EMERGENCY MEDICAL TECHNICIAN PROGRAM INFORMATION

What is an Emergency Medical Technician?

Emergency Medical Technicians (EMTs) are essential members of the health care team who provide time sensitive care to patients. These individuals take the emergency department to people's homes, to highways and to other remote locations. EMTs bring life-saving equipment and knowledge to bear in an effort to reduce patient’s suffering and to save lives. Students will use lecture, laboratory and real world exposure to emergencies to learn the skills needed to care for the sick and injured in the out-of-hospital environment.

Prospective EMERGENCY MEDICAL TECHNICIAN:

The Sinclair Community College Emergency Medical Technician Certification Program is accredited by the Ohio Department of Public Safety Services, Division of Emergency Medical Services (Accreditation #326).

Students desiring Emergency Medical Technician certification must complete a 7 credit hour course. This 7 credit hour course consists of lecture sessions (EMS 1150) and one 4-hour lab session (EMS 1155) per week.

The student will be required to complete experience in both the Emergency Department and ambulance locations. Before students are eligible to begin clinical a physical, all required immunizations and BCI/FBI check must be submitted. Students begin clinicals during the 7th week of the course.

EMS 1150 – 5 Credit Hours
✓Offered day or evenings

EMS 1155 – 2 Credit Hours
✓Offered mornings, afternoons, or evenings

EMT PROGRAM APPLICANT: THE FOLLOWING PAPERWORK AND INFORMATION IS INCLUDED IN THIS PACKET

- **Required Paperwork to register for EMT class**
  - Apply to Sinclair Community College for admission to the college
  - EMS Entrance Application
  - Driver’s License
  - Evidence of adequate reading/writing skills

- **Additional Paperwork required within program**
  - Sinclair Community College National Webcheck® Criminal History Check request form
  - Student Health Certificate/Immunizations
  - Required Proof of Health Insurance for Clinical Experience

- **Other Information**
  - EMS Price List/Book List
  - Sponsor Billing Letter
  - Campus Map of Building 14
REQUIRED PAPERWORK TO REGISTER FOR EMT CLASS

SCC Application for Admission to the College

To be eligible to take these classes, admissions to Sinclair Community College is required.

The application process can be accessed and submitted through the Sinclair website at:
http://www.sinclair.edu/enroll/

A one-time registration fee for first time students of $20.00 is assessed. If you are currently attending Sinclair or have attended Sinclair for credit within the last year, you do not need to complete the admissions application.

All of these items MUST be turned into the EMS Office before you may register for the EMT Program.

1. **EMS Entrance Application**

2. **Driver’s License** - A copy of your current driver’s license (or other government document) is required for all students as proof of age.

3. **Evidence of Reading/Writing Skills** – Either College Transcripts OR Accuplacer/Placement Tests
   - **College Transcripts**: College level English
     - Transcripts: Official copies of transcripts from other education institutions should be sent, by that institution, to SCC’s Office of Registration and Student Records
   - **Accuplacer/Placement Tests**: Take the Sinclair placement tests (English/reading and mathematics skills assessment tests). Placement testing must be completed prior to the term entering to allow completion of identified DEV courses. [http://www.sinclair.edu/enroll/new-student-center/testing/](http://www.sinclair.edu/enroll/new-student-center/testing/)
     - **Cut Scores**
       1. Writing/Reading Skills - you must test out of Integrated Developmental Reading and Writing I – DEV 0015.
       2. Make a serious attempt to score well. Applicants who do not achieve the minimum required scaled score must register for and successfully complete the recommended developmental course(s) prior to registering for EMR, EMT, and Paramedic programs.
     - **Study before taking the placement tests:**
       - English Composition - Review punctuation, capitalization, and sentence structure.
       - Math - Review general math, including fractions, decimals, and percentages.
       - Reading - Although you cannot study for a reading test, you must read at an acceptable speed since the tests are timed.

   - Additional help is available through the Academic Resource Center
     - Location: Library Room 7001 (with the Tutoring and Learning Services)
     - Office Phone: (937) 512-3495

Additional Paperwork required within program

**Required Proof of Health Insurance:** Required Proof of Health Insurance for Clinical Experience – Health insurance is being required by our clinical affiliates. If a student does not have health insurance, he/she may not be admitted into a clinical course, and therefore, not be able to complete the program. If you need more information about obtaining health insurance, please see the links listed below.

- [http://www.hhs.gov/healthcare/rights/index.html](http://www.hhs.gov/healthcare/rights/index.html)
- [http://medicaid.ohio.gov/FOROHIOANS/GetCoverage.aspx](http://medicaid.ohio.gov/FOROHIOANS/GetCoverage.aspx)
PLEASE PRINT THE FOLLOWING INFORMATION.

Last Name: ___________________________ First Name: ___________________________

Birthday: ___________________________ Tartan Card Number________________________

Check the program you wish to enter this coming semester.

