



Houston Community College Emergency Medical Services Program EMS Courses & Enrollment Requirements

EMT - BASIC

Alief Learning Center Campus (SW Houston), 13803 Bissonnet, Houston, TX 77083

Office #:713-718-5464

Day Class – 8a-4p – 2 days week

Night Class – 6p to 10p – 2 nights week

- o Summers sessions 6p to 10p - 3 nights a week

Katy Campus (Northwest Houston), 1550 Foxlake Drive Houston, TX 77084

Day Class – 8am to 4pm – 2 days week

Night Class –TBA

NE-Codwell Campus (NE Houston), 555 Community College Drive Houston, TX, 77013

Day Class – 8a to 4p – M/W/F

Night Class – 6p to 10p – 2 nights week

- o Summers sessions 6p to 10p - 3 nights a week
- o Courses offered Spring, summer, fall

EMT - INTERMEDIATE

Katy Campus, 1550 Foxlake Drive Houston, TX 77084

Day Class – 8am to 5pm - M / W / F

Night Class –TBA

EMT-BASIC & INTERMEDIATE HYBRID COURSES

- Classes will also be offered as Hybrid
- Course work completed On-Line
- Meet on Saturdays for Skills and Testing
 - o Location NE-Codwell Campus (Saturday Sessions)
- All EMT-B / EMT-I Courses offered Spring, Summer, and Fall Sessions

EMS SPRING CLASSES EMT-PARAMEDIC COMPLETER

NE-Codwell Campus, 555 Community College Drive Houston, TX, 77013

Day Class –TBA

Night Class –TBA

Courses offered Spring and Fall Semesters

- o Registered students, contact EMS Department for pharmacology packet prior to class

ENROLLMENT REQUIREMENTS

Emergency Medical Services Enrollment Requirements (Summary)

- High School Transcript / Diploma (GED Scores)
- HCCS Application for Admission
- Physician Statement of Health
- CPR Certification
- Medical Insurance
- Shot Records
- TB Skin Test
- MMR
- DPT
- Varicella
- Hepatitis B Series
- 10-Panel Drug Screen
- Background Check

Obtain required documents, Call EMS Office about registration at 713-718-7694 (NE) / 713-718-5464 (Alief) / 713-718-5704 (Katy) - Documents needed 1 Week prior to start of class

EMS Program Enrollment Requirements

The EMS Applicant **MUST** complete and submit an “**HCCS Application for Admissions.**” (New Students)

- On-Line www.hccs.edu (**Future Students**)
- If no previous/recent enrollment or testing activity has taken place at HCCS, students **MUST** meet with a counselor first.
- Complete full application
 - Should obtain an HCC student number

Enrollment Requirements Previous School / Reading

- High School Transcript -or
- Copy of HS diploma - or
- GED scores + passing TASP scores unless exempt
- College level reading – ASSET; Compass; THEA or other comparable test
- Meet with counselor about these

Enrollment Requirements Health Statement / CPR

- Physician Statement of Health, Physical Exam (can use form provided)
- CPR Certification -Obtain certification prior to enrollment (within the last 6 months)
- Cards Accepted –
 - AHA (American Heart Association)- Heath Care Provider Card
 - ARC (American Red Cross) - Professional Rescuer Card

NOTE: American Heart Association (AHA) or American Red Cross (ARC) **ONLY** cards accepted.

Call HCCS EMS Program for CPR course offerings

Enrollment Requirements Shot Records

Need Documentation associated with the following:

- **TB skin test** (not more than 1 year old)
- **MMR**(Measles, Mumps, Rubella)
- **DPT** (Diphtheria, Pertussis, Tetanus)Tetanus within last 10 years

- **Varicella** (Chicken pox) – 2 shots unless,
 - Proof of Titer confirmation of immunity
 - Parent or physician verification
- **Hepatitis B** (3 shots), May / can obtain from Personal Physician or *PERSONALAB RESULTS*
 - Shot 1 (prior to start of class)
 - Shot 2 (1 month after 1st shot)
 - Shot 3 (6 months after 2nd shot)

Get started ASAP – Need to have the first (#1) shot on record before registration.

Student Background Check

Healthcare Program Student Background Check (www.precheck.com).

- Select “*StudentCheck*,” then ““**Order Student Background Check**.””
- Required by Hospitals associated with clinical rotations.
- MUST download/print confirmation page receipt and turn in with application packet.

