medical Services Profession Program, the candidate will be required to answer questions regarding felony convictions, or deferred adjudication as part of the application process for certification to the National Registry and the State of Texas. For questions regarding your background history, please look at the following websites for their evaluation procedure and contact information.

Texas Department of State Health Services, Criminal History Evaluation and EMS Investigations:

www.dshs.state.tx.us/emstraumasystems/Qihome.shtm

National Registry of EMT's Felony Conviction Policy

www.nremt.org/about/policy_felony.asp

It is the student's responsibility to:

Return this application by mail or in person to the DMC Public Safety Office at the West Campus
(4101 Old Brownsville Rd, Corpus Christi, TX 78404)

Additional information on the web: www.delmar.edu 361-698-1895

Please note: Students must keep mailing address current with the Public Safety EMS office.

R6/17

For Office Use Only

Application Received: ____________________________ Date ____________________________

Reviewed By: ____________________________ Print Name and Phone Extension ____________________________

Revised August 2017
Give information concerning high School(s) attended or G.E.D.:
Name of School          City/State
______________________________________________________________________________

Give information concerning college, university, vocational schools, allied health schools attended:
Name of Institution     City/State     Credits Earned
______________________________________________________________________________

You will be required to submit (1) unofficial transcript of all previous college credit institutions. This is separate from the official transcripts required by the DMC Admissions and Records Office.

List any licenses or certifications held, state of registry, and expiration date:
______________________________________________________________________________

Certain minimum physical abilities and characteristics are required in health science professions. See minimum technical skills standards for the program to which you are applying?

☐ Yes
☐ No, please, explain____________________________________________________________

____________________________________________________________

Del Mar College EMS Program requires a criminal background history on all students entering health sciences programs. Students will be responsible for the cost of the background check by DMC EMS vendor. Direct questions concerning the criminal history checks to Kellie Bird, Clinical Coordinator, 361-698-1724. Students are required to wait until applications are approved and you have been notified of acceptance before applying to the Criminal Background Check vendor.
The EMS student is required to attend clinical training in the hospital and/or field setting where he/she will be required to aid in the lifting and moving of patients to and from stretchers; push, pull and control the movement of machinery (i.e. oxygen cylinders, cardiac monitors, stretchers, etc.); perform CPR; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures as well as heart and lung sounds. The EMT-Basic student will have a minimum of 96 hours of field clinical. The Advanced EMT student will have a minimum clinical hour requirement of 192 hours of field clinical. The Paramedic student will have a minimum clinical hour requirement of 528 hours depending on their certification level.

Return To:  The Clinical Coordinator
Kellie Rieger, L.P.  AAS

Del Mar College EMS Program
4101 Old Brownsville Rd.
Corpus Christi, TX 788404
361-698-1895 Office
361-698-1870 Fax

Nondiscrimination Policy: Del Mar College EMS Program does not discriminate on the basis of race, religion, age, color, creed, national or ethnic origin, sex, marital status, political affiliation or disability (except where disability may be a factor in the occupational qualifications).
Student Name: ____________________________

Part I

**Physical Examination Form**

**Applicant:** Student is to complete this section only before visiting the doctor. Please Print Clearly.

Program: Emergency Medical Services

____ Basic  ____ ALS

**Name:**

First  Middle  Last

**Address:**

Street  City  State  Zip

SSN:  Birth Date: __________ / __________ / __________

Required for hospital codes and ID #

Month  Day  Year

Home Phone #__________________________  Cell Phone #__________________________

E-mail Address___________________________

Please check if you have, or have previously had, any of the following:

Yes  No  

Lung Disease  Diabetes

Persistent Cough  Fear of Closed Spaces

Heart Trouble  Smothering Sensation

Shortness of Breath  Defective Vision

Pneumonia  Ruptured Ear Drum

Abnormal Chest X-Ray  Glasses or Contacts

Recent Cold, Flu, Bronchitis  Heat Exhaustion or Stroke

Have you ever smoked?  Hearing Loss

Do you currently smoke?  Hearing Aid

Fainting or Seizures  Take Any Medications

High Blood Pressure  Other Condition That Might Affect

Progr8.11Performance

Please explain any yes answers: ____________________________

__________________________  ____________________________

**Note:** The student is required to maintain health insurance and/or be responsible for medical expenses incurred during a clinical rotation or field internship.

