

## EMS Education Application Information Packet

### Student Requirements – General

The enrolled student, certification candidate, or EMS provider must comply with the following:

- Be proficient in reading, writing and speaking in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
- Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments without the need for an assistant.
- For EMT-B courses, a student must attain eighteen (18) years of age by the end of the month in which the course NYS written exam is scheduled. For CFR courses, a student must attain sixteen (16) years of age by the end of the month in which the NYS written exam is scheduled.

Application submission checklist:

- Arnot Health EMS Course Application
- Application for Emergency Medical Services Certification DOH-65
- Verification of Membership in a NYS EMS Agency DOH-3312 (if affiliated with an EMS Agency holding a NYS agency code)
- Student Self-Report Health Form
- Current Physical
- Immunization Record
- Hepatitis B declination
- Arnot Health verification of EMS Membership
- Learning Contract, Academic Policies and Procedures
- Statement attesting to receipt of Learning Contract, Academic Policies and Procedures
- Copy of current EMS certification (Refresher students only)

The following on-line self-study pre-requisite certificates must be submitted (by mail or email [education@emstar.org](mailto:education@emstar.org) ) **prior to course start date:**

[IS-100.C: Introduction to the Incident Command System, ICS 100](#)

[IS-700.B: An Introduction to the National Incident Management System](#)

[IS-5.A: An Introduction to Hazardous Materials](#)

**ALL FORMS MUST BE SUBMITTED PRIOR TO FIRST SESSION. STUDENTS WILL NOT BE ADMITTED WITHOUT ALL DOCUMENTS.**

Return COMPLETE Application Packet to:

EMS Training - EMSTAR  
1058 W. Church Street  
Elmira, NY 14905  
or email to [education@emstar.org](mailto:education@emstar.org)

# EMS Course Application



Return Application Packet to:  
EMSTAR  
EMS Training  
1058 W. Church Street  
Elmira, NY 14905  
or email to [education@emstar.org](mailto:education@emstar.org)

## General Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone # \_\_\_\_\_

## Emergency Contact

First name \_\_\_\_\_ Last name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Are you affiliated with a fire department or ambulance service?

- Yes, Agency: \_\_\_\_\_
- No

Application for which type of course:

CFR Original Course Start date: \_\_\_\_\_

CFR Refresher Course Start date: \_\_\_\_\_

EMT Original Course Start date: \_\_\_\_\_

EMT Refresher Course Start date: \_\_\_\_\_

AEMT Course Start date: \_\_\_\_\_

AEMT Refresher Course Start date: \_\_\_\_\_

Paramedic Refresher Course Start date: \_\_\_\_\_







## **EMS EDUCATION STUDENT IMMUNIZATION AND PHYSICAL EXAM REQUIREMENTS**

An accurate Student Self-report Health Form is essential and enables AOMC to provide appropriate care and guidance to students. It is considered a CONFIDENTIAL document. All students who plan to enter the program must complete this health form. All students are required to have a physical examination by their healthcare provider and provide documentation of the identified immunizations/screenings **BEFORE** beginning the course.

According to Public Health Laws 2165 and 405.3 Title 10 NYCRR, students attending colleges or universities and affiliating with a Health Care Facility, must meet certain minimum health requirements. In addition, OSHA requires anyone exposed to blood or body fluid be given education and offer of Hepatitis B vaccine. Therefore, it is mandatory that the following forms (Student Immunization Assessment and Student Health History/Health History and Physical) be completed and returned to your instructor within three weeks of the start of the class. Failure to complete these requirements will result in withdrawal from the course.

Read the information enclosed very carefully. It is your responsibility to make sure that all areas are completed within the time frame given!!

For records of immunization history:

- Check with personal physician.
- Check with High School from which you graduated.
- Check with your "employee health" office where you work.

You may have a blood test done to determine whether or not you have immunity against measles, mumps, or rubella. Check with personal physician for this.

