

Documentation Packet Checklist

Dear Applicant,

Read each form in the enclosed packet and follow the instructions for completion. The packet contains the following documents:

- General information- uniform, immunizations, textbook information.
- Verification Checklist – students must fill in the specific dates of each listed item.
- Photocopy of CPR, EMT-B certification and Drivers License.
- Immunizations – MMR, HEP B series (#1, #2, #3) TB, and Varicella. Complete pages 3 and 4.
- Background Check/ Drug screen – FCCTI will issue the Chain of Custody form.
- Emergency Treatment Form.
- Release of Information
- Health Exam Form – Essential Job functions
- Private Vehicle Use Authorization-Must submit a copy of your current automobile insurance policy or insurance verification card. Forms must be completed because private vehicles are used for clinical assignments.
- Paramedic Program Application
- Copy of High School/GED or College Diploma
- Math and English placement results (may be waived if student has a AA, BS or BA degree)
- 2 Letters of Recommendation

Completed packets are due no later than 2 weeks prior to the start of class. Packets may be submitted to the Training Institute office, Monday-Friday 8am-5:00pm. All documents **MUST BE SUBMITTED AT THE SAME TIME. NO INCOMPLETE PACKETS WILL BE ACCEPTED- NO EXCEPTIONS.** Be sure to keep copies for your records, as you will be required to submit them to your clinical site at each rotation. **THE TRAINING INSTITUTE OFFICE WILL NOT MAKE COPIES FOR YOU.**

If you have any questions, please feel free to contact the Training Institute office at 559-256-0188 or 800-934-3339

General Information and Immunizations Documentation

College Registration and Advisement

Please contact the Fresno City College Training Institute office for an application packet for admissions and registration procedures.

Health and Immunization

Please have your physician complete and sign the enclosed health examination form regarding the current status of your physical health.

You are required to have a **TB skin test** within 60 days of start of the program (step #1). If the skin test is positive, a chest x-ray is required. An update of the TB test is required three months prior to the start of the clinical rotations (step #2).

All students are required to show proof of the following immunizations:

- ✓ MMR (measles, mumps, rubella)-Requires proof of two vaccinations or positive serology results.
- ✓ Hepatitis B-Requires proof of the completion of (2) vaccinations prior to entering the programs, with the entire series completed before the start of the second year. Vaccinations are available through Student Health Services.
- ✓ Varicella (chicken pox)-Requires proof of immunization or positive serology results.

It is also strongly recommended that you seriously evaluate your immunization record for currency of protection against diphtheria and tetanus. Please update your protection without delay.

Proper immunizations are the students personal responsibility. Failure to provide proof of required immunizations may prevent you from progressing in the program.

Hospital Liability Insurance Coverage

The FCCTI Paramedic Program will provide Liability Insurance for all Paramedic students participating in the program.

Uniform

The Fresno City College Bookstore has the required “Red” Polo shirts for purchase. Paramedic pants can be purchased at the store of your choice. Students will also be required to purchase a student ID badge once enrolled in the program.

Background Check

The background check and drug screen forms are included in the packet. Please follow the instructions provided on the form and refer questions to American DataBank. The address and phone number are on the background check/drug screen form. Your background check should take approximately 24-48 hours. Only provide a copy of the verification of completion in your packet.

Verification Checklist – Students fills in the Form

Documentation	Date Completed	Renewal Date	Notes
CPR			
EMT-Basic Card			
MMR#1			TITER:
MMR#2			TITER:
HEP B #1			TITER:
HEP B #2			
HEP B #3			
TP TEST (upon enrollment and 3 months prior to start of clinicals)	STEP 1 Date	STEP 2 Date	
VARICELLA #1			TITER:
VARICELLA #2			
BACKGROUND CHECK			
EMERGENCY TREATMENT FORM			
RELEASE OF INFORMATION FORM			
HEALTH EXAMINATION			
USE OF PRIVATE VEHICLE AUTHORIZATION			
PROOF OF AUTOMOBILE INSURANCE			

Information must be valid and current for students to participate in the clinical and field internship.