<table>
<thead>
<tr>
<th>Program</th>
<th>Copy of Driver’s License Needed</th>
<th>Verify Competency in English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Responder *</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency Medical Technician</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Paramedic **</td>
<td>☐ EMT students must be 18 before the completion of the EMT program. Paramedic students must be at least 18 years of age to enter the program.</td>
<td></td>
</tr>
<tr>
<td>Degree ***</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

*Not needed to become EMT or work on ambulance

** Paramedic students must attend paramedic orientation. All paperwork will be gathered at orientation. Paramedic students must be state licensed EMT’s, show competency in English and taken/passed Anatomy and Physiology (BIO 1141, 1121 or 1107). Contact EMS department for orientation schedule at 512-5338 or www.sinclair.edu/ems

*** Not needed for entry level jobs. If you wish career guidance, please contact EMS office at 512-5338 to schedule appointment. Degree seeking students need to take Bio 1141 or 1121.

JOB EXPECTATIONS: As reported by the US Department of Labor, EMTs and paramedics work both indoors and out, in all types of weather. They are required to do considerable kneeling, bending, and heavy lifting (in excess of 50 pounds). These workers are at a higher risk for contracting illnesses or experiencing injuries on the job than workers in other occupations. They risk noise-induced hearing loss from sirens and back injuries from lifting patients. Obesity and the employee’s overall health status can contribute to these potential injuries. In addition, EMTs and paramedics may be exposed to communicable diseases, such as hepatitis-B and AIDS, as well as to violence from mentally unstable or combative patients. The work is not only physically strenuous but can be stressful, sometimes involving life-or-death situations, ethical / emotional challenges, graphic injuries, and suffering patients. Students will be exposed to these environments during their education.

I understand the nature of EMS education. I understand that EMT and paramedic students will be required to submit student health certificates, show evidence of current health insurance, and subjected to a criminal background check (Exclusion crimes listed in Legal area in packet).

Print Name_________________________ Date_________________________

Signature____________________________

For Dept. Use Only PLEASE DO NOT WRITE IN THIS AREA

- OIG
- EMT Certificate
  - Placement Test / Transcript
  - Reading/Writing (0015 OR EQUIV)
- Driver’s License
- Proof of Health Insurance

- Paramedic Certificate
  - Placement Test/Transcript
  - Reading/Writing (0015 or EQUIV)
  - Math (0022 or EQUIV)
  - Biology (Bio 1121-degree seek OR Bio 1107/1108)
- Driver’s License
- Ohio EMT Card
- Criminal Background

- Health Status
- PPD
- MMR
- Td
- Hep #
- Influenza
- Chicken Pox
- Mentor
- Paramedic Orientation
- Proof of Health Insurance

Registered for:
Course   Section   Semester
____   __   __/____
____   __   __/____
____   __   __/____
____   __   __/____
____   __   __/____
It is in the student's best interest to begin the process of completing the Student Health Certificate/Immunizations form and have a criminal background check done prior to the start of the semester so that any issues or concerns may be addressed prior to the start of the clinical component of the EMT program.

To obtain a criminal background check, please see information on form located in packet. Criminal background checks can be obtained at other agencies. All background checks must be mailed directly to the EMS Department at Sinclair and must have been within the past 1 year to be valid. No hand carried background checks will be accepted.

LEGAL

EMS practitioners have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust.

A state and federal background check with the intent to discover the student’s legal history will be /has been done. If the student has a legal history which includes any of the crimes listed on the provided criminal offences exclusion listing, he/she will be ineligible to complete the EMT program. It is advised that students with any of these criminal histories not enter into this EMT program. The EMS office at Sinclair cannot offer legal advice. If a student requires legal counsel, professional representation should be obtained.

National Registry Eligibility:

Disclosure of, all felony convictions and all other criminal convictions (whether felony or misdemeanor) relating to crimes involving physical assault, use of a dangerous weapon, sexual abuse or assault, abuse of children, the elderly or infirm and crimes against property, including robbery, burglary and felony theft. The policy does not apply to convictions for misdemeanors (other than the above-listed types of crimes), traffic violations (except DUI or reckless homicide/manslaughter), theft or unlawful possession of a controlled substance.

• All applicants for certification or recertification must disclose on their applications any criminal conviction covered by this policy.
• This policy applies to an applicant’s plea of nolo contendere, a guilty plea, or plea agreement, as well as a conviction after trial.
• Applicants are not required to disclose any criminal conviction that has been expunged from the public record or a deferred adjudication that did not result in the entry of a conviction judgment.
• Failure to disclose a covered criminal conviction or the withholding of any material information regarding such conviction shall be an independent basis for denial of eligibility to sit for a certification examination, revocation of a certification or denial of an application for recertification.
• NREMT shall post on its website an applicant’s disclosure of any criminal conviction and advise licensing authorities of the availability of this information.
• NREMT may deny an applicant eligibility to sit for the certification examination, or take other appropriate action, if the applicable state licensing authority, in any state in which the applicant holds or seeks a license as an EMS professional, denies the applicant’s eligibility to obtain, or suspends or revokes, a license, based on the criminal conviction.
• Notwithstanding the absence of any adverse action taken by an applicable state licensing authority on the basis of an applicant’s criminal conviction, NREMT may deny an applicant eligibility to sit for a certification examination or recertification if, in the NREMT’s sole discretion, based on the following considerations, the NREMT determines that certification may jeopardize public health and safety:
  • The seriousness of the crime.
  • Whether the crime relates to performance of the duties of an EMS professional.
  • How much time has elapsed since the crime was committed.
  • Whether the crime involved violence to, or abuse of, another person.
  • Whether the crime involved a minor or a person of diminished capacity.
  • Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.
  • Whether the applicant is a repeat offender.
  • Whether the applicant has complied with all court orders and probationary requirements associated with the conviction.