I hereby attest that the medical information supplied includes all medical conditions that would affect my participation in an EMS program. I authorize the release of current medical information on my medical history or current condition to clinical affiliates.

If false information is given, or if significant medical information is withheld, I understand I will be dismissed from the program.

Student Signature: ____________________________  Date: __________

Revised June 2017
Part II  

Physical Examination Form  

**Instructions**: Physician or official medical professional designee must complete this form and affix his/her official stamp at the bottom of the last page. Copies of lab reports, titers, etc. MUST be attached. All sections of the form must be completed.

**Physician**: Please complete and forward this record to the Clinical Coordinator at The Center for Emergency Medical & Safety Training, Inc. (address on the cover page).

1. Height: ____________________________
2. Weight: ____________________________
4. Vision: OD_________OS_________ OU_________
   Corrected? Yes ________ No
5. General Appearance: __________________________________________________________
6. Ears: _______________________________________________________________
7. Nose: _________________________________________________________________
8. Throat: ________________________________________________________________
9. Neck: _________________________________________________________________
10. Breasts: ________________________________________________________________
11. Chest: _________________________________________________________________
12. Cardiovascular System: _________________________________________________
13. Abdomen: ______________________________________________________________
14. GI System: ______________________________________________________________
15. GU System: ______________________________________________________________
16. CNS/Reflexes: ___________________________________________________________
17. Back: _________________________________________________________________
18. Extremities: ______________________________________________________________
19. Is there evidence of misuse of alcohol or use of illicit drugs? _____Yes _____No
20. Describe any conditions current being treated: _______________________________________
21. Allergies: _________________________________________________________________
Student Name: ____________________________

Part III

Immunization Record

Physician: The following immunizations and/or titer are required unless otherwise stated. A shot record must document all immunizations/titers. Titer results must be expressed in numerical values ATTACH COPIES OF ALL TITER RESULTS.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date #1</th>
<th>Date #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test (PPD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student must complete a 2-step PPD* prior to beginning the clinical experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*The second PPD should be completed 7-10 days after the first test is completed.</td>
<td>Date #1</td>
<td>Read _/<strong>/</strong></td>
</tr>
<tr>
<td>A single PPD test is required yearly.</td>
<td>Date #2</td>
<td>Read _/<strong>/</strong></td>
</tr>
<tr>
<td>If the student has documentation that they have received a PPD test in the past then only one PPD is required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Chest x-ray _/<strong>/</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps Rubella (Measles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (MMR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student must have proof of two (2) MMR vaccinations or documented proof of immunity shown by mumps, rubella, and rubella titers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If titer results do not indicate immunity, a MMR vaccination is required.</td>
<td>Date #1</td>
<td>Given _/<strong>/</strong></td>
</tr>
<tr>
<td>Note: To reduce expense, a MMR vaccination may be given in place of titer levels.</td>
<td>Date #2</td>
<td>Given _/<strong>/</strong></td>
</tr>
<tr>
<td>Mumps Titer Date: _/<strong>/</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immune? Result: _</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer Date: _/<strong>/</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immune? Result: _</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of immunization or a Varicella titer is required prior to beginning the clinical experience. Physician documentation of history of chickenpox is acceptable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the Varicella titer is negative, the student is required to obtain the series of Varicella vaccinations (two Varivax vaccinations) unless contraindicated by medical status or by pregnancy. Physician documentation is required.</td>
<td>Date #1</td>
<td>Given _/<strong>/</strong> (if applicable)</td>
</tr>
<tr>
<td>Varicella Titer Date: _/<strong>/</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immune? Result: _</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza/H1N1 (Seasonal Flu)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All students are encouraged to have the seasonal flu vaccine yearly.</td>
<td>Date Given: _/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The series must be completed before beginning the clinical experience. If the series is not completed or the student wishes to refuse the vaccination series then a declination form must be signed.</td>
<td>Dates of Vaccinations:</td>
<td></td>
</tr>
<tr>
<td>#1 _/<strong>/</strong> (1 month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2 _/<strong>/</strong> (2 month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#3 _/<strong>/</strong> (4-6 month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria Tetanus Pertussis (Tdap)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of vaccination must be provided before the clinical experience begins. If the student wishes to refuse the vaccinations then a declination form must be signed.</td>
<td>Td Date Given: _/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td>Tdap Date Given: _/<strong>/</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If you have any questions, please contact the Clinical Coordinator.**
Student Name:  
Part IV  

Technical Standards

To ensure patient safety and welfare, The Center for Emergency Medical & Safety Training, Inc. has established technical standards which must be met by the students.