I verify that I have turned in all documentation required by the Paramedic Program and I am aware that keeping these records current is my responsibility.

 Student Signature

 Date

I have received all required documentation necessary for this student to enter the clinical and field portion of the Paramedic Program.

 FCCTI Department Secretary/Designee

 Date

COMPLETED BY STUDENT - SEE BELOW FOR DETAILS OF IMMUNITY REQUIREMENTS

	PRINT Student's Name Last name First Name		Phone No.	Rubeola + Titer / 2 doses (dates)	Mumps + Titer / 2 doses (date)	Rubella +Titer / 1 dose (date)	Varicella + Titer / 2 doses (dates)	Hep B Titer / Series Declination (dates)	Liability Ins (verify date)	Background	BLS AHA (exp date)	TB 2 PPD / CXR (dates)
1												

Must be completed prior to start date:

Immunity to:

1. **MMR**

- Rubella positive titer or 1 documented dose
- Mumps positive titer or 2 documented doses
- Rubeola positive titer or 2 documented doses
- Varicella positive titer or 2 documented doses

2. **Hepatitis B**

- Documentation of immunization (series of three doses)
- OR
- Documentation of titer
- OR
- Signed declination

3. **TB skin test**

Negative history:

1. Complete one PPD' (TB Test) with the application packet.
2. Another PPD (TB) test must be completed three months before the clinical rotations can begin.

NOTE: 2 PPD's done in past 24 months.

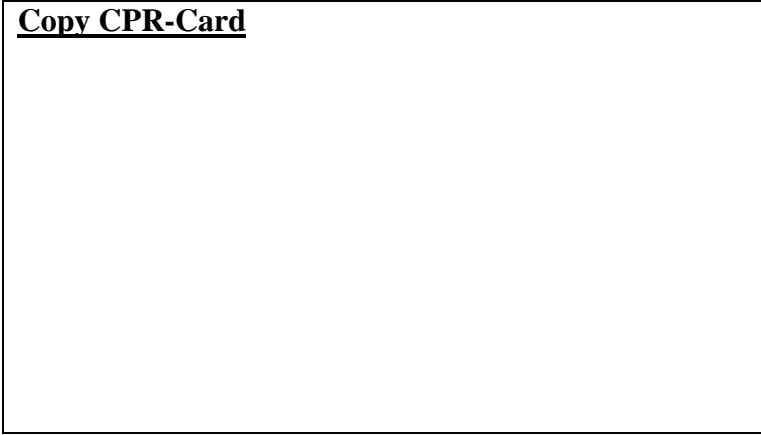
Positive history:

1. Chest x-ray within past year (12 months).
2. Documentation of the positive skin test.

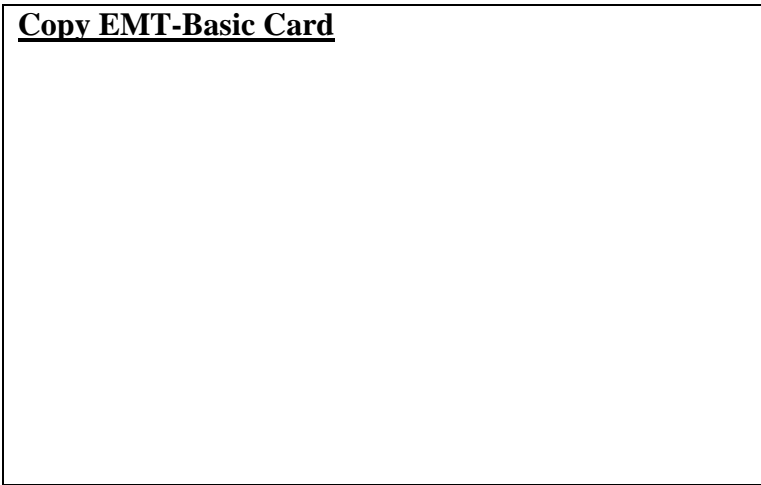
(If x-ray is over 12 months we may accept a surveillance form stating that the student is asymptomatic from the student's place of employment or physician).