Any applicant or registrant subject to an adverse decision by the NREMT under this Policy may appeal that decision as outlined in the NREMT Certification Eligibility, Discipline and Appeals Policy.
Ohio Division of EMS Felony Statement:

1. Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or a misdemeanor, other than a minor traffic violation, or a judicial finding of eligibility for treatment in lieu of conviction?

2. Have you committed any act in another state that, if committed in Ohio, would be applicable to question 1 listed above?

3. Have you ever held a certification or license in Ohio or any other state, at any level, that has been suspended or revoked?

If you answered “YES” to any of the above questions, please read on:

**OHIO LICENSURE**

Actual certification to practice EMS within Ohio is regulated by the Ohio Department of Public Safety Division of EMS. This body needs to evaluate all candidates for licensure who answer “YES” to the above questions. The Ohio Department of Public Safety Division of EMS will evaluate candidates **ONLY** upon successful completion of the EMS training program.

The Ohio Department of Public Safety Division of EMS is not bound to abide by the decision of the National Registry. Decisions at this level allow students to actually practice EMS within Ohio. The implications are that students, who answer, “Yes”, send their paperwork through to National Registry and are cleared to test, can be denied licensure by the Ohio Department of Public Safety Division of EMS.

**Criminal Offenses Exclusion Listing**

Please note this listing is NOT all inclusive. Upon review of an individual’s background information, employers or educational institutions may have additional exclusion criteria.

**LIST OF CRIMES IN S.B. 160 (BACKGROUND CHECKS) Ohio Code Description**

<table>
<thead>
<tr>
<th>Homicide/Assault</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2903.01</td>
<td>2903.02</td>
<td>Aggravated murder</td>
</tr>
<tr>
<td>2903.03</td>
<td>2903.04</td>
<td>Voluntary manslaughter</td>
</tr>
<tr>
<td>2903.11</td>
<td>2903.12</td>
<td>Felonious assault</td>
</tr>
<tr>
<td>2903.13</td>
<td>2903.16</td>
<td>Assault</td>
</tr>
<tr>
<td>2903.21</td>
<td>2903.34</td>
<td>Aggravated menacing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kidnapping/Extortion</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2905.01</td>
<td>2905.02</td>
<td>Kidnapping</td>
</tr>
<tr>
<td>2905.11</td>
<td>2905.12</td>
<td>Extortion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Crimes</th>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>2907.02</td>
<td>2907.03</td>
<td>Rape</td>
</tr>
<tr>
<td>2907.05</td>
<td>2907.06</td>
<td>Gross sexual imposition</td>
</tr>
<tr>
<td>2907.07</td>
<td>2907.08</td>
<td>Importuning</td>
</tr>
<tr>
<td>2907.09</td>
<td>2907.12</td>
<td>Public indecency</td>
</tr>
<tr>
<td>2907.25</td>
<td>2907.31</td>
<td>Prostitution</td>
</tr>
<tr>
<td>2907.32</td>
<td>2907.32</td>
<td>Panderin obscenity</td>
</tr>
<tr>
<td>2907.322</td>
<td>2907.321</td>
<td>Panderin obscenity involving a minor</td>
</tr>
<tr>
<td>2907.323</td>
<td>2907.322</td>
<td>Illegal use of a minor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Robbery/Burglary</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2911.01</td>
<td>2911.02</td>
<td>Aggravated robbery</td>
</tr>
<tr>
<td>2911.11</td>
<td>2911.12</td>
<td>Aggravated burglary</td>
</tr>
<tr>
<td>2911.13</td>
<td>2911.14</td>
<td>Breaking and entering</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theft</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2913.02</td>
<td>2913.03</td>
<td>Theft: aggravated theft</td>
</tr>
<tr>
<td>2913.04</td>
<td>2913.11</td>
<td>Unauthorized use of property</td>
</tr>
<tr>
<td>2913.21</td>
<td>2913.31</td>
<td>Misuse of credit cards</td>
</tr>
<tr>
<td>2913.40</td>
<td>2913.43</td>
<td>Medical fraud</td>
</tr>
<tr>
<td>2913.47</td>
<td>2913.51</td>
<td>Insurance fraud</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2919.25</td>
<td>2919.25</td>
<td>Domestic violence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Administration</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2921.36</td>
<td>2921.36</td>
<td>Conveyance of certain items onto grounds of detention, MRDD, or MH facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weapons Offenses</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2923.12</td>
<td>2923.13</td>
<td>Carrying concealed weapons</td>
</tr>
<tr>
<td>2923.161</td>
<td>2923.13</td>
<td>Improperly discharging a firearm at or into a school or house</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Offenses</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2925.02</td>
<td>2925.03</td>
<td>Corrupting another with drugs</td>
</tr>
<tr>
<td>2925.11</td>
<td>2925.13</td>
<td>Drug abuse</td>
</tr>
<tr>
<td>2925.22</td>
<td>2925.23</td>
<td>Deception to obtain dangerous drug</td>
</tr>
<tr>
<td>2925.23</td>
<td>2925.23</td>
<td>Illegal processing of drug documents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2716.11</td>
<td>2925.03</td>
<td>Adulterated food</td>
</tr>
</tbody>
</table>
Sinclair Community College
NATIONAL WEBCHECK® CRIMINAL HISTORY CHECK REQUEST FORM