Physician: Please consider the following technical standards when answering question number four (4) in Part V of the physical form.

Yes   No

☐   ☐   Sufficient Eyesight: to observe patients, read patient records, manipulate equipment and accessories. Visually monitor patients in dim light, view monitor screens, see distinct colors.

☐   ☐   Sufficient Hearing: to communicate with patients and other members of the healthcare team, monitor patients via audio monitors, hear background sounds during equipment operations.

☐   ☐   Satisfactory speaking, reading, and writing skills: to effectively and promptly communicate in English.

☐   ☐   Sufficient gross and fine motor coordination: to manipulate equipment and accessories, lift a minimum of 35 pounds; to stoop, bend, or promptly assist a patient who becomes unstable.

☐   ☐   Satisfactory physical strength and endurance: to move immobile patients to or from a stretcher or wheelchair, work with arms extended overhead, stand in place for long periods of time, and carry 20-25 pounds while walking. EMS applicants must be able to lift, carry, and balance 125 pounds.

☐   ☐   Satisfactory intellectual and emotional functions: to ensure patient safety and exercise independent judgment and discretion in the performance of assigned responsibilities.

Remarks:______________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Student Name_____________________________________________________________  ID#

Part V

Physical Examination Form

Physician: Fill in pertinent information regarding the applicant including comments where required.

1. Is there anything in the applicant's past medical history that would preclude his/her successful completion of an EMS program?  Yes  No
   Comments:

2. After reviewing the questions in Part IV, does this applicant have any physical or mental condition or disability which would prevent him/her from attending this program?  ____Yes  ____No
   If yes please explain:

3. Does this person have any medical condition that would prevent them from meeting the technical standards of this program indicated in Part IV?  ____Yes  ____No
   If yes please explain:

4. After examination does this applicant have any evidence of illness or injury which would prohibit participation in the hospital clinical or field internship Components including use of an OSHA approved HEPA respirator?  ____Yes  ____No
   If yes please explain:

I have this date given.__________________________________________ a careful physical examination and found him/her to be in____________________________health.

Signature:_________________________________________________________  Date:_____/_____/_____

M.D. or Official Medical Professional Designee

Print Name:__________________________________________________________

M.D. or Official Medical Professional Designee

Street Address

City  State  Zip

Telephone

Official Stamp
Please answer the following question: “What are the traits and characteristics that all exceptional EMT Personnel should possess?” Your answer should be at least 250 words in length. Respond in the space below in your own handwriting (please do NOT type).
DEL MAR
COLLEGE EMS
PROFESSIONS

CONFIDENTIALITY STATEMENT

I agree to hold as strictly confidential all information regarding patient, personnel, and/or student records, communications, and activities and all other information made confidential by law or DEL MAR COLLEGE policy, to which I have access or obtain as an employee, student, agent, representative or affiliate of DEL MAR COLLEGE.

I agree that I will not read or otherwise gain access to such confidential information except as required to perform my duties and responsibilities at DEL MAR COLLEGE. Further, unless disclosure is authorized or required by law, I agree that I will not disclose any such confidential information now, or at any time in the future, either directly or indirectly, except as required to perform my duties and responsibilities at DEL MAR COLLEGE and then only to the extent disclosure is consistent with the authorized purpose for which the information was obtained.

I agree to handle all confidential information, whether written, computerized, oral, or in some other form, in such a way that it shall not be inadvertently revealed or disclosed to any other person. Except as authorized by my responsibilities and duties, I agree that I will not maintain for my files any permanent record that contains confidential information and will provide for the complete destruction of any rough drafts or unofficial copies of confidential information.

I acknowledge and agree that any breach of the Confidentiality Agreement by me may result in disciplinary action which may include immediate termination of my employment or affiliation with DEL MAR COLLEGE; further, I understand that such a breach may result in legal action.

The term of this Confidentiality Agreement are effective immediately and apply to all confidential information I have attained in the past as well as future information. I understand that this document will become a part of my personnel and/or student record.

