EMT104 STUDENT CHECKLIST

*IMPORTANT INFORMATION REGARDING REGISTRATION*

ENROLLMENT FOR EMT104 CAN ONLY be completed by phone registration or in person at the PVCC campus. STUDENTS CANNOT register online for this course!

Students only have to complete steps 1 and 2 below in the "Before Registering for EMT104" section to register for EMT104. Students do not have to complete all the steps in this checklist before registering. Students must bring the required items on this list with them to the first day of class. If they do not have all the required documents within seven (7) days of the start date of the course, they will be dropped in order to receive a full refund.

For questions regarding eligibility to be an EMT in the state of Arizona with a criminal history, please call the AZ Bureau of EMS at 602.364.3186. Please note that PVCC is not authorized to answer any questions on this issue.

BEFORE REGISTRATION FOR EMT104:

1. ____ Students must register as a student at PVCC. Visit the Admissions & Records Office on campus in the KSC Building Welcome Center, log on to http://www.paradisevalley.edu/admissions, or call 602.787.7000.

2. ____ Students must satisfy one of the reading placement requirements. A 10th grade reading level is required for EMT104. STUDENTS MUST BRING A COPY OF THEIR SCORE ON THE FIRST DAY OF EMT104. For additional information, or to schedule test, contact the Testing Center at 602.787.7050.

**If using EMT104 towards an AAS degree students must have a reading placement test on file at PVCC.**

- AA Degree or higher
- AIMS: 720 or higher
- Nelson Denney: 10th grade or higher
- Accuplacer: 249 or higher (74/263 old score)
- Asset: 42 or higher
- Compass: 83 or higher

BEFORE THE START OF COURSE:

3. ____ Students must meet the physical history standards as determined by the AZ Department of Health Services Bureau of EMS. To complete this requirement, complete pages 3, 4 & 5 of this packet (descriptions below). These pages must be completed and turned in on the first day of class.

- Page 3 - Medical History Questionnaire (please fill out yourself or have a licensed physician fill out)
- Page 4 - Physical Exam form (only a licensed physician/RN can fill out this page)
- Page 5 - Immunizations/TB Test Record (only a licensed physician/RN can fill out this page)

4. ____ Students must possess a current & approved CPR certification by the first day of class. STUDENTS MUST BRING A PHOTOCOPY (FRONT & BACK) OF YOUR CARD ON THE FIRST DAY OF CLASS, NOT THE CARD ITSELF. Unfortunately, HeartSaver CPR/AED, Community CPR, & CPR for Lifeguards are not accepted, as they do not meet the level of certification required by the AZ Department of Health Services.

PVCC accepts the following cards (Issuer & Level of Training):

- American Heart Association: BLS for Healthcare Providers (Offered at PVCC as EMT101/HCC109)
- American Red Cross: Professional Rescuer
- American Safety and Health Institute (ASHI): CPR Pro (CPR for Healthcare Professionals)
- EMP International or EMP America: BLS PRO (Basic Life Support for Professionals)
- Green Cross or National Safety Council Professional Rescuer (NSC)
- Military Training Network (MTN) meets American Heart Association equivalency guidelines

5. ____ Purchase all required textbooks. We recommend purchasing a stethoscope & CPR/pocket mask (optional).

6. ____ Bring this packet signed and completed on the first day of class with all required additional papers. Please keep originals for own documentation and only submit copies to PVCC.
DURING & AFTER COURSE:

7. ____ Students will be required to dress in EMT uniform each class. Students will be required to purchase one (1) PVCC EMT uniform t-shirt (cost $10 per shirt). Students will have the opportunity to purchase shirts on first day of class. Dark blue/Navy shorts or long pants are highly recommended.

