

Paramedic ! "#\$%\$%&'

What:

Evening paramedic program for currently certified Ohio EMTs.

When:

Monday-Friday evenings
Spring semester 2018 through Autumn Semester 2018.

Where:

COTC Knox Campus

Pre-reqs:

Ohio EMT Certification, Human Biology credit and Medical Terminology or equivalents.

Questions:

Kevin Reardon, Director – Institute for Public Services & Safety,
reardon.18@osu.edu or (740) 364-9564

Learn more:

cotc.edu/ems

cotc.edu

NEWARK · COSHOCTON · KNOX · PATASKALA

Education
that pays

Ranked #1 in Ohio by payscale.com



**Education
that *pays***

Ranked #1 in Ohio by [payscale.com](https://www.payscale.com)

Institute for Public Services & Safety
Emergency Medical Services Technology
Pataskala Campus Annex, Suite 1F
621 West Broad Street
Pataskala, Ohio 43062

Greetings –

COTC is pleased to the following EMS courses:

1. EMT classes are offered each semester in conjunction with our partners at CTEC of Licking County (Newark), Knox Technical Center (Mount Vernon), and the Ohio Fire Academy (Reynoldsburg).
 - a. Register for EMS-120 with a COTC Gateway Advisor and additional information will be provided.
2. PARAMEDIC Classes (one year) begin Spring Semester 2018 (January) on the KNOX campus in the evening.
3. **Accelerated full time paramedic class is offered starting 2nd term October 16, 2017 and finishing at the end of spring semester May 2018. This class meets full time Monday – Friday with commitments morning, afternoon, and evening from noon on Mondays until Friday after lunch. Dorms are available through our partnership with the Ohio Fire Academy.**

Additionally, currently certified Ohio Paramedics can apply for credit and pursue the AAS in EMS degree at COTC.

Note: Paramedic students must take BIO-121(Human Biology) or have credit prior to beginning paramedic classes unless they have previous college credit for an equivalent A&P type course. HLT-110 (Medical Terminology) is also required but may be taken concurrently the first semester of Paramedic if student already has BIO-121 or equivalent credit.

Anyone interested in our programs should first complete a COTC college application <https://apply.cotc.edu/> and then contact Gateway @ Pataskala: 740-755-7090 or Knox: 740-392-2526 or Newark: 740-366-9222 or Coshocton: 740-622-1408 or cotcadmissions@cotc.edu to schedule placement testing or review transcripts prior to beginning the EMS Application packet that is attached.

If you have any other questions, please do not hesitate to contact me.

Sincerely,

Kevin Reardon, M.A.
Director
Institute for Public Services & Safety
Central Ohio Technical College

8660 East Broad Street
Reynoldsburg, Ohio 43068

Office (740) 364-9564
Reardon.18@osu.edu

Check out the Institute for Public Services & Safety web page:

www.cotc.edu/publicservices



www.cotc.edu



How to apply for a COTC EMS program:

1. Apply to COTC @ <https://apply.cotc.edu/>
 - a. Designate **AAS in EMS** as your degree if you wish to earn the two-year degree that includes EMT and Paramedic. Designate **EMT Certificate** if you only wish to complete EMT or **Paramedic One Year OBR Certificate** if you only wish to complete paramedic classes.
 - b. Note – only applicant’s pursuing a two-year degree in EMS or One Year OBR Paramedic Certificate are financial aid eligible.
2. Submit ALL OFFICIAL high school and college transcripts to COTC
 - a. **Central Ohio Technical College
Records Office
1179 University Drive
Newark, Ohio 43055**
3. Contact a Gateway Advisor to schedule placement testing.
 - a. Newark: 740-366-9222
 - b. Coshocton: 740-622-1408
 - c. Knox: 740-392-2526
 - d. Pataskala: 740-964-7090
 - e. cotcadmissions@cotc.edu
4. If enrolling in EMS-120 (EMT Classes) your last step is to confirm you have registered for said class with a COTC Gateway Advisor, then to contact the partner agency for any additional details:

<u>CTEC of Licking County</u>	<u>Knox Technical Center</u>	<u>Ohio Fire Academy</u>
Earl Miller 740-364-2298 emiller@c-tec.edu	Mike Cronin 740-393-2933 x1101 mcronin@knoxcc.org	Heidi Stone (614) 752-7180 heidi.stone@com.state.oh.us