Enrollment Requirements Drug Screen

10-Panel Drug Screen

MUST obtain a 10-Panel Drug Screen

May / Can obtain from:

- PERSONALAB RESULTS (form provided)
- Private/Family Physician

Enrollment Requirements Uniform Requirement, EMS Uniform / Clinical lab jacket

- Refer to “Code of Conduct” policy
- Purchased from Lone Star Uniform, 8430 N Sam Houston Pkwy W (Beltway 8 & Gessner), Houston, TX, 77064, Phone: (832) 237-8000
- Approximately \$70.00 – \$100.00, Mandatory first day class

Enrollment Requirements Additional Equipment Needed

- Stethoscope*
- Goggles*
- Watch with second hand capability
- Blood pressure cuff (optional), To be used for classroom skills and clinical application.

*Can be purchased at Lone Star Uniforms

EMS Course Requirements - EMT – Basic

REQUIRED BOOK(S):

- *Emergency Care and Transportation of the Sick and Injured, Ninth Edition*, ISBN-13: 978076371416
- *Emergency Care and Transportation of the Sick and Injured Student Workbook, Ninth Edition*, ISBN-13: 9780763748579

Available on-line at www.jbpub.com or call 1-800-832-0034.

Student discount code = HCCF8 (30% off list price)

EMT-Basic OPTIONAL BOOKS:

- *EMT-Basic Review Manual for National Certification*, ISBN-13: 9780763744663
- *JBTest Prep: EMT-Basic Success*, ISBN: 9780763757830

Available on-line at www.jbpub.com or call 1-800-832-0034.

Student discount code = HCCF8 (30% off list price)

EMS Course Requirements - EMT - Intermediate EMT - Paramedic

REQUIRED BOOK(S):

- *Nancy Caroline's Emergency Care in the Streets, Sixth Edition*, ISBN-13: 9780763764692
- *Nancy Caroline's Emergency Care in the Streets Workbook, Sixth Edition*, ISBN-13: 9780763744120

Available on-line at www.jbpub.com or call 1-800-832-0034.

Student discount code = HCCF8 (30% off list price)

OPTIONAL BOOKS:

- *Paramedic Review Manual for National Certification*, ISBN: 9780763755188
- *JBTest Prep: Paramedic Success*, ISBN: 9780763757847

Available on-line at www.jbpub.com Or Call 1-800-832-0034

Student discount code = HCCF8 (30% off list price)

EMS Certification Application / Examination costs

EMT-Basic*

- NREMT examination fee = \$70.00.
- TDSHS application fee = \$64.00



EMT-Intermediate*

- NREMT examination fee = \$100.00
- TDSHS application fee = \$96.00



EMT-Paramedic*

- NREMT examination fee = \$110.00
- TDSHS application fee = \$96.00



***6/2008**

Houston Community College Emergency Medical Services Program Physician Statement of Health

PHYSICAL EXAMINATION FORM

Check appropriate box in which student is to be enrolled.

- | | | |
|---|---|--|
| <input type="checkbox"/> Associate Degree Nursing
<input type="checkbox"/> Cardiovascular Technology
<input type="checkbox"/> Computed Tomography
<input type="checkbox"/> Dental Assisting
<input type="checkbox"/> Diagnostic Medical Sonography
<input type="checkbox"/> Emergency Medical Services
<input type="checkbox"/> Health Information Technology
<input type="checkbox"/> Histologic Technician
<input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Medical Laboratory Technician
<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Nuclear Medicine Technology
<input type="checkbox"/> Nurse Aide
<input type="checkbox"/> Occupational Therapy Assistant
<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Physical Therapist Assistant
<input type="checkbox"/> Radiography | <input type="checkbox"/> Surgical Technology
<input type="checkbox"/> Vocational Nursing
<input type="checkbox"/> Other _____
(Specify) |
|---|---|--|

1. NAME: _____
 Last First Middle Initial
2. HOME ADDRESS _____
3. SOCIAL SECURITY: _____ 4. HOME PHONE: () _____
5. DATE OF BIRTH: _____ 6. AGE: _____
7. HEIGHT: _____ 8. WEIGHT: _____ 9. TEMPERATURE: _____
10. PAST HISTORY (Must be completed with dates of illnesses, operations, and injuries):

11. EYES: Vision (R) _____, (L) _____ Glasses (R) _____, (L) _____
12. EARS: Condition (R) _____, (L) _____ Hearing (R) _____, (L) _____
13. TEETH: _____ 14. TONSILS: _____ 15. NOSE: _____
16. SINUSES: _____ 17. SKIN: _____ 18. THYROID: _____
19. POSTURE: _____ 20. HEART: _____ 21. ABDOMEN: _____
22. VARICOSE VEINS: _____ 23. ORTHOPEDIC CONDITION: _____ 24. HERNIA: _____
25. BLOOD PRESSURE: S _____ D _____ 26. LUNGS: _____
27. COLOR BLINDNESS: _____ 28. FEET: (R) _____ (L) _____
29. **TB SKIN TEST: (Mantoux or PPD): (Within last 6 months)**
 NOTE: Students with a history of BCG vaccination or those with previous positive reactions should have a current chest x-ray verifying inactive disease.