_________________________________________  __________________________
Signature of Employee/Student/Affiliate          Date

_________________________________________  __________________________
Print Name                                      Witness
Order Instructions for
Del Mar College - EMS Professions

1. Go to https://mycb.castlebranch.com/
2. In the upper right hand corner, enter the Package Code that is below.
   Package Code-DE48: Background Check

About

About Castle Branch

Del Mar College - EMS Professions and Castle Branch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way you will find more detailed instructions on how to complete the specific Information requested by your organization. Once the requirements have been fulfilled; the results will be submitted on your behalf.

Order Summary

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castelebranch.com/help for further information.
Office of College Relations

PHOTO/IMAGE/VOICE/TALENT RELEASE

For and in consideration of my image and testimony as part of Del Mar College's video and/or print production for said project, I hereby expressly grant to Del Mar College and its employees, agents and assigns, all rights to use my image, photographed, filmed or videotaped, for producing materials for promotional, instructional, advertising and/or public relations purposes. I further grant Del Mar College the use of my testimony, if procured during said project, without restriction to the finished product with regard to copy, use of image.

With my signature on this form, I hereby certify and represent that I have read and understand that any material produced in connection therewith may be used without restriction and becomes the sole property of Del Mar College for unlimited use and an unrestricted period of time.

I fully understand the meaning and effect thereof of the terms explained on this form and intending to be legally bound, I have hereby set my hand this ___ day of _____________________________.

Month Year

Project: ____________________________________________________________________________

Printed Name: ________________________________________________

(Print Name of individual featured in print or video production)

Parent or Guardian: ______________________________________________

PRINT NAME (Required for minor student under 18)

Signature: __________________________________________________________________________

Address: ____________________________________________________________________________

Street Address or P.O. Box City, State and Zip

Phone: _________________________________________________________________

Area Code Number

Email: ____________________________________________________________________________

I hereby release, discharge, and agree to hold harmless Del Mar College District, its employees, legal assigns and representatives, and all persons acting under Del Mar College District's permission or authority from any liability for any use of my image or testimony as identified herein.
Del Mar College
EMS Professions
Student Information

Name: ____________________________   DOB: ____________________________
Address: __________________________  Student ID# ________________________
City: ________________________________  State: ___________  Zip: __________

Contact information:
Home: ________________________________  Work: _________________________
Cell: ________________________________
Email: ________________________________

Emergency Contact:
Name: ________________________________  Relation: _________________________
Home: ________________________________  Work: _________________________
Cell: ________________________________

Semester: ____________________________  Course number: __________________
1) If you have not or are not sure that you have applied to Del Mar College, please go to applytexas.org and make sure you have been accepted into the college. This process takes 7-10 days.

2) Your R.E.M. (Reading, English, Math Level) must be at a 3, 3, 2 level. If you are not currently at these levels, you may take the TSI test (times, phone number and address included in the packet) or remedial classes to bring those levels up.

3) Make sure that you are cleared by admissions for any holds you may have on your record. This makes the process a whole lot smoother for you in the end.

4) Make sure to read and complete each form and/or instruction included in the packet regarding either EMT or Paramedic, whichever applies to you.

5) Finally, after completing all these steps, return your packet by the EMS Program deadline.

Thank you!
I, __________________________, am participating in the Fire Department’s Emergency Medical Services Ride-Along Program. I am observing emergency medical services as it is provided by the Fire Department. I understand that emergency responders work in hazardous environments and perform their job under dangerous conditions. I hereby agree not to sue the City of Corpus Christi if I am injured in any manner while participating in this program. I will hold the City of Corpus Christi harmless from all monetary damages, including punitive damages, imposed by any lawsuit file related to any injury I may receive while participating in this program. I understand that by signing this I give up all right to sue the Corpus Christi and any employee of the City of Corpus Christi.

________________________________________
PRINT NAME

________________________________________
PHONE

________________________________________
ADDRESS

________________________________________
CITY, STATE

Reason: __________________________________________________________________________

________________________________________
SIGNATURE

________________________________________
GUARDIAN SIGNATURE IN UNDER 18

________________________________________
DATE

ACKNOWLEDGEMENT

STATE OF TEXAS
COUNTY OF NUECES
This instrument was acknowledged before me on ________ day of ________________, 20____.

________________________________________    SEAL:
NOTARY PUBLIC, STATE OF TEXAS

Notary Name-Print: _________________________