5. Paramedic Students should notify EMS Program Director via email reardon.18@osu.edu of your intentions to enroll and in what class and then complete application packet to EMS Program:
 - a. Physical Exam/Immunization Record – must be signed by your healthcare provider and include documentation of all immunizations as TB test results. You may attach documentation but must have HCP sign off on physical health to complete program. Exam is good for 12 months after completion.
 - b. Certifications – Use the provided form to record copies of your driver’s license, as well as any applicable EMT certifications or CPR certifications.
 - c. Mandatory drug screen – must pass a drug screen within 6 months of beginning program. Licking Memorial Company Care is the preferred provider and instructions are provided. If you select another provider the ORIGINAL SEALED results must be sent directly to COTC Records.
 - d. FBI National Background check – complete through the Newark Campus Security Office. Cost is \$35, pay at fees & deposits and take receipt to security office for background check. You may have completed through another authorized law enforcement agency but again must have the ORIGINAL SEALED results sent directly to COTC Records.
 - e. Shirt order forms – submit with application as well as bring a copy and your check for payment to the first day of classes.
6. Sign up for classes: Paramedic – first semester classes are EMS-200, EMS-280, and EMS-290.
 - Paramedic students must complete pre-requisite course BIO-121 (Human Biology) prior to starting paramedic along with HLT-110 (Medical Terminology).



Institute for Public Services & Safety

Paramedic Program Application

(This packet is for certified EMTs applying for paramedic classes)

Paramedic Cohort applying for entrance to:

Accelerated Paramedic Training – Application must be completed prior to September 28, 2017.

Spring 2018 – One year cohort meets evenings on KNOX Campus. (Application Deadline: December 8, 2017)

Documentation Requirements

Completed online or with gateway Advisor:

Application to COTC – Complete COTC Admissions Application form online. www.cotc.edu/apply

COTC Placement Assessments - Complete placements and any necessary pre-college courses, if applicable, **or** receive proof of COTC Placement Waiver eligibility.

Pre-college Coursework – C grade (2.00) or better in GENR-091 and MATH-080 or appropriate score on placement test.

Transcripts - **ALL** official transcripts from high school with graduation date indicated or GED documentation, and **all** current or up-to-date college transcripts with GPA indicated sent directly to the Gateway Student Records Office.

Completed before application deadline and results sent directly to COTC:

Background Check – (FBI) Documentation of *National FBI Background check* dated within 6 months of start of program (available at Newark Campus Security Office or original results must be mailed directly to EMS Program Office from conducting agency).

Pass Drug Screening – forms and various sites available, results sent directly to COTC, applicant pays testing site fee directly.

Completed and sent prior to application deadline:

Health History/Immunization Record

Copies of valid Ohio EMT certification, Driver's License, and AHA CPR for Healthcare Provider certification

Uniform order form – (Student must wear a **COTC EMS polo shirt** to all clinical sites. Student is also to be in COTC uniform shirt, black/blue pants, black shoes, watch w/second hand, COTC ID nametag, and stethoscope for class as well and may choose to order additional polo's or t-shirts/sweatshirts/job shirts to wear to class.)

Signed EMS Checklist Form – this form (two pages) turned into any COTC Campus Gateway or:

Central Ohio Technical College

Records Office

Hopewell Hall - Gateway

1179 University Drive

Newark, OH 43055

or electronically via signed PDF to cotcrecords@cotc.edu

(continued on next page)

College-Level Course Requirements – prior to enrolling in EMS-200/starting Paramedic Certificate (Must have proof of completion with “C” grade or better)

Human Biology – BIO-121 *or* college equivalent.

Medical Terminology – HLT-110 *or* college equivalent.

Pre-college Coursework – GENR-091 and MATH-080 *or* college equivalent/appropriate placement out of all pre-college reading, writing, and math coursework.

Certification of Truth Statement

I affirm that the information provided on this application, and any other information that I have submitted or will submit to Central Ohio Technical College in connection with the EMS admission process is complete and accurate. Because I want to be considered for selection into the EMS Program, I understand that each requirement must be completed and each document received or postmarked by the deadline date. I understand the submission of incomplete or inaccurate information, or falsifying information is sufficient cause for revocation of admission to the EMS program.

Full Name (PLEASE PRINT)	Date of Birth (MM/DD/YYYY)
Email address (COTC Preferred)	Home or Work Telephone
Email address (Other)	Cell
Home address	Social Security #
Signature	Date

EMS Agencies affiliated with: Paid FT Paid PT Volunteer Years of Experience: _____

Other employment: _____

Highest education completed:

High School Associate Bachelors Masters Name of School: _____

Reason for taking EMT classes:

Reason for choosing COTC:

Student Name _____ Student Date of Birth: _____ Page 1/3

Central Ohio Technical College
Institute for Public Safety
Emergency Medical Service

Physical Examination Form for Clinicals

To be completed by your Physician with signature and date.

EMS Students: Please have your Health Care Provider perform an examination and complete the statement below.

