Emergency Medical Technician



Application Packet

Class Options:

Tuesday and Thursday 10:00 am - 2:00 pm <u>OR</u> Monday and Wednesday 6:00 pm - 10:00 pm <u>OR</u> Tuesday and Thursday 6:00 pm - 10:00 pm

*ALL classes held at the Student Wellness Classroom building on CMU campus, 1060 Orchard Avenue

Last, First, MI (please print legibly)	CMU Student I.D 700 #	Date	Class Option from Above

Colorado Mesa University Tech- EMS Program
Student Wellness Center Building
1060 Orchard Avenue
Grand Junction, CO 81501
EMSprogram@coloradomesa.edu
(970) 248-1597 or (970) 248-1784
Revised 9/22/2023



Emergency Medical Technician

Application Checklist
NOTE: Current Colorado Mesa University (CMU) and CMU Tech college students please disregard this
checkbox and move to the next one. New students, Create an Account and complete the CMU Tech Application for Admission at: https://go.coloradomesa.edu/apply/ . On the application for admission, you should select either Emergency Medical Technician- Basic (Technical Certificate) OR Emergency Medical Technician- Paramedic (Technical Certificate) OR Associate's Degree in Emergency Medical Technician- Paramedic (Associate of Applied Science) as the Major, depending on what your end goal is. Request an official copy of high school transcripts, or G.E.D. scores, and request official college transcripts from all previous colleges attended and have them sent from that school directly to CMU. If the school is sending the transcripts via email, have them sent to admissionsprocessing@coloradomesa.edu If you are a resident of the state of Colorado, apply for the College Opportunity Fund here: https://www.coloradomesa.edu/cof/index.html Send proof of 2 MMR Immunizations to the Registrar's office Registrar@coloradomesa.edu
Complete an <i>online</i> background check through the Colorado Bureau of Investigation at www.cbirecordscheck.com (cost is approximately \$4.00 and results should be emailed to you)
Complete the EMT Program Application <i>including</i> your student I.D. number (700#) that will be issued upon acceptance to the school.
Submit the following documents together to EMSprogram@coloradomesa.edu or to the EMS Office in the Student Wellness Center classroom building (*retain a copy for your records): EMT Program Application page, including 700# CBI Background Check results
*After review of the EMT Program Application page and Background Check, you will be given permission to register in EMTS 101, EMTS 102, and EMTS 103 (All 3 classes are required, no exceptions) and notified by an EMS administrator or instructor that you may now register yourself in these classes.
BEFORE the start of the class, you *MUST submit the following or you will be removed from the courses. Please submit the following documents together to EMSprogram@coloradomesa.edu or to the EMS Office in the Student Wellness Center classroom building (*retain a copy for your records): Student Attestation of Competence Form Physical and Professional Capacity Assessment Form to be completed by a healthcare provider no earlier than 90 days prior to the start of class Panel Drug Screen (approximately \$45 from MCC Drug and Alcohol Screening) To be completed no earlier than 45 days prior to the start of class Proof of the following immunizations: Measles, Mumps, and Rubella (MMR) Tetanus Varicella Hepatitis B
2 separate TB skin tests completed 1 to 3 weeks apart. AFTER the start of classes, your instructor will direct you on obtaining/completing the following <i>requirements</i> :
— In this die start of classes, your instructor will affect you on obtaining/completing the following requirements.

- Liability Waiver
- Personal Professional Liability Insurance (approximately \$42 + tax)
- CPR cert through the American Heart Association, completed in your first week of class (\$10)
- Flu Shot from the correct season if attending a clinical between October and April
- Sign up for My Clinical Exchange (approximately \$35)

TECH

Additional Information

Estimated Program Expenses

	Estimated Flogram Expenses		
	Varies depending		
	on in-state or out-		
	of-state tuition		
Tuition, Course Fees, & Student Fees	classification		
Textbook- Emergency Care, 14th Ed, by Limmer			
-if obtaining from CMU bookstore (e-book only available)	\$200		
-if obtaining from other sources	varies		
Workbook for Emergency Care, by Murray Limmer	up to \$82		
Background Check	\$4		
5 Panel Drug Screen	\$45		
Professional Liability Insurance	\$45		
CPR Certification through AHA	\$10		
My Clinical Exchange	\$35		
Black EMT Style Pants	\$15 to \$75+		
Black non-porous shoes	\$30-90+		
EMT uniform shirt	\$22		

^{*}All costs are approximate and may vary by retailer and semester

Fall Semester is approximately mid-August to mid-December and Spring Semester is approximately mid-January to Mid-May. Your classes will be completed in only one semester. Please refer to the CMU semester calendar online for exact dates. After the end of the semester, you will need to register for and take your National Registry EMT cognitive exam (approximately \$105 as of 2023) to become a certified EMT who can practice in the field. Your instructor will review more information on this during your classes.