In the event you need measles, mumps, or rubella vaccinations and or PPD test, you may:  
Obtain through your personal physician.  
Receive them through your County Health Department.

In the event you wish to receive the Hepatitis B vaccine, you may:  
Obtain through your personal physician.  
Contact your ambulance corps president or your fire department chief.

### **COMMON QUESTIONS ABOUT HEALTH REQUIREMENTS**

Who has to meet health requirements?

Any and all students are required to complete clinical observation time within a health care facility.

If you were born before January 1, 1957, you do not have to get any measles vaccines; but you need to complete all of the rest of the requirements.

If you were born on or after January 1, 1957, you need to complete all of the requirements.

If I am refreshing my EMT, do I have to complete the health requirements?

No, unless you expect to complete clinical observation time. Check with your instructor.

Can I refuse any of the health requirements?

The only vaccine that you can refuse is the Hepatitis vaccine (if refusing, complete **HEPATITIS B VACCINE DECLINATION FORM**). The only way any other vaccine requirement can be waived is if you have a medical exception. This means that your physician must sign a statement, stating the reason that he/she does not want you to get the vaccine.

Why do I have to do this?

It is mandated by the New York State Department of Health that hospitals be able to prove that any person who comes in contact with patients meets these minimum health requirements. This includes volunteers and students.

What if I do not have or cannot find documentation of any "shots" when I was a child? You will have to complete the series of measles, mumps and rubella again or you can ask your doctor to order lab tests to determine immunity.

Does my baby book qualify as documentation?

No, unless it was signed by your physicians at the time of the immunization.

Would my school records count as documentation?

Yes, obtain a copy and send it with your forms. Please make sure that it is a clear, legible copy.

Why does a measles vaccine given before 1968 not qualify?

Prior to 1968, physicians had a choice of either giving a "live" vaccine or a synthetic vaccine. It was determined that the synthetic vaccines were not effective; therefore, unless there is specific information that states it was a "live" vaccine, they are not counted towards the required two vaccines.

How much time between each measles vaccine must I wait if I have to receive two doses?

The minimum time between each dose is 30 days.

What is a PPD?

A PPD is a skin test to determine whether or not you have been exposed to tuberculosis . It is administered on the inside of your forearm and must be read between 48 and 72 hours after administration. The reading must be signed and dated by a health practitioner.

If I have a positive reaction to the PPD, does it mean I have tuberculosis?

No, It indicates that you might have been exposed to the disease. You will be required to have a chest x-ray.

Do I have to get the Hepatitis vaccine in order to get into the hospital?

No. You need only to be educated (as with a film) and may elect to refuse the vaccine.

If I refuse the vaccine, and change my mind later, can I still get the vaccine? Absolutely. The hospitals need only to know that, at the time of your clinical rotation that you know the risks of contracting hepatitis and are aware that there is a vaccine available. You may change your mind at any time and receive the vaccine.

\*\*\*ANY FURTHER QUESTIONS, CONTACT EMSTAR 607-732-2354\*\*\*

## EMS EDUCATION STUDENT SELF-REPORT HEALTH FORM

**DIRECTIONS: ANSWER ALL QUESTIONS. CHECK WHERE APPLICABLE**

### 1. Family History

Father: Age \_\_\_\_\_

Mother: Age \_\_\_\_\_

If either parent is deceased, identify and give cause \_\_\_\_\_  
\_\_\_\_\_

### 2. Among your blood relatives, is there a present or past history of:

- Heart Disease
- High Blood Pressure
- Stroke
- Tuberculosis
- Diabetes
- Cancer
- Anemia
- Allergies
- Seizures
- Kidney Disease
- Arthritis/Gout
- Stomach, Intestinal Problems
- Emotional Problems
- Cirrhosis
- Migraine
- Deafness
- Blindness