I have examined _____ on _____ and

have determined that there are no health related reasons which would prohibit this student from participating in the Central Ohio Technical College EMS Programs.

Physician Signature: _____ Date: _____

Physician Name (Printed w/title M.D. D.O.): _____

Address, Phone No.: _____

Certified Nurse Practitioner: _____

Allergies to Latex? Yes _____ No _____

Immunizations

Physicians:

- If a student has **never** received a TB skin test, or it has been longer than 12 months since the last test, a 2 Step Mantoux skin test is required.
- If a student has participated in annual TBB testing, the most recent results must be within 12 months of admission – otherwise a 2-step Mantoux is required.

If you, as a Physician, did not administer the 2 step TB skin test or the annual TB skin tests, please leave blank. **The student must provide the documentation for the TB skin testing.**

Tuberculosis: Documentation of 2 Step Mantoux test.

Tuberculosis Step 1:

Date given _____
 Date read _____
 Results: _____ mm Negative Positive

Tuberculosis Step 2:

Date given _____
 Date read _____
 Results: _____ mm Negative Positive

Annual TB Skin Testing:

Annual TB:

Date given _____
 Date read _____
 Results: _____ mm Negative Positive

Student Name _____

Student Date of Birth: _____

Date of prior annual TB:

Date Given _____ Date
read _____ Results: ___
mm Negative Positive

For known positive TB skin testing:

- A chest x-ray report showing no evidence of active disease is required.
- The student will also complete a TB screening questionnaire – this form may be obtained from the EMS Clinical Coordinator.

Other Immunizations

Physicians: Please fill out the immunizations dates that your office administered or are contained in your medical record. Otherwise, leave blank and the student must provide documentation to the EMS program.

MEASLES (RUBEOLA):

- **Must have documentation of 2 immunizations.**
- **Or must have documentation of immune status/titer.**

Immunizations:

Immune Status/Titer Results: Date: _____
Date #1 _____ Immune
Date #2 _____ Not immune

MUMPS

- **Must have documentation of 2 immunizations.**
- **Or must have documentation of immune status/titer.**

Immunizations:

Immune Status/Titer Results: Date _____
Date #1 _____ Immune
Date #2 _____ Not immune

RUBELLA:

- **Must have documentation of 2 immunizations.**
- **Or must have documentation of immune status/titer.**

Immunizations:

Immune Status/Titer Results: Date _____
Date #1 _____
Date #2 _____
Immune / Not immune

Student Name _____

Student Date of Birth: _____

CHICKEN POX (VARICELLA):

- Must have accurate year of disease by history.
- If unknown or no history of disease, must have documentation of 2 immunizations.
- Or must have documentation of immune status/titer.

Year of Disease: _____

Immunizations:

Immune Status/Titer Results: Date: _____

Date #1: _____

Immune

Date #2: _____

Not immune

HEPATITIS B:

- Must have documentation of 3 immunizations.
- OR provide evidence the student has started the series.
- Or must have documentation of immune status/titer.

Immunizations:

Immune Status/Titer Results: Date _____

Date #1 _____

Immune

Date #2 _____ Date

Not immune

#3 _____

Tdap

Tdap is a requirement. Documentation must be provided.

Tdap: Date: _____

Flu

Seasonal flu vaccine is a requirement. Documentation must be provided.

Seasonal flu vaccine: Date: _____

EMS Students will need to make two copies of all their health information. One set will be kept by the College and one set will be kept by the student in a secure location. Your health information will be kept securely and treated as private.

**Central Ohio Technical College
Institute for Public Safety
Emergency Medical Services**

EMS Program – Entry Certifications

Name: _____ **Date:** _____

Valid Driver's License:



Valid Ohio EMT or AEMT certification (must have):

National Registry Card (optional) :



Front and back of current valid AHA CPR for HealthCare Provider Card:



Central Ohio Technical College

Institute for Public Safety

EMS Program

Drug Screening Policy

Applicants to the Emergency Medical Services (EMS) Programs are required to test negative for drug and/or alcohol abuse before entering the Program. All test results, positive or negative, will be sent to the Director of the Institute for Public Safety. **All costs for testing are the student's responsibility.**

Any student/applicant who tests positive for drugs not medically prescribed for that student/applicant **will not** be permitted to enter the clinical setting or register for a practicum course. The admission and reapplication status of any non-paramedic student/applicant testing positive will be at the discretion of the Director of the Institute for Public Safety. Applicants/students in the paramedic program will be removed from the paramedic program and will not be permitted to apply/reapply to any COTC paramedic program.