 DATE OF SKIN TEST: _____ FINDINGS: _____
 DATE OF CXR: _____ FINDINGS: _____

- | IMMUNIZATIONS: | MONTH/DAY/YEAR | REQUIREMENTS |
|--|--|---|
| 30. TETANUS (Td) | _____ | A Booster within the last 10 years. |
| 31. MEASLES, MUMPS, RUBELLA (MMR) | 1st _____
2 nd _____ | Students born on or after 1/1/57 must show proof of 2 doses
Students born before 1/1/57 must have 1 dose & show proof of immunity to measles, mumps, rubella (physician validated HX, or serologic confirmation) |
| 32. HEPATITIS B (HBV) | 1st _____
2nd _____
3rd _____
Titer _____ | All students must receive a complete series of hepatitis B Vaccine or show serologic confirmation of immunity to hepatitis B virus (NOT required for Pharmacy Tech). |
| 33. CHICKENPOX HISTORY | _____ | Two doses of Varicella zoster vaccine must be administered to students not previously vaccinated who lack a reliable history of chickenpox |
| 34. SUBSTANCE ABUSE PANEL (7-10) URINE DRUG ANALYSIS WITH CREATININE AND PH LEVELS | _____ | Attach original results. |
| 35. PHYSICIAN FINDINGS: | _____ | |
| 36. PHYSICIAN RECOMMENDATIONS: | _____ | |
| 37. In your opinion, is this individual in suitable physical and mental condition for training in the above selected Health Science Program? | _____ | |
| If not, why? | _____ | |

PLEASE RETURN THIS COMPLETED FORM TO THE PROGRAM DEPARTMENT CHAIR

*Signature of Examining Physician: _____
 Signature Date
 Printed Name: _____
 Address: _____
 Street City State Zip
 Phone Number: () _____

*Physician signature verified by office stamp name and/or location.

Rev. 06/1/06a /t/z

PERSONALAB RESULTS'
"VFS" PROGRAM

Vaccines for Students

\$10
TB SKIN TEST

"FAST TRACK"
IMMUNITY PROGRAMS
AVAILABLE:

- HEP B (TITER LEVEL)
- MMR (IMMUNITY CONFIRMED)
- VARICELLA (IMMUNITY CONFIRMED)

NEW DISCOUNTED
STUDENT PRICING

- TETANUS \$38
- HEPATITIS B Vaccine \$35
- MMR Vaccine..... \$35
- VARICELLA Vaccine..... \$35
- TB SKIN TEST \$10
- CHEST X-RAY.....\$40
- 10-PANEL DRUG SCREEN... \$25
 (RESULTS IN 10-15 MINS)
- PHYSICAL.....\$35

Titer Levels

- HEPATITIS \$50
- MMR.....\$75
 (3-4 DAY RESULTS)
- VARICELLA \$60
 (3-4 DAY RESULTS)

Must bring in this flyer

ACCEPTED FORMS OF PAYMENT:
 Cash, Credit Card and/or Debit Card
 We do not accept American Express

PERSONALAB RESULTS

7457 HARWIN #170
 HOUSTON, TX 77036
 Fax: 713-974-3008
 Phone: 713-974-1294

HCC EMS Code of Conduct

Attendance and Tardiness

Attendance at all classroom, skill sessions, and hands on training is mandatory. **Tardiness will not be tolerated.** This will include when reporting to any duty location (classroom and clinical rotations.)

Teamwork and Personal Effort

- It is one of the primary goals of HCCS to instill a commitment to teamwork among its EMS students. Therefore, the students shall cooperate, support and assist each other whenever necessary.
- The student's best effort is expected at all times.

Courtesy

- Students shall always exhibit courteous behavior and professionalism toward all staff, instructors, and members of the EMS service, Hospital staff, and other individuals they encounter.
- Students will initiate a polite greeting to all individuals they encounter and they will respond appropriately to any greeting directed to them.

Respect for Others

- Respect will be shown to all members of the Instructional staff.
- Respect will be shown to all civilians and to fellow students.
- Disrespect or abusive language toward any individual or group shall be considered insubordination.
- Students shall respect the rights of all individuals and will not engage in discrimination, oppression, or favoritism.
- Cell phones will remain on silent and cell phone and ear plugs shall not be worn during class or clinical times. Cell phones that ring during an exam will result in the student being asked to leave the room and a score of zero will be awarded. During testing times students will not look at any electronic device.

Appearance

All EMS students shall adhere to the uniform regulations set forth in the Code of Conduct

Uniform Regulations

This section establishes specific regulations for wearing uniforms and related equipment. EMS students shall wear only those uniform items officially sanctioned by the HCCS EMS training.