### 3. Are you allergic to any of the following:

- Penicillin
- Sulfa
- Horse Serum
- Insect bites, Stings
- Other Medicines

Specify \_\_\_\_\_  
\_\_\_\_\_

Other Substances  
Specify \_\_\_\_\_  
\_\_\_\_\_

### 4. Have you ever had, or do you have:

- Hay Fever
- Hives
- Eczema

### 5. Have you ever had: (optional)

Surgery  
Describe \_\_\_\_\_  
\_\_\_\_\_

### 6. Have you had, or do you have:

- Rheumatic Fever
- Heart Problems
- Asthma/Lung/Bronchial Disease
- Hypertension
- Diabetes
- Kidney Disease
- Bladder Disease
- Ulcer
- Intestinal Disease
- Hepatitis
- Frequent Indigestion
- Frequent Diarrhea
- Sexually Transmitted Disease
- Frequent Sleep Problems
- Frequent Appetite Problems
- Frequent Breathing Problems
- Persistent Nervousness
- Persistent Anxiety/Depression
- Recent gain or loss of weight of 10 pounds or more
- Joint Injury (severe)
- Arthritis/Joint Disease
- Shoulder Dislocation
- Knee Problems
- Back Problems
- Broken Bones
- Head Injury (with unconsciousness)
- Concussion
- Seizures/Blackouts
- Meningitis/Encephalitis
- Weakness/Paralysis
- Frequent Headaches
- Mumps
- German Measles (Rubella)
- Measles (Rubeola)
- Mononucleosis
- Chicken Pox
- Malaria
- Other Tropical Diseases
- Specify \_\_\_\_\_
- Anemia
- Sickle Cell Disease
- Hemophilia or other
- Bleeding Problems

### FOR FEMALES:

- Chronic Vaginal Infections
- Irregular Menses (Period)
- Excessive Bleeding with Menses (Period)

### DISABILITY (Optional) A disability is a problem that cause long-term impairment of your ability to work or function. Do you have a disability?

- Yes
  - No
- Specify:
- Speech
  - Chronic Illness
  - Mobility Impairment
  - Visual
  - Hearing
  - Emotional
  - Substance Misuse
  - Learning

Would you like your name given to the Disability Services Office and/or your academic advisor to discuss accommodations:

- Yes
- No

Student Name \_\_\_\_\_

## EMS EDUCATION PHYSICAL

### PHYSICAL EXAMINATION:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Significant History:

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Present Medication(s) Requirements:

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CLINICAL EVALUATION:	Normal	Abnormal	Remarks
Eyes	_____	_____	_____
Head, Ears, Nose, Throat	_____	_____	_____
Teeth	_____	_____	_____
Skin	_____	_____	_____
Respiratory System	_____	_____	_____
Cardiovascular System	_____	_____	_____
Gastrointestinal System	_____	_____	_____
Genitourinary System	_____	_____	_____
Metabolic Endocrine System	_____	_____	_____
Musculoskeletal System	_____	_____	_____
Neuropsychiatric System	_____	_____	_____
Pap Smear – Date	_____	_____	_____
Pelvic Exam	_____	_____	_____
Breast Exam	_____	_____	_____
Testicular Exam	_____	_____	_____

Vision Testing: Left \_\_\_\_\_ Right \_\_\_\_\_ Recommendation: \_\_\_\_\_

Lab Results: SMA 12 \_\_\_\_\_ CBC \_\_\_\_\_ UA \_\_\_\_\_

DETAILS OF ABNORMALITIES: (Please review any abnormalities with student)

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Do you have any special instructions (restrictions, medications, recommendations) concerning this student?

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Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



## EMS EDUCATION IMMUNIZATIONS

PPD required annually

TUBERCULIN SKIN TEST: PPD (MANTOUX intradermal skin test) REQUIRED within 6 months before the start of classes, unless the student has a history of a past positive skin test, which must be indicated and chest x-ray submitted. Tine test is not acceptable.

