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 <u>EMSprogram@coloradomesa.edu</u> (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: <u>https://go.coloradomesa.edu/apply/</u>. On the application for admission, you should select either *Emergency Medical Technician- Basic (Technical Certificate)* <u>OR</u> *Emergency Medical Technician- Paramedic (Technical Certificate)* <u>OR</u> 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 <u>directly</u> to CMU. If the school is sending the transcripts via email, have them sent to <u>admissionsprocessing@coloradomesa.edu</u>
- If you are a resident of the state of Colorado, apply for the College Opportunity Fund here: <u>https://www.coloradomesa.edu/cof/index.html</u>
- o Send proof of 2 MMR Immunizations to the Registrar's office <u>Registrar@coloradomesa.edu</u>

Complete an *online* background check through the Colorado Bureau of Investigation at <u>www.cbirecordscheck.com</u> (cost is approximately \$4.00 and results should be emailed to you)

☐ Complete the EMT Program Application *including* your student I.D. number (700#) that will be issued upon acceptance to the school.

☐ Submit the following documents *together* to <u>EMSprogram@coloradomesa.edu</u> or to the EMS Office in the Student Wellness Center classroom building (*retain a copy for your records):

- EMT Program Application page, including 700#
- o CBI Background Check results

*After review of the EMT Program Application page and Background Check, you will be given permission to register in EMTS 121, 122, 123, 124, 170 (All 5 classes are required, no exceptions) and notified by an EMS administrator or instructor that you may now register yourself in these classes.

<u>BEFORE</u> 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 <u>EMSprogram@coloradomesa.edu</u> 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
- 5 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.

<u>AFTER</u> the start of classes, your instructor will direct 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)



Additional Information

Estimated Program 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.

You will need to register into all of the following courses after permissions have been approved: EMTS 121, EMTS 122, EMTS 123, EMTS 124, EMTS 170

> You 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 <u>OR</u> Monday and Wednesday 6:00 pm - 10:00 pm <u>OR</u> 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, <u>EMSprogram@coloradomesa.edu</u> 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	Opm	O Spring (January to May)	
Tuesdays and Thursdays, 6:00pm to 10:00pm	m	Year:	
Full Logal Nama:			
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.colo	radomesa.edu	
Cell #:	Alter	nate #:	
Do you intend on pursuing the Paramedic Certificate	e 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 Duties

- 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.

If you will need a reasonable accommodation to perform any of the above listed fundamental duties, contact the EMS Program Director, Pam Holder, at pholder@coloradomesa.edu.

Student Signature: _____

Date: _____

Student's Printed Name:



*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:		
TO BE COMPLETED BY HEALTHCARE PROVIDER				
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 <u>without</u> reasonable accommodation.				
is able to meet his/her/their clinical/lab obligations <u>WITH</u> reasonable accommodation.				
Elaborate on substantial limitations of major life activities (if any)				
Date of exam:	Pate of exam:Signature of Healthcare Provider:			
Printed name of Healthcare Provider:				
Name of Facility:				
Phone Number:				