DIRECTIONS:
YOU MUST HAVE THE FOLLOWING WITH YOU AT TIME OF FINGERPRINTING:
1. Ohio Driver’s license or State ID card.
2. Social Security Card
3. Paid Receipt from Sinclair Bursar/Cashier
4. Webcheck® Request form in its entirety.

Beginning 6/11/18: Background checks are done in Building 14, 2nd floor, Room 213.
Drop in DAYS/HOURS: Tuesday, Wednesday and Thursday – 9am to 11am and 2pm to 4pm.
Take this form to the Bursar/Cashier’s Office (Building 12, 3rd floor to make payment OR payment can be made on-line.
Use the WEB option (non-tuition items only): http://www.sinclair.edu/services/bursar/payment.

If under the age of 18, parent must be present during fingerprinting.

Name: _______________________________________________________________
              Last  First              Middle

Address ______________________________________________________________

                                City  State  Zip

SS #: __________________________   Birth Date (MM/DD/YYYY):  __________________

Phone: __________________________    e-Mail: ______________________________

Have you been a resident of Ohio for the past 5 years?  □ Yes    □ No

I am requesting the following National WebCheck®:

X  Both State (BCI) AND Federal (FBI) (10-3445-44051-0507)  $ 65.00

Purpose of Criminal History Check: Clinical/Practicum

My signature indicates that I request a National WebCheck® be conducted by the Sinclair Community College Police Department or
its authorized agent.  I grant permission to the Sinclair Community College Police Department or its authorized agent to obtain all
criminal history information regarding my past from the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and/or the
Federal Bureau of Investigation (FBI).

I understand that the criminal background checks are conducted by the electronic imaging of my fingerprints and then electronically
submitting my fingerprints and personal information to the National WebCheck® system, which is administered by the Ohio Attorney
General’s Office.

By having my fingerprints scanned on a National WebCheck® scanner, I authorize the Ohio BCI&I to release any criminal history
information obtained from their files regarding me, and/or the files held by the FBI, and hereby release the Ohio BCI&I and the
Sinclair Community College Police Department from all liability in connection with the dissemination of any criminal history
information obtained.

I request the results obtained by the National WebCheck® system be delivered:

By US Mail to:  Sinclair Community College
               Attention: EMS Department 14314
               444 West Third Street
               Dayton, OH 45402

Signature: _______________________________________  Date___________

Operator Signature: _______________________________  Trans # ___________________
Print Name of Applicant: ____________________________

All applicants must complete this form and return it to the EMS Office (14-313D). All areas must be completed and signed. Examining physician should check health status and ability to participate in physical activities as described in the job expectations listed here: 

**JOB EXPECTATIONS:** As reported by the US Department of Labor, EMS personnel can expect to lift 50 pounds frequently with no maximum, do climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis. All of these activities may need to be performed in any type of environment, weather, or lighting condition – indoors or outdoors. In addition to the physical demands of the job, applicants may need to deal with challenging emotional, ethical and or spiritual issues. See [http://www.onetonline.org/link/details/29-2041.00](http://www.onetonline.org/link/details/29-2041.00) for the complete listing of job expectations.

**HEALTH STATUS** (signed by Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner, or Physicians Assistant).

**HEALTH STATUS:** (Must check ALL that apply – use boxes 1 through 3)

1. ☐ Free of Communicable Disease
2. ☐ Able to function at the level of the JOB EXPECTATIONS
3. ☐ Limitations/Comments: ____________________________________________________________

PRINT Name of MD, DO, NP, or PA ________________________________________________
SIGNATURE of MD, DO, NP or PA ____________________________________________

**IMMUNIZATIONS**

The following tests/immunizations are REQUIRED: (attach documentation of immunizations if not verified on this form)