8. ____ Clinical Requirement: EMT students are required to document at least 10 patient contacts prior to the completion of EMT104. Students will enroll in EMT104AB (0.5 credit) to meet this requirement.
   - EMT104AB is an 8-hour class designed to provide simulated patient contacts in the pre-hospital setting. Students will be under the direct supervision of a preceptor and must submit documentation of at least 10 patient contacts and a preceptor evaluation of the student to their EMT104 instructor.
   - Students will be notified on the first day of EMT104 which EMT104AB section they will enroll in and when they can enroll. PLEASE DO NOT TRY TO ENROLL IN EMT104AB PRIOR TO THE START OF EMT104, AS STUDENTS WILL NOT HAVE THE REQUIRED PERMISSION!

9. ____ Students can be under 18 when they take EMT104, but they will have to be 18 in order to take the National Registry for EMTs exam. Students will have 2 years from the completion date of EMT104 class to pass the NRT exam to become a certified EMT. Cost to take the NRT exam is $80 and is subject to change ($70 test fee to the National Registry of EMTs and a $10 scheduling fee to Pearson Vue).

10. ____ Review and sign all disclosure documents. Attend each scheduled class day. Report unavoidable absences to EMT104 instructor as soon as possible, or call the EMT/FSC office at 602.787.6782.

11. ____ Attend each of the three (3) additional 8-hour course days on Saturdays/Sundays (two additional 8-hour courses if enrolled in the Saturday section). Dates will be given out on first day of the class.

12. ____ Successfully complete final practical skills testing with 80% or better, the final written exam with 80% or better, and have a cumulative grade of 80% or better for the course. After completion of this requirement, students will be approved to take the NRT exam. Students have to pass this exam in order to be eligible to be a nationally/state certified EMT. After successful completion of the NRT, students will need to submit an AZ DHS Application for EMT, NRT passing results and/or NRT certification, and their EMT104 course completion certificate to the AZ DHS offices in order to receive their AZ EMT Certification card.

I have completed all the necessary documents to bring to the first day of class and have read the requirements to pass the course. I also understand the requirements of the course are subject to change and it is my responsibility to receive those changes.

Student Name (please print): _______________________________________________

Student Signature: ________________________________________________________ Date: __________________

If under 18, you must have a legal guardian read all requirements and sign below:

Legal Guardian Name (please print): _________________________________________

Legal Guardian Signature: ________________________________________________ Date: __________________

Advisor Signature (signed on first day of class): _____________________________ Date: __________________
ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue Phoenix, Arizona 85007
CERTIFICATE OF MEDICAL EXAMINATION

NAME ______________________________________________________

SSN# ______________________________________________________

ADDRESS ______________________________________________________

CITY _______________________    STATE ______     ZIP ___________

HAVE YOU HAD OR DO YOU HAVE:

<table>
<thead>
<tr>
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<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>VISION OR HEARING PROBLEMS</td>
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<td>If Yes, Explain:</td>
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<td>HEART PROBLEMS</td>
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<td>If Yes, Explain:</td>
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<td>CHILDHOOD DISEASES</td>
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<td>If Yes, Explain</td>
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<tr>
<td>EPILEPSY, DIABETES, HIGH BLOOD PRESSURE, KIDNEY PROBLEMS</td>
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<td>If Yes, Explain</td>
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<td>BONE/JOINT DISEASE OR INJURY, BACK INJURY</td>
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<td>If Yes, Explain</td>
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<tr>
<td>SERIOUS INJURIES/MAJOR SURGERY, HERNIAS</td>
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<td>If Yes, Explain</td>
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<tr>
<td>MENTAL ILLNESS/NERVOUS DISORDER</td>
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<td>If Yes, Explain</td>
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<td>DRUG/ALCOHOL PROBLEMS</td>
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<td>If Yes, Explain</td>
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<td>LUNG DISEASE</td>
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<td>If Yes, Explain</td>
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<td>SKIN PROBLEMS/DISEASES:</td>
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<td>If Yes, Explain</td>
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I HERBY CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE __________________________________________ DATE __________
A State certified Emergency Medical Technician must be able to perform the following functions according to R9-13-802:

- Control hemorrhage and bandage wounds.
- Stabilize and splint fractures.
- Care for behavioral emergencies.
- Perform basic cardio-pulmonary resuscitation.
- Extricate, lift, move, position, and otherwise handle patients to minimize discomfort and additional injury.