Date administered \_\_\_\_\_ Date interpreted (within 48-72 hours) \_\_\_\_\_ Induration \_\_\_\_\_ mm  
Month/Day/Year Month/Day/Year

Certifying health professional: \_\_\_\_\_

IF PPD is positive, CHEST X-RAY REQUIRED subsequent to positive PPD result. Attach copy of report. Do not send film

Has student had INH? \_\_\_ No \_\_\_ Yes, date: \_\_\_\_\_

Has student had BCG vaccine? \_\_\_ No \_\_\_ Yes, date: \_\_\_\_\_

IMMUNIZATION RECORD DATES MUST BE WRITTEN MONTH/DAY/YEAR	Date vaccine given (Month/Day/Year)	Initials of certifying health professional	Physician-diagnosed disease history (date of onset)	Serology date/results (copy of lab report MUST be attached)
MEASLES (REQUIRED)	#1 / / #2 / /			
MUMPS (REQUIRED)	/ /			
RUBELLA (REQUIRED)	/ /			
OR Combined as MMR (REQUIRED)	#1 / / #2 / /			
THE FOLLOWING ARE RECOMMENDED BUT NOT REQUIRED FOR ADMISSION. Provide date of most recent tetanus vaccine				
TETANUS/DIPHTHERIA				
VARICELLA				
HEPATITIS B			Or Hepatitis declination --signature below Signature _____ Date _____	
MENINGOCOCCAL			Or refusal of vaccination – signature below Signature _____ Date _____	

I determine that, in my opinion, her/she is free from any physical or mental health impairment which is of potential risk to patient and personnel or might interfere with the performance of his/her duties to include the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances, which might alter the individuals behavior.

\_\_\_\_\_  
Healthcare Provider's Signature Print Healthcare Provider's Name

Healthcare Provider's Address \_\_\_\_\_ Phone \_\_\_\_\_



**EMS Education  
HEPATITIS B VACCINE DECLINATION FORM**

I, \_\_\_\_\_ have been informed that in order to complete my medical requirements for Emergency Department Clinical Rotations, I must take a series of three (3) Hepatitis -B vaccines under the new OSHA Guideline.

I must arrange for this series of vaccines on my own and through my own clinical practitioner.

I hereby decline to take these vaccines, and do so at my own risk, and release the Course Sponsor, Arnot Ogden Medical Center and its Clinical Hospital Affiliates of all liabilities and personal responsibilities.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

## Course Tuition Policies & Procedures for EMS classes being offered through Arnot Health

In order to maintain a sustainable EMS education program the following policies and procedures must be adhered to. Historically, many students who have registered and participated did not complete the course, course requirements, or pass the final written exam. Because the State of New York DOH provides reimbursement only for those students who successfully pass the state written exam, the EMS programs sustainability is jeopardized. Please read over the following policies carefully.

- Students withdrawing from the course within twenty-one (21) days of the first class session will incur no tuition, and that student's tuition will be deducted from the initial invoice. The student must notify the EMS Program Director, Brandon Rosettie and their Instructor, **in writing**, of his/her intention to withdraw within this time period.
- Students withdrawing from the course after 21 days will incur 50% of the tuition and 50% will be deducted from the initial invoice. The student must notify the EMS Program Director, Brandon Rosettie and their Instructor, **in writing**, of his/her intention to withdraw within this time period.
- Students withdrawing any time after 45 days, or failing to pass the state written exam, **will incur full tuition**, and the initial invoice will remain the same. The student must notify the EMS Program Director, Brandon Rosettie and their Instructor, **in writing**, of his/her intention to withdraw within this time period.

For any student completing the course requirements and passing the written exam, the balance for that student on the sponsoring agency/department invoice will drop to \$0, and the EMS Training Program will voucher New York State DOH for reimbursement.

For students who do not complete the course requirements and/or do not pass the written exam, the sponsoring agency/department is responsible for the full tuition amount. The sponsoring agency/department will receive an invoice upon release of the final test scores.

Any agency/department that does not pay the invoice within sixty (60) days of mailing will be ineligible to sponsor any future students in the course until payment in full is remitted.