1. **Two-Step Mantoux Test: QuantiFERON TB or T-Spot TB (Tine Test NOT Acceptable).**
   - Must be 2 step within past year (Test must be conducted within the past 12 months)
   - Date: ____________________________
   - Reaction: ____________________________
   - *Positive reaction requires chest x-ray (based on physician recommendation. If physician doesn't recommend, please write “N/A” in chest x-ray Date area.) Chest x-ray date: ___
   - Student is ☐ non communicable ☐ communicable

2. **MMR**
   - Immunization Date(s): ____________________________
   - Results: ☐ Immune ☐ Not Immune
   - OR
   - Rubella (German Measles)
     - Immunization Date: ____________________________
     - Titre Date: ____________________________
     - Results: ☐ Immune ☐ Not Immune
   - Rubeola (Measles)
     - Immunization Date: ____________________________
     - Titre Date: ____________________________
     - Results: ☐ Immune ☐ Not Immune
   - Parotitis (Mumps)
     - Immunization Date: ____________________________
     - Titre Date: ____________________________
     - Results: ☐ Immune ☐ Not Immune

3. **Tetanus, Diphtheria (within previous 10 years)**
   - Initial Series Date(s): ____________________________
   - Date of Last Booster: ____________________________
   - Other: ____________________________________________

4. **Hepatitis B Vaccine**
   - Initial Series Date(s): #1 _______________ #2 _______________ #3 _______________
   - Surface Antibody Titre Date: ____________________________
   - Results: ☐ Immune ☐ Not Immune

5. **Varicella Vaccine/Chicken Pox**
   - Year Student Had Disease: ________ OR Immunization Date / Titre Date: ________
   - Results: ☐ Immune ☐ Not Immune

6. **Influenza -Vaccine is seasonal. Season typically starts during Fall (late August):** Date: ______________

**Immunizations Verified by:** (must be one of the following: Doctor of Medicine, Doctor of Osteopathy, Physician’s Assistant, or Registered Nurse)

PRINT Name of MD, DO, PA, NP or RN ____________________________
SIGNATURE ____________________________
Affiliation ____________________________
Date ____________________________
Healthcare Personnel Vaccination Recommendations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations In Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to all HCP younger than age 65 years with direct patient contact. Give IM.</td>
</tr>
<tr>
<td>Two-Step Mantoux Test</td>
<td>QuantiFERON TB or T-Spot TB are acceptable. (Tine Test NOT Acceptable) Must be 2 step within past year (Test must be conducted within the past 12 months)</td>
</tr>
</tbody>
</table>

Hepatitis B
Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.
- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
  - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
  - If anti-HBs is negative following 6 doses of vaccine, the patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBig prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg-positive blood). It is also possible that non-responders are persons who are HBsAg-positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.1

Varicella
It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Measles, Mumps, Rubella (MMR)
HCP who work in medical facilities should be immune to measles, mumps, and rubella.
- HCP born in 1957 or later can be considered immune to measles, mumps, and rubella only if they have documentation of (a) physician-diagnosed measles or mumps disease; or (b) laboratory evidence of measles, mumps, or rubella immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune); or (c) appropriate vaccination against measles, mumps, and rubella (i.e., administration on or after the first birthday of two doses of live measles and mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine).
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending a dose of MMR vaccine (two doses during a mumps outbreak) to unvaccinated HCP born before 1957 who are in either of the following categories: (a) do not have a history of physician-diagnosed measles and mumps disease or laboratory evidence of measles and mumps immunity and (b) do not have laboratory evidence of rubella immunity.

Tetanus/Diphtheria/Pertussis (Td/Tdap)
All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. As soon as feasible, HCP younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

Technical content reviewed by the Centers for Disease Control and Prevention, March, 2007.

COST OF IMMUNIZATIONS

Prices vary. The student may wish to check with his or her own health insurance carrier for possible coverage. Your primary care physician can give you the required immunizations or verify that you already have them.

The Montgomery County Combined Health District has an Immunization Office in the basement of the Reibold Building at

117 S. Main (at 4th Street & Main). Office hours are Monday through Friday, 8:00am - 4:30pm. Services are provided by appointment. Payment is due at the time of service. If you have questions, please contact them at 225-4550.

- MMR (Measles, Mumps, Rubella) ........................................... $56.00
- Tetanus and Diphtheria ....................................................... $24.00
- Hepatitis B Vaccine ......................................................... $34.00 per injection (3 in the series)
- Varicella Vaccine ............................................................... $92.00 per injection (2 in the series)
- Office Visit ........................................................................... $16.00
ACCUPLACER or placement test is an untimed computerized assessment in math and English that Sinclair uses to ensure that you enroll in classes that are right for you. The test is a tool that gives you a starting point in your coursework.

**Must I show a photo ID to take the Accuplacer Placement test?**
Yes, a Tartan ID card or a State/Government Issued ID is required for placement testing.

**Who should take Accuplacer?**
- All new degree seeking and certificate students.
- Transfer students who do not have transfer credits in English or math from their previous school(s).
- Transient students who want to take English or math.
- Any student who has not tested in the past two years or transferred college level courses.

**Are children permitted to wait in the lobby while the student takes the placement test?**
In keeping with campus policy, children are not permitted in the Testing Center nor are they permitted to be left unattended in the lobby.