Official Uniform and Equipment

Students must purchase uniform for classroom and clinical use. The style and manner in which any uniform or equipment item is worn, carried and/or used shall be designated in this Code of Conduct.

The official uniform of an HCC trainee shall consist of the following:

- Uniform pants
- Blue HCC EMS T-shirt
- Uniform long-sleeved shirt or short sleeved shirt with an HCC EMS Program Patch
- Black socks
- Black belt
- Black shoe or boot
- ID Tag
- Watch with a second hand
- Lab jacket with an HCC EMS Patch (waist length)

Uniform Maintenance

Students shall be responsible for keeping all uniform articles clean and in good repair. Uniform shirts are to be kept clean and pressed.

Uniform pants will be kept clean and pressed. They will be plain bottom leg, hemmed no shorter than to the top of the back of the shoe. Pants will be worn at the natural waist line, not on the hips, with the HCC uniform belt.

Lab jacket will be clean and pressed for each clinical rotation

Name Tags

Students shall wear the issued name tag affixed to the front of the uniform shirt. Students shall wear name tags at all times when wearing the uniform.

Personal Appearance and Grooming Standards

This section establishes standards governing the maintenance of a professional image by all students. These standards will apply to both men and women unless otherwise specified. These standards are for both classroom and clinical settings.

- No excessive cologne
- No excessive perfume
- No excessive make-up
- Only one set of earrings which must be studs
- No cartilage piercings shall be worn in class or clinical settings
- Men must cleanly shaven

Hair and Grooming Standards of Male Members:

Hair will be clean, neat, well trimmed, and properly combed at all times, except under adverse conditions. Hair will not contain excessive amounts of grooming aids such as grease, creams, oils, and sprays.

Hairstyles shall be within the following restrictions:

- Hair on top of the head shall not, when combed, picked, blown or teased, exceed 2" in height.
- Hair in front shall be groomed so that it does not fall below the eyebrows.
- Men with longer hair must pull the hair back during all skills and clinical rotations.
- Hair may be dyed, tinted or frosted in colors naturally occurring in human hair.
- Facial Hair: no beards, goatees, or mustaches are allowed. Members must be otherwise clean-shaven when reporting for class and clinical
- Sideburns
 - will be kept neatly trimmed
 - shall not be flared, bushy or a similar style (such as "muttonchops")
 - shall not extend lower than one-third the way down from the top of the ear, and shall end in a clean horizontal line.
- All personnel will have fingernails that are clean and neatly trimmed so as not to extend more than 1/2" beyond the fingertip. Nails are not to interfere with the efficient operations of HCC equipment and patient care
- No earrings, visible body piercings, or tongue piercings/rings are permitted.
- No necklaces or bracelets are allowed.
- Tattoos must not be visible during class sessions or clinical rotations

Hair and Grooming Standards of Female Members:

Hair will be neat, clean, well trimmed, and properly combed at all times except under adverse conditions, such as during an emergency. Hair will not contain excessive amounts of grooming aids such as grease, creams, oils, and sprays.

- Hairstyles shall be within the following restrictions:
 - Hair must be pulled back during all skills and clinical rotations
 - Hair may be dyed, tinted, or frosted in colors naturally occurring in human hair.
 - Hair should not fall below the eyebrows.
- All personnel will have fingernails that are clean and neatly trimmed so as not to extend more than 1/2" beyond the fingertip. Nails are not to interfere with the efficient operation of HCC equipment and patient care. Overlay, such as acrylic or solar or other "false" nails shall not be worn.
- No earrings, visible body piercings, or tongue piercings/rings are permitted.
- No necklaces or bracelets are allowed.
- Tattoos must not be visible during class sessions or clinical rotations

Underclothing

Blue HCC EMS T-shirts shall be worn as part of the uniform. The T-shirt sleeves shall be no longer than the uniform shirtsleeves.

Other appropriate personal underclothing shall be worn.

Application of Standards

Should any question arise pertaining to the standards set forth in this section, the judgment of the EMS Faculty will stand as a final decision and the trainee will take whatever action is necessary in order to comply.

EMS Program Registration Procedure

- Bring required documents (copies / not originals) to EMS Department one (1) week prior to class start date.
- Students **MUST** make an appointment:
 - **Alief Campus** (Office #107) 713-718-5464
 - **Katy Campus** (Office #335) 713-718-5704
 - **Codwell Campus** (Office #305) 713-718-7694
- **Office Hours** (call to set up an appointment):
 - Monday thru Thursday 10am – 5pm
 - Fridays 8am – 12pm
- Once the necessary documents are received and approved by the EMS Department the student will be given an enrollment form and is eligible for registration (cannot enroll On-Line).
- Review "Code of Conduct" policy