Any invoice outstanding for more than sixty (60) days will be turned over for collection.

We encourage sponsoring agencies/departments to carefully vet those students they wish to sponsor in the EMS programs. Please send students you expect to successfully complete the course and pass the written test.

Agencies/departments may choose to seek reimbursement from students failing to successfully complete all of the course requirements. This is at the discretion of individual agencies/departments.

## EMS Course Tuition

Course level and type	* Course tuition with agency affiliation	Course tuition without agency affiliation
Certified First Responder Original	\$0	\$220.00**
Certified First Responder Refresher	\$0	\$100.00**
Advanced Emergency Medical Technician	\$0	\$530.00**
Basic EMT Original	\$0	\$700.00**
Basic EMT Refresher	\$0	\$335.00**
Paramedic Refresher	\$0	\$700.00**

### \*Agency affiliation rates apply to those students who can demonstrate EMS agency affiliation as follows:

- For BLS (CFR, EMT-B) courses, volunteer or paid members of not-for-profit, municipal, commercial, or hospital-based ambulance or eligible first response agencies (with active, valid NYS EMS agency code).
- For ALS courses, volunteer or paid members of ALS not-for-profit, municipal, commercial, or hospital based ambulance or eligible ALS agencies (with active, valid NYS EMS agency code).
- For these rates to apply, the student's agency affiliation must be in place at the beginning of the course, and be verified on a completed signed NYS DOH-3312 (Verification of Membership in an EMS Agency).

\*\*Tuition does not include textbooks, lab fees, eLearning platforms, or other course related expense.



**Verification of Membership In An EMS Agency**

This is to certify that the individual listed below is a member of this EMS Agency.

I further certify that should the person listed below drop the course, not complete course requirements, be dismissed from the EMS course number # listed below, or has not been registered in the CME Core Program for the EMS Course Number listed below; this Agency may be held responsible for full tuition/fees/texts/supplies incurred by this student.

This form must be returned to Arnot Health EMS Program, EMSTAR, 1058 W. Church Street, Elmira, New York, 14905 no later than 10 days after the first day of class or the student named below will be dismissed from class. This form must be signed by Agency Chief, Captain, DO, Treasurer or person responsible to make monetary commitment for organization.

For those students registering for a course higher than the level at which the agency is certified, the difference in the tuition reimbursement will be charged to the student/agency.

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Course # \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)

EMS Agency Code: \_\_\_\_\_

EMS Agency Level of Certification – Please circle one of the following:

BASIC (includes Certified First Responder Agencies)      AEMT      Paramedic

## EMS COURSE ACADEMIC REGULATIONS AND LEARNING CONTRACT

### INTRODUCTION

It is important that each student understand the policies and procedures for our EMS programs to prevent any misunderstandings before, during, or after the course. It is our goal to help students recognize their maximum potential and to help them meet that potential. As in all learning situations, we can only help guide the way. Learning is a personal endeavor requiring considerable reading, study and practice on your part. Our goal is to provide you with the very best classroom and lab instruction to help you achieve the course goals and objectives. We will provide remedial sessions as needed to be certain that you are proficient in your lifesaving skills.

### 1. PREREQUISITES

- a. EMT 18 years or older, CFR 16 years or older by the time of the NYS written certification exam
- b. Required Course Materials will be identified at acceptance of application. All Course Materials are required prior to first session
- c. Completion of Application Forms
- d. Completion of the following FEMA courses:

**ICS 100b** Introduction to Incident Command System

**NIMS 700** National Incident Management System Introduction

**IS-5.a** An Introduction to Hazardous Materials

**ALL students will be required to provide proof of successful completion of NIMS IS-5, NIMS IS-100 and NIMS IS-700 online courses. The NIMS IS-5 meets the OSHA 1910.120 requirements (NYS Firefighting 1 Course can be used towards NIMS IS-5)**