4. If a physician states in writing that the person had chicken pox (Varicella) as a child, we will accept the documentation by the physician.

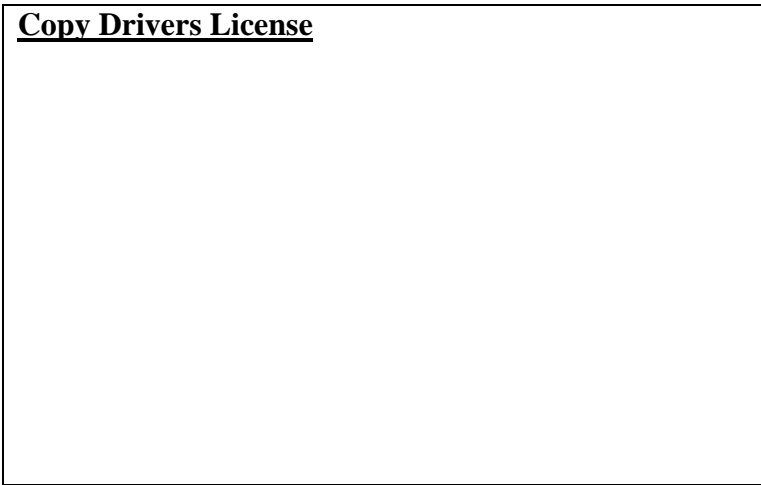
Copy CPR-Card



Copy EMT-Basic Card



Copy Drivers License



CRIMINAL BACKGROUND CHECK & DRUG SCREENING PROCEDURE FORM

1. Go to the customized applicant website at www.fresnocitycollegeCX.com to enter personal information. **IMPORTANT:** Take Care! Do not make typing errors when entering personal information. ALL errors, no matter how innocent, may result in you having to re-pay and re-test with the corrected information.
Examples of innocent errors:
 - Mixing up order of first, last and middle names.
 - Typing error in SS#.
 - Typing error in birth date.
2. You MUST check "yes" in the box that asks if you want a copy of your report and give a valid email address. You are required to have a copy of your report to verify your results and act on any discrepancies.
3. Pay for your background check and/or drug screen by selecting from two methods of payment (Money Order or Credit Card).
4. Once paid, a confirmation email will be sent to you, usually within 24 hours.
5. Pick up the Chain of Custody form at FCCTI front office
6. Take the Chain of Custody form to a designated Drug Testing location (which can be found on the website) and perform the drug screen. If you cannot find a location near you please contact American DataBank at 1-800-200-0853 (toll free).

IMPORTANT: DO NOT drink more than 8 ozs of fluid in the 2 hours prior to giving the urine sample. An abundance of fluid will result in a "dilute" reading which constitutes a "flagged" situation. It will keep you from attending the clinical rotations and requires immediate re-payment and re-testing. At the facility, if you are not able to produce a urine sample when requested, call ADB on how to proceed.

7. The lab will run extensive tests to verify if the drug screen is negative/positive/dilute.
When results are negative, a fax is sent from Quest to American DataBank to input the results.
When results are dilute, you must contact American DataBank at 1-800-200-083 for further instructions.
When results are positive, the results are forwarded to Fresno City College Training Institute. The Program Director will contact you for verification of any prescription drug you may be taking to show a false positive. After discussion, the Medical Review Office will send a fax to American DataBank to input the results and close the order. If the order is positive the Medical Review Office will list the drug that is positive.
8. If you have any questions about this procedure, please call American DataBank at 1-800-200-0853.