**What if I have already taken the Accuplacer test?**
If you have tested within the last two years, you most likely will not need to retest. In order to determine this, you should first meet with an academic advisor.

**What if I have taken the ACT, SAT or COMPASS test within the last two years?**
You will be exempt from taking the test in any section that you have met the minimum score guideline. If your ACT or SAT scores have not been sent to Sinclair electronically, you will need to obtain them through the ACT or SAT official websites ([www.act.org](http://www.act.org) or [sat.collegeboard.org](http://sat.collegeboard.org)). If you took the COMPASS test, you will need to contact the college where you took the COMPASS test and request that your scores be faxed to the Sinclair Testing Center at 937-512-2121. Contact the New Student Enrollment Center at 937-512-3334 for score guidelines.

**What if I have been out of school for a long time?**
You are not in the minority. Many of our students have been out of school for a number of years. We are prepared to meet your needs with a step-by-step program, as well as assistance along the way.

**What if I did not do well?**
Remember that you cannot pass or fail the Accuplacer test. Your score reflects placement into a class that will challenge you, but not overwhelm you. Proper placement ensures that you will be successful in your class. The Accuplacer test is adaptive and works with you as an assessment tool. Prior to testing, make sure you are well rested. Take advantage of the listed test preparation review tips. Most importantly, do not rush—take your time during the test. Good preparation builds your confidence which will ensure your success.

**I scored lower than I thought I would—now what?**
If it is your first time testing in the calendar year, you have the option to retest. The most successful retesters review the types of questions that they were unsure how to answer. If you have taken the test twice and your score was within the same score range, then most likely you are at the correct placement. You should take the recommended class and to develop a solid foundation.

**How long does it take to complete the placement test?**
Allow approximately two hours to complete the entire test. Remember, Accuplacer is not timed, so individuals may work at their own pace and are encouraged to take their time. Breaks from testing are permitted and encouraged.

**Do students need an appointment to take Accuplacer?**
No, the test is given individually on a first come, first served basis. Arrive at least three hours before closing time to complete the entire test. However, if you are bringing a group for testing, please contact the Testing Center Coordinator at (937) 512-2618 to schedule a date and time.

**Should students bring anything with them to the test?**
Students need to know their Social Security number. Use of personal calculators, cellular devices, dictionaries, notes, textbooks, or any other reference/resource materials is not permitted.

**When should students complete their Accuplacer assessment?**
Students must complete placement testing before meeting with their academic advisor and prior to registering for classes. Remember, the earlier in the term students register the better the selection of classes.

**When do students get their results?**
Results will be provided upon completion of the test along with information about the next steps required in order to register for classes. Students will be asked to keep their placement test results for the meeting with their academic advisor. The academic advisor will explain the test results and make recommendations based on the test scores and selected major.

**What is the Placement Retest policy?**
Students may retake the placement test for writing, reading, and math once per calendar year for a $15.00 fee. Students who wish to retest must wait 24 hours between the original and the retest. The most recent scores are valid for two years.
## Price Listing of EMS Courses

**Fee Per Credit Hour:**
- Montgomery Co.: $106.03
- Other Ohio Co.: $158.28

### FIRST RESPONDER

<table>
<thead>
<tr>
<th>EMS 1100 - (2 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fee</td>
<td>212.06</td>
<td>306.56</td>
</tr>
<tr>
<td>Required books</td>
<td>166.33</td>
<td>166.33</td>
</tr>
<tr>
<td>Lab/Auxiliary Fee</td>
<td>135.00</td>
<td>135.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>513.39</strong></td>
<td><strong>607.89</strong></td>
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### EMERGENCY MEDICAL TECHNICIAN

<table>
<thead>
<tr>
<th>EMS 1150, 1155 - (7 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fee</td>
<td>742.21</td>
<td>1072.96</td>
</tr>
<tr>
<td>Required books</td>
<td>201.31</td>
<td>201.31</td>
</tr>
<tr>
<td>Lab/Tech/Auxiliary Fees</td>
<td>175.00</td>
<td>175.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1118.52</strong></td>
<td><strong>1449.27</strong></td>
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### EMERGENCY MEDICAL TECHNICIAN REFRESHER

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<tr>
<th>EMS 1175 - (2 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
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<tbody>
<tr>
<td>Course Fee</td>
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</tr>
<tr>
<td>Required books</td>
<td>30.40</td>
<td>30.40</td>
</tr>
<tr>
<td>Auxiliary Fee</td>
<td>85.00</td>
<td>85.00</td>
</tr>
<tr>
<td><strong>Course Total</strong></td>
<td><strong>327.46</strong></td>
<td><strong>421.96</strong></td>
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### PARAMEDIC REFRESHER