### 2. OBJECTIVES & EXPECTATIONS

Our program is based upon being fair, transparent and professional. This course will follow the NYS DOH Bureau of EMS EMT Instruction Guidelines based upon the National EMS Education Standards. The guidelines can be viewed at the following link:

[https://www.health.ny.gov/professionals/ems/national\\_education\\_standards\\_transition/docs/nys\\_emt\\_education\\_standards.pdf](https://www.health.ny.gov/professionals/ems/national_education_standards_transition/docs/nys_emt_education_standards.pdf)

Successful students will actively participate in lectures and lab stations, while embracing the opportunities provided in Clinical rotations. Should a faculty member deem that a student is unprepared, unfit or unable to participate, that student may be dismissed from that session and will be marked absent. It is expected that due to the lengthy process involved in gaining certification that the successful student will spend at least one hour studying outside of the classroom for every hour of lecture. Students should arrive and be prepared for

class to start promptly at the assigned time and have any required assignments prepared for faculty evaluation.

- a. To develop knowledge and skills assessment as required for NYS DOH BEMSATS Certified First Responder, EMT, or AEMT certification.

### 3. REQUIREMENTS

#### A. Tuition

All tuition (if applicable), lab and book fees are to be paid prior to the first session unless alternative arrangements have been made. Checks are to be made payable to EMSTAR. Credit Card payments are accepted. For those students having their sponsoring agency send a purchase order, the purchase order must include each student's name and a fully executed "Verification of Membership in an EMS Agency" document. Also include exactly what the agency is paying for (i.e. text, CPR card, lab fees etc.). **ALL TUITION, TEXT AND FEES MUST BE FULLY PAID (or alternative arrangements made) BEFORE THE STUDENT IS ALLOWED BEGIN COURSE WORK. ALL REQUIRED PAPERWORK MUST BE SUBMITTED PRIOR TO THE STUDENT BEGINNING COURSE WORK.**

If a student withdraws within the ten (10) days from the beginning of the course, there will be no charge for tuition. Students withdrawing from the course anytime from 11 days to 21 days from the beginning of the course will incur 50% of the tuition. To be eligible for a refund, Student **MUST** notify Course Instructor and EMS Program Director **in writing**. Should the student withdraw/drop/not complete requirements (including clinical requirements) after twenty one (21) days making the student ineligible to take the NYSDOH Practical Exam/NYSDOH Written Exam, the student / sponsoring agency will be held responsible for the full tuition that would have been reimbursed by NYSDOH. In all cases, there will, be a charge for text books, learning materials and any supplies distributed. The student/sponsoring agency will be responsible for any text and fees which are still outstanding after they withdraw / drop complete requirements from the class.

It is Arnot Health's policy to assign delinquent accounts to a collection agency. **After proper notification, students who have an unpaid balance in their account for the course may be assigned to a collection agency. Arnot Health will assess the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorney's fees; we incur in such collection efforts.** Furthermore, the collection agency will notify all credit reporting agencies of the outstanding debt. It is, therefore, important and advantageous to pay account balances in full when they are due.

Any agency / department that do not pay the invoice within sixty (60) days will not be able to sponsor any future students into the program until payment in full is received.

For Basic Level courses (CFR & EMT-B original and refresher), students who can verify membership in a NYS DOH BEMSATS certified pre-hospital agency may not be charged tuition. However, they and their agency must execute an agreement guaranteeing payment.

Nonaffiliated students will be charged tuition that is due and **payable prior to admission unless alternative arrangements have been made.**

Course fees for participants not affiliated with a NYS agency:

CFR Original	\$220	CFR Refresher	\$100
EMT Original	\$700	EMT Refresher	\$335

#### B. Physicals

A physical examination will be required for students enrolled in an EMT-B original. Physicals may be done by the medical practitioner of your choice. These forms must be in the student's class file prior to student beginning clinical rotation. Information contained on the form may be released to the Clinical Agency/Hospital upon written request from the Agency/Hospital, upon display of reasonable need...i.e. exposure incident.