I have read and understand the information on this form and have received a copy:

Student name (print): _____

Student name(sign): _____ Date: _____



PARAMEDIC PROGRAM

EMERGENCY TREATMENT CONSENT FORM

I, _____, give my permission and consent for emergency treatment, in the event of an accident or sudden illness, by the staff of any and all hospitals while using the clinical facilities or while participating in the field internship, as assigned by the Fresno City College Training Institute while a student of Fresno City College Training Institute Paramedic Program.

***I DO** _____ **or I DO NOT** _____ give permission for the administration of blood when prescribed by a physician.

Signed: _____

Print Name: _____

Date: _____

PARAMEDIC PROGRAM

RELEASE OF INFORMATION

Personally identifiable information from educational records can not be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The Fresno City College Paramedic Program is required by its contracts with various health facilities for clinical placements with the clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The clinical agencies are required to have certain information because of WASC accreditation and other Federal requirements.

- In addition, if this box is checked, you are a Paramedic Program Student. We are required by our agreement with the sponsoring hospitals to share information with them regarding your application, attendance and academic and clinical progress. You have already agreed to this information reporting in exchange for sponsoring student in the Paramedic Program.

It is therefore necessary for you to provide your clinical instructor a **Release of Information** form when you give her/him the immunizations, TB test results, malpractice insurance, etc. as requested by each clinical agency.

By signing this form you are giving the school and the Paramedic Program or its representative such as your clinical instructor, the right to provide your personal and academic information to the agency in need of specific information necessary for your clinical rotation or Paramedic Program for you field intern position. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

Name of Student: _____

Please print your name

Signature of Student: _____

Please sign legibly

Date: _____

Student ID Number: _____

PARAMEDIC PROGRAM
Essential Job Functions

Work hours:

1. Must be able to work at various clinical sites, including the hospital, at least 8 hours per day three days a week.
2. Must be able to take field internship shifts at least 12 hours a day 4-5 days a week.

Physical demands:

1. Must be medically cleared to complete all physical demands required in the Paramedic Program Handbook and the hospital unit where the clinical hours are scheduled. The MD or NP must sign a clearance form with this list of activities attached.
2. Must be able to use all physical senses, i.e. seeing, hearing, feeling, smelling in a manner that allows the paramedic to accurately assess the patient and clinical situation.
3. Must be able to use fine motor skills of the hands to carry out clinical procedures accurately and safely.
4. Must be able to operate varied medical equipment.
5. Must be able to perform duties such as, but not limited to:
 - a. Lifting patients of various sizes and weights into, onto and out of bed, chairs, stretchers and other surfaces.
 - b. Maneuvering, pulling, pushing, lifting and turning of patients in awkward positions.
 - c. Performing related tasks which require the use of hands, arms, shoulders, legs and feet.
 - d. Participating in work related activities that require extensive bending, kneeling, crouching, stooping and standing and critical movements.

Work environment:

1. Must be aware of potential risks in health care settings which require wearing of safety equipment such as masks, head coverings, glasses, latex or non-latex gloves, shoe coverings, etc.
2. Must be able to meet hospital and college performance standards.
3. Must be able to travel to and from academic and clinical training sites.

Cognitive Abilities:

1. Must be able to understand and work from written and verbal orders.
2. Must possess effective verbal and written communication skills in English sufficient to safely work in academic and clinical settings.
3. Must be able to understand and implement related academic and health regulations and health care facilities and hospital policies and procedures.
4. Must possess technical competency in patient care and related areas.
5. Must be able to perform mathematical calculations to determine correct medicine dosage and intravenous flow rates.
6. Must be able to speak in English to individuals and small groups in a manner that can be readily understood.
7. Must be able to conduct personal appraisals and counsel patients and families.
8. Must be in a functional state of mental health.
9. Must be able to demonstrate the ability to adapt to changing patient care and professional situations.