All students will take the same section of EMTS 101, EMTS 102, and EMTS 103 and must pass each course with a C grade or better.

Your classes will be held twice a week and will be held at the same time each week. Tuesday and Thursday 10:00 am - 2:00 pm \underline{OR} Monday and Wednesday 6:00 pm - 10:00 pm \underline{OR} Tuesday and Thursday 6:00 pm - 10:00 pm

*Students MUST be 18 years old by the start of the EMTS 103 class that typically starts in late October for the Fall semester and early April for the Spring semester.

ALL classes are held in-person during the above stated times with some additional online content required. Inperson classes are held at the Student Wellness Center classroom building on the main CMU campus at 1060 Orchard Avenue, Grand Junction, CO, 81501. These classes are NOT offered completely online.

For questions on the program or this secondary application contact any of the following: EMS Program (970) 248-1597 or (970) 248-1784, EMSprogram@coloradomesa.edu CMU Tech Student Services at (970) 255-2600



EMT Program Application

Class Option Preference- (select one)		Semester Preference- (select one)	
☐ Tuesdays and Thursdays, 10:00am to 2:00pm	O Fall (August to December)		
☐ Mondays and Wednesdays, 6:00pm to 10:00)pm	O Spring (January to May)	
☐ Tuesdays and Thursdays, 6:00pm to 10:00pm		Year:	
Full Legal Name:			
Last	First	Middle Initial	
Date of Birth:/	CMU I.D. (700#):		
Permanent Home Address:			
Address		City, State, Zip	
Current Mailing Address (if different than above): _	Address	City, State, Zip	
CMU email address:	@mavs.color	adomesa.edu	
Cell #:	Alter	nate #:	
Do you intend on pursuing the Paramedic Certificate	or AAS in Param	edic after EMT is completed? YES NO	
Do you have any previous healthcare experience?	YES NO	If yes, please explain:	
Briefly describe why you want to be an EMT:			



Student Attestation of Competence

*To be completed by the student

Applicant must complete this attestation form as required for admission to a CMU Tech EMS Program. Failure to complete the form will result in forfeiture of placement in the program.

The applicant must affirm, by initialing and signing, that they understand a student must be able to perform the listed essential fundamental duties with or without reasonable accommodation to participate in the clinical/lab courses in the EMS Department.

Professional	Competencies		
1.	Must demonstrate critical thinking and exercise good judgement in the classroom and clinical environment.		
2.	Demonstrate self-regulation and commitment to professional behavior.		
3.	Must collaborate professionally with all members of the health care team and academic community.		
Physical Dut	<u>ies</u>		
1.	Strength: must lift, push, pull; sufficient to move and carry equipment, transfer patients, and perform CPR. Gurneys are 75 lbs.		
2.	Mobility: must ambulate, bend, stoop, reach, and stand for long periods of time; coordination and balance sufficient to assist patients within confined spaces.		
3.	Fine motor skills: perform skilled procedures as directed and manipulate accessory equipment (example: tubes, gurneys, manikins, specialty equipment/devices).		
4.	Speech: must be able to communicate clearly and effectively.		
5.	Vision: must have sufficient vision (with or without correction) to perform required duties.		
6.	Hearing: must have sufficient hearing (with or without hearing devices) to perform required duties.		
	ed a reasonable accommodation to perform any of the above listed fundamental duties, contact the n Director, Pam Holder, at pholder@coloradomesa.edu.		
Student Signa	nture: Date:		
Student's Prin	nted Name:		



Physical and Professional Capacity Assessment Form

*To be completed by <u>healthcare provider</u> who must reference all fundamental duties listed on the *Student Attestation of Competence* Form

This *Physical and Professional Capacity Assessment* is to be completed by a Healthcare Provider and is *not* the same as your annual exam. This assessment is very specific to your abilities to perform as a CMU Tech EMT and/or Paramedic student and to assess if you can meet the requirements listed on the *Student Attestation of Competence* form. This initial assessment is required prior to the start of your EMT and/or Paramedic classes. The assessment must be completed *no earlier than* 90 days prior to the start of class.

Student Name:					
CMU ID (700#):	DOB:	Start Date of Class for			
		Program Admitted:			
	BE COMPLETED BY HEALTHCA				
I have verified that the individual examined is the named individual on this form. I find that this individual (please initial all that apply):					
is able to meet his/her/their clinical/lab obligations without reasonable accommodation.					
is able to meet his/her/th	eir clinical/lab obligations <u>WI</u>	<u>ГН</u> reasonable accommodation.			
Elaborate on substantial limitations of major life activities (if any)					
		_			
Date of exam:	Date of exam:Signature of Healthcare Provider:				
Printed name of Healthcare Provider:					
Name of Facility:					
Phone Number:					