<table>
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<tr>
<th>EMS 2250 - (3 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fee</td>
<td>318.09</td>
<td>459.84</td>
</tr>
<tr>
<td>Required books</td>
<td>75.38</td>
<td>75.38</td>
</tr>
<tr>
<td>Lab/Tech/Auxiliary Fees</td>
<td>135.00</td>
<td>135.00</td>
</tr>
<tr>
<td><strong>Course Total</strong></td>
<td><strong>527.47</strong></td>
<td><strong>670.22</strong></td>
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### EMS MANAGEMENT I

<table>
<thead>
<tr>
<th>EMS 2310 - (3 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
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<tbody>
<tr>
<td>Course Fee</td>
<td>318.09</td>
<td>459.84</td>
</tr>
<tr>
<td>Required books</td>
<td>105.20</td>
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<tr>
<td>Auxiliary Fee</td>
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<tr>
<td><strong>Course Total</strong></td>
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<td><strong>650.04</strong></td>
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### EMS MANAGEMENT II

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<tr>
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<tbody>
<tr>
<td>Course Fee</td>
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<td>459.84</td>
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<tr>
<td>Required books</td>
<td>114.66</td>
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</tr>
<tr>
<td>Auxiliary Fee</td>
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<td><strong>Course Total</strong></td>
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### PARAMEDIC:

<table>
<thead>
<tr>
<th>EMS 2100, 2105, 2110 - (7 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
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<tbody>
<tr>
<td>Course Fee</td>
<td>742.21</td>
<td>1072.96</td>
</tr>
<tr>
<td>Lab/Tech/Auxiliary Fees</td>
<td>135.00</td>
<td>135.00</td>
</tr>
<tr>
<td>Required books</td>
<td>457.79</td>
<td>457.79</td>
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<tr>
<td><strong>1st SEM Total</strong></td>
<td>1335.00</td>
<td>1665.75</td>
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<table>
<thead>
<tr>
<th>EMS 2125, 2130, 2135 - (9 Cr. Hrs.)</th>
<th>Mont. Co.</th>
<th>Other Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fee</td>
<td>954.27</td>
<td>1379.52</td>
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<tr>
<td>Lab/Tech/Auxiliary Fees</td>
<td>185.00</td>
<td>185.00</td>
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<tr>
<td>Required books</td>
<td>184.70</td>
<td>184.70</td>
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<td><strong>2nd SEM. Total</strong></td>
<td>1323.97</td>
<td>1749.22</td>
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### CRITICAL CARE PARAMEDIC I - 2300 (3 Cr. Hrs.)

<table>
<thead>
<tr>
<th>Course Fee</th>
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</tr>
</thead>
<tbody>
<tr>
<td>318.09</td>
<td>459.84</td>
</tr>
<tr>
<td>220.95</td>
<td>220.95</td>
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<tr>
<td>85.00</td>
<td>85.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>624.04</strong></td>
</tr>
<tr>
<td><strong>765.79</strong></td>
<td></td>
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</tbody>
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### CRITICAL CARE PARAMEDIC II - 2305 (3 Cr. Hrs.)

<table>
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<th>Course Fee</th>
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</tr>
</thead>
<tbody>
<tr>
<td>318.09</td>
<td>459.84</td>
</tr>
<tr>
<td>220.95</td>
<td>220.95</td>
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<tr>
<td>85.00</td>
<td>85.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>624.04</strong></td>
</tr>
<tr>
<td><strong>765.79</strong></td>
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### Other Expenses

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>COST</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check</td>
<td>1</td>
<td>65.00</td>
<td></td>
</tr>
<tr>
<td>Clinical Shirts</td>
<td>2</td>
<td>50.00</td>
<td>EMT Basic: plain white collared shirt Paramedic: required shirt is available in the SCC bookstore</td>
</tr>
<tr>
<td>Black Pants</td>
<td>2</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Winter Jacket</td>
<td>1</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Sturdy Black Shoes</td>
<td>1</td>
<td>75.00</td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td>1</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>Watch with a second readout</td>
<td>1</td>
<td>15.00</td>
<td>Digital or Analog</td>
</tr>
<tr>
<td>Eye Protection</td>
<td>1</td>
<td>5.00</td>
<td></td>
</tr>
<tr>
<td>Clinical Medical Clearance</td>
<td>1</td>
<td>795.00</td>
<td>This assumes the student needs all immunizations and a basic physical exam. It also assumes no medical insurance is available.</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>1</td>
<td>220.00</td>
<td>Monthly fee – Bronze plan, assuming 25 year old male living in Montgomery County earning 15,000 per year. High deductible plan. Exact cost based on your characteristics.</td>
</tr>
<tr>
<td>National Registry Examination</td>
<td></td>
<td><strong>$80.00</strong></td>
<td>EMT Basic: $125.00 Expense paid to the National Registry of Emergency Medical Technicians. Cost per examination attempt.</td>
</tr>
</tbody>
</table>

Lab fees and book fees are subject to change*.
### Book List – EMS Department

#### EMS 1100 (First Responder)
- EMS 1100 Lab Study Guide (SCC) .......................................................... 3.92