STATE CENTER COMMUNITY COLLEGE DISTRICT

AUTORIZATION FOR USE OF PRIVATE VEHICLE FOR SCHOOL TRANSPORTATION

PRIOR TO TRIP: Submit to College/Center/District Business Office

- Fresno City College Fresno City College Training Institute

I. INFORMATION ON VEHICLES

Vehicle

Make or Model: _____ Vehicle License #: _____

Registered Owner: _____

Address of Registered Owner: _____

Name of Driver: _____ Drivers License#: _____

Name of Insurance Company: _____

Type of Insurance (check as applicable)

Public Liability ___ Property Damage ___ Medical Coverage ___ Collision ___

ATTACH A PHOTOCOPY OF THE CURRENT INSURANCE CARD OR PROOF OF INSURANCE WITH THIS FORM.

II. INFORMATION ON TRIP

Date of Trip: _____ Destination: _____

Purpose of Trip: _____

Number of Passengers: _____

III. REQUESTED BY:

1. Employee or Student Driver: _____

2. Immediate Supervisor or Instructor: _____

IV. APPROVED BY:

1. Department Manager or Division Dean: _____

2. College Business Manager/Vice Chancellor: _____



PARAMEDIC PROGRAM APPLICATION

Instructions: Please print in blue or black ink. Answer all questions accurately and completely. All statements in your application are subject to verification; incorrect or incomplete statements may disqualify the applicant from enrollment. Resumes will not be accepted in place of a completed application. Attach all necessary documentation to verify education and certifications. Include sealed high school and college transcripts.

1. Personal Data

Name (Last, First, Middle)	Home Telephone
Mailing Address	Work Telephone/Cell
(City, State, & Zip)	Date of Birth
Student ID #	Social Security Number

2. Education

High School Graduate	Yes	No	GED	Name/Location of High School
Schools attended After High School	Location	Course of Study	Units Earned	Degree or Certificate

Please describe additional course work or training (including military), which may assist you in the Paramedic Program.

Certifications:

EMT CERTIFICATION: Type: _____ Number: _____ Expiration Date: _____

CPR Card Level: _____ Expiration Date: _____

DRIVER'S LICENSE: Type: _____ Number: _____ Expiration Date: _____

3. Physical Condition or Limitations

Do you have any physical limitations that would prevent you from performing tasks involved in the Paramedic Program?

Yes No
 If yes please explain.

4. Work Experience

Describe different positions held with the same employer in different blocks. List all experience, paid and voluntary, related to EMS. Attach additional forms if necessary.

LIST MOST RECENT EXPERIENCE FIRST

From: _____ To: _____	Title of Position:
Name/Address of Employer:	Duties/Responsibilities:
Name/Title of your Supervisor:	
Reason for Leaving:	
From: _____ To: _____	Title of Position:
Name/Address of Employer:	Duties/Responsibilities:
Name/Title of your Supervisor:	
Reason for Leaving:	
From: _____ To: _____	Title of Position:
Name/Address of Employer:	Duties/Responsibilities:
Name/Title of your Supervisor:	
Reason for Leaving:	

5. Conviction Record

Have you ever been convicted of a felony or misdemeanor offense, in California or in any other state or place, including entering a plea of no contest, which resulted in you being imprisoned or, placed on probation?

Yes No A yes answer will not affect paramedic training, however, the applicant must contact State EMS Agency to confirm licensing issues prior to applying for the program.

6. Certification of Applicant

I certify that the foregoing information and answers are true and correct. I understand that any misrepresentation or omission of facts are cause for rejection of application and removal from the eligibility list for enrollment in the Fresno City College Training Institute Paramedic Program. I hereby authorize the Fresno City College Training Institute Administrator to investigate all statements contained in this application.

Signature _____ *Date* _____

7. Emergency Contact:

Name _____ **Relationship** _____

Address _____

Telephone (day) _____ **(night)** _____

Attach to application

- Copy of High School Diploma/GED or College Diploma
- Resume
- Math and English Placement exam
- EMT-Basic entrance exam
- 2 letters of recommendation