BASED ON THIS PHYSICAL, DO YOU FIND ANY REASON WHY THIS PERSON CANNOT PHYSICALLY PERFORM THESE ACTIVITIES? YES______ NO_______

IF YES, PLEASE EXPLAIN: ________________________________________________________________

_________________________________________________________________________

PHYSICIAN NAME: ______________________________________________________ MD/DO/PA

(please print)

PHYSICIAN SIGNATURE: ______________________________________________________

ADDRESS: ________________________________
PARADISE VALLEY COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY (EMT)
IMMUNIZATION RECORD

Student Name

Physician, Physician’s Assistant, Nurse Practitioner, or RN Signature
OR
Attach a copy of a medical record/immunization card

REQUIRED: *Physician, PA, NP, or RN must initial below & sign above*

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Results</th>
<th>Doctor’s Initials</th>
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<tbody>
<tr>
<td><strong>1. TB Test:</strong> <em>Must be within 6 months of start date of course</em></td>
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<tr>
<td>Tuberculin Intradermal Skin Test (PPD)</td>
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<td>OR</td>
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<td>Chest X-Ray (optional)</td>
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<td><strong>2. PROOF of any ONE of the following:</strong></td>
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<td>Rubella Titer (German measles)</td>
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<td>Rubella Vaccine</td>
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<tr>
<td>Rubeola Titer (Measles)</td>
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<tr>
<td>Rubeola Vaccine</td>
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<td>M.M.R. Vaccine</td>
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<td><strong>3. Chicken Pox / Varicella:</strong></td>
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<td>If you have had the Chicken Pox, when was it (approximate month/year):</td>
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<td>Month: ____________ Year: __________</td>
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<td>OR</td>
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<tr>
<td>Varicella Titer (Chicken Pox)</td>
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<tr>
<td>Varicella Vaccine</td>
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<td><strong>4. Influenza Vaccination:</strong> <em>(optional)</em></td>
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<tr>
<td>Influenza Vaccine (Flu Shot)</td>
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<table>
<thead>
<tr>
<th>Location</th>
<th>General Information</th>
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<tbody>
<tr>
<td>Any Valley Concentra Location</td>
<td>Visit <a href="http://www.concentra.com">www.concentra.com</a> for clinic information.</td>
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</tbody>
</table>
| **Banner Thunderbird Occupational Health Clinic** | Open M-F, 7 am to 6 pm  
Bring immunization record with you. You can call the clinic and schedule an appt. |
| 5601 W. Eugie Ave, Suite 213                  | Glendale, AZ 85304                                                                  |
|                                               | 602.865.5618                                                                        |
| **Banner University Medical Center-Phoenix Occupational Health Clinic** | Open M-F, 7 am to 6 pm  
Bring immunization record with you. You can call the clinic and schedule an appt. |
| 1300 N. 12th St, Suite 520                    | Phoenix, AZ 85006                                                                    |
|                                               | 602.839.4456                                                                        |
| **Banner Estrella Occupational Health Clinic** | Open M-F, 6am to 10pm; Sat-Sun, 8am to 4pm  
Bring immunization record with you. You can call the clinic and schedule an appt. |
| 9305 W. Thomas Rd, Suite 235                  | Phoenix, AZ 85037                                                                    |
|                                               | 623.327.4100                                                                        |
| **Banner Desert Occupational Health Clinic**  | Open M-F, 6am to 10pm; Sat-Sun, 8am to 4pm  
Bring immunization record with you. You can call the clinic and schedule an appt. |
| 2225 W. Southern Ave                          | Mesa, AZ 85202                                                                       |
|                                               | 480.412.3275                                                                        |
| **Banner Gateway Occupational Health Clinic** | Open M-F, 6am to 10pm; Sat-Sun, 8am to 4pm  
Bring immunization record with you. You can call the clinic and schedule an appt. |
| 1920 N. Higley Rd, Suite 108                  | Gilbert, AZ 85234                                                                    |
|                                               | 480.543.3300                                                                        |