#### EMS 1150, 1155 (Emergency Medical Technician)
- Pkg/Prehospital Emergency Care w/mybradylab Access ............................................. 177.60
- EMS 1155/1175 Lab Study Guide (SCC) .......................................................... 6.92

#### EMS 1175 (Emergency Medical Technician Refresher)
- EMS 117/118 Review Packet (SCC) .......................................................... 6.69
- EMS 115/1175 Lab Study Guide (SCC) .......................................................... 6.92

#### EMS 2100, 2105, 2110 (Paramedic I)
- Pkg/Emergency Care in the Streets Vol.1 & 2 (Caroline) ISBN 1-4496-4586-0 .......................... 319.00
- Pharmacology for the EMS Provider (Beck – 5th ed.) ISBN: 0-8036-4364-0 ....................... 83.83
- EMS 2110 Lab Study Guide (SCC) .......................................................... 7.01
- Mosby’s Dict of Medicine, Nursing & Health Prof (Mosby 10th ed) (Optional) ISBN: 0-323-22205-6 .......................................................... 47.95
- Emergency Care In The Streets Workbook (Caroline) (Optional) ISBN: 1-4496-0924-4 .................. 150.95

#### EMS 2125, 2130, 2135 (Paramedic II)
- Handbook of Emergency Cardiovascular Care For Healthcare Providers 2011 (AHA) ISBN: 1-61669-397-5 .......................................................... 34.84
- EMS 2130 Lab Manual (SCC) .................................................................................. 9.51
- Flip and See ECG 4th ed. (Cohn) (Optional) ISBN: 0-323-08452-14 ......................................... 45.30

#### EMS 2150, 2155, 2160 (Paramedic III)
- International Trauma Life Support for Paramedics (Campbell – 7th ed.) ISBN:0-13-281811-7 .......................................................... 77.35
- EMS 2155 Lab Manual (SCC) .................................................................................. 7.28
- Advanced Medical Life Support (Optional) ISBN: 1-2840-3277-9 .......................................................... 71.70

#### EMS 2175, 2180, 2200 & 2205 (Paramedic IV & V)
- EMS 2200/2250 Review Packet (SCC) .......................................................... 16.74

#### EMS 2250 (Paramedic Refresher)
- Handbook of Emergency Cardiovascular Care For Healthcare Providers 2015 (AHA) ISBN: 1-61669-397-5 .......................................................... 34.84
- EMS 2200/2250 Review Packet (SCC) .......................................................... 16.74
- EMS 2155 Lab Manual (SCC) .................................................................................. 7.28
- EMS 2110 Lab Study Guide (SCC) .................................................................................. 7.01
- EMS 2130 Lab Manual (SCC) .................................................................................. 9.51

#### EMS 2310 (EMS Management I)
- Management of EMS (Dyar) ISBN: 0-13-232432-6 .......................................................... 105.20
- eBook Management of EMS (Dyar) (Optional) ISBN: 0-13-504603-3 ........................................ 32.62

#### EMS 2315 (EMS Management II)
- EMS and the Law (Hafer) ISBN: 0-7637-2068-2 .......................................................... 66.00

#### EMS 2300, 2305 (Critical Care Paramedic I & II)
- Critical Care Transport (AAOS) ISBN: 1-2840-4099-2 .......................................................... 220.95

*Book Prices are Approximate. ISBN#'s and prices are subject to change. For eBook availability check the Sinclair Bookstore website. Prices as of 2/2018*
Billing Letter

Some departments choose to pay the expenses of their employees. In this situation, a letter must be submitted to the Sinclair Community College Bursar’s office (by hand or via fax to 512-2391) as soon as the student registers for classes.

Even if the department is covering the expenses of the student it is the student’s responsibility to assure payment has been made. If payment has not been made by the due date the student runs the risk of being purged from the course.

Following is a sample letter showing all the information that must be contained in the letter.

*If you have any questions regarding this process, please contact the Bursar’s office at 512-2606 or bursar@sinclair.edu*

Downtown Fire Department  
300 North Main Street, Dayton, Ohio  45402  
(999) 999-9999

Current date

Bursar’s Office  
Sinclair Community College  
444 West Third Street  
Dayton, Ohio  45402

To Whom It May Concern:

This letter is to confirm that the Downtown Fire Department will pay all actual expenses (tuition, books, lab fees) associated with the EMERGENCY MEDICAL TECHNICIAN Course.

John Doe .................. SS# 999-99-9999  
John Doe, Jr............. SS# 888-88-8888

Our billing address is Downtown Fire Department, 300 North Main Street, Dayton, Ohio  45402. If additional information is required, please contact me at (777) 777-7777.

Sincerely,

Downtown Fire Chief
Directions to Sinclair Community College/Building 14

Use this link: http://www.sinclair.edu/about/visit/maps-directions/

The EMS department is located on the third floor building 14, Downtown Dayton Campus. Free parking in Lot A – access off of 5th street. When you park, 3rd level of the garage and park on the east end. There is a walkway directly into building 14.

Enter into building 14 and go up one floor. EMS offices are located in 14309. EMS lab is located at 14334.