Any applicant seeking admission to a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen will be removed from the course/program and at the discretion of the Director of the Institute for Public Safety may not be permitted to reapply to any public safety course/program.

Currently Enrolled Students

Any EMS instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggests impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to: poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be required to withdraw from the current quarter, will not be permitted to enter/return to the sequence of the paramedic courses and will not be permitted to apply/reapply to the paramedic program. At the discretion of the Director of the Institute for Public Safety other public safety students testing positive will be considered on a case by case basis.

Any student currently enrolled in a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated specimen will be removed from the course/program and at the discretion of the Director of the Institute for Public Safety may not be permitted to reapply to any public safety courses/programs.

Approved: 6/2006

Revised: 12/2011

Drug Screenings may be conducted by any licensed laboratory screening center but the original results must be sent directly to:

COTC Records
1179 University Drive
Newark, OH 43055

Licking Memorial Health Care offers drug screening:

Licking Memorial Company Care

Tamarack IV Building

1865 Tamarack Road

Newark, OH 43055

740.348.4972

Hours: 0730-1700 Monday – Friday

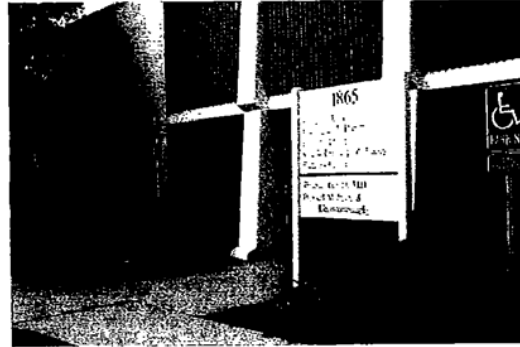
- **You do not need an appointment but do need to arrive at or before 1630 to ensure that there is enough time to complete the screening.**
- **This is NOT located at the main hospital complex.**

Cost: \$38.00 – student is responsible for the cost

**Directions to Licking Memorial Company Care
Tamarack IV
1865 Tamarack Road, Newark, Ohio**

From Columbus

- Take State Route (SR) 161 East to Granville
SR 161 turns into SR 16
- Turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)
- Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
- Follow SR 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)



From Cleveland

- Take I-71 South to State Route (SR) 13 South
- Take SR 13 South approximately 50 miles to SR 16 West in Newark
- Take SR 16 West approximately 4 miles to the Cherry Valley Road stoplight and turn left
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)



From Akron/Canton

- Take I-77 South to State Route (SR) 36 West (Exit #65)
SR 36 West will turn into SR 16 West
- Turn left (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)

From Zanesville

- Take State Route (SR) 146 West and turn left onto SR 16 West
- Continue through Newark and turn left (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)

From Lancaster

- Follow State Route (SR) 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road

From Cincinnati

- Take I-71 North to I-270 North (East) to I-70 East
- Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
- Turn left onto SR 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
Cherry Valley Road turns into Tamarack Road
(1865 Tamarack Road is on the right-hand side)
(1865 Tamarack Road is on the right-hand side)

SHIRT ORDER FORM-COTC EMS PROGRAM

****Bring first Day of Class

DATE _____

NAME _____ SCHOOL BRANCH _____

(PLEASE PRINT)

(Knox, Pataskala, Coshocton)

CELL PHONE # () _____ EMAIL _____

POLO SHIRT SMALL - XL \$19.00 2XL - 5XL \$21.00 (LADIES SIZES STOP AT 2XL)

SIZE _____ QUANTITY _____ MEN'S WOMEN'S

COLOR- NAVY TOTAL \$ _____

SWEATSHIRT SMALL - XL \$19.00 2XL - 4XL \$21.00

SIZE _____ QUANTITY _____

COLOR- NAVY TOTAL \$ _____

JOBSHIRT SMALL - XL \$52.00 2XL- \$54.00 3XL- \$56.00 4XL- \$58.00 5XL-\$60.00

SIZE _____ QUANTITY _____

COLOR- NAVY TOTAL \$ _____

SILK SCREENED T-SHIRT ALL SIZES \$14.00

SIZE _____ QUANTITY _____ TOTAL \$ _____

CASH, CHECKS AND CREDIT CARDS ACCEPTED. MAKE CHECKS PAYABLE TO "BLACK DOG APPAREL". 7.25 % STATE SALES TAX WILL BE CHARGED. PAYMENT MUST BE MADE IN FULL BEFORE RECEIVING YOUR ORDER.

Students paying with Credit Card will be contacted via text message for additional needed information.

PAID CASH CHECK # _____ ORDER SUB TOTAL \$ _____

CC TAX 7.25% \$ _____

OWES AMOUNT DUE _____ GRAND TOTAL \$ _____