### C. Attendance

Attendance will be taken at every session and it is the student's responsibility to ensure they sign in and out on the attendance sheet to document their presence.

In order to comply with NYSDOH requirements, you must attend all course sessions, or make up the sessions, prior to taking the practical exam. It is difficult to attempt to make up sessions and receive the same information and practice opportunities that other students obtained. For this reason, we have the following policy on attendance:

- There are no unexcused absences. If you cannot attend a class, you must notify the course Instructor prior to the class, if possible. If prior notification is not possible, you must contact the instructor within twenty-four (24) hours after the class.

100% attendance is required and proof of make-up sessions must be presented **within one (1) week of missing a class**. You are responsible for attending all sessions of this course. If you must miss a class:

- i. You must notify the Instructor/ Office within 24 hours of your absence. (Preferably in advance)
- ii. You must make arrangements to get notes from another student (if applicable).
- iii. You must make up the class. Make up material is at the discretion of the course coordinator. If the make-up material is not submitted to the course coordinator **within one week**, the student may be dropped from the course. **A maximum of three class sessions may be made up. More than three (3) sessions missed will result in a forced withdraw from the course.**
- iv. A tardy arrival (arrival after the class has begun), early departure (prior to class dismissal by instructor) or other interruption (leaving class without prior authorization) may be considered an absence.
- v. Make- up sessions and content are at the sole discretion of the CIC or designated faculty member.
- vi. Classes cancelled due to emergency weather conditions will be announced according to policy. At the next regularly scheduled class, necessary adjustments will be made in the course schedule and a time will be set to make up the missed hours.

**CLASS CANCELLATIONS WILL BE ANNOUNCED BY OFFICIAL EMAIL, EMSTAR FACEBOOK PAGE and/or  
The EMSTAR WEBSITE.**

vii. Students who wish to be allowed to exceed this policy due to extenuating circumstances may do so in writing to the NYS DOH Bureau of EMS CIC of Record or designated faculty member. The CIC/designated faculty member will forward the request to the Program Director/NYS Course Sponsor Administrator with a recommendation. The Director/NYS DOH Bureau of EMS Course Sponsor Administrator, in consultation with the EMS Program Medical Director, shall decide if the student will be allowed to exceed the maximum absence policy. The student and CIC will be notified in writing of the decision. The student should continue to attend classes during their appeal period.

### D. Clinical requirements. (EMT, AEMT)

i. Each student must attend NYS DOH required hours of ambulance clinical and/or Emergency Department clinical. Students will utilize the NYS DOH EMT Clinical Rotation Guide. A list of those agencies participating as preceptors will be given to Students. The Clinical Time will begin after start date noted in Syllabus. Completed logbooks and PCR's will be returned to the Instructor no later than date noted in syllabus for their review/verification. All hospital and field clinical time must be completed prior to the Final Practical Skills Exam.

**Clinical Time completed with an agency or hospital with no clinical preceptor agreement with the Arnot Health will be unapproved/ unacceptable for course completion.**

ii. Falsification of names, times and or dates on clinical or field internship documentation will result in automatic

dismissal from the course and a grade of F. A report will also be made to the state, which may result in a permanent revocation of certification. Criminal charges may also be filed.

iii. Allied health forms must be completed and approved by the Arnot Health Office prior to the clinical session. Students cannot participate in clinical until approved and cleared by the Arnot Health Office and the clinical coordinator.

### E. Reading & Studying

The reading assignments for each session will be given by the CIC. The reading should be completed **PRIOR** to each class session. The lecture and lab sessions are to help clarify and expand upon the written material. By completing the reading before class, you will have a better idea of what you do not understand and can ask questions to clarify these areas. Please remember that not every item on a quiz or examination is covered by lecture. Quiz or exam items may only be covered in the written materials. That is why it is important for you to read the assigned material and be prepared to ask any questions you have during the class. The NYS Student Reference Guide and/or the NYS Protocol Manual reflect policy and procedure for certification and practice in New York State and are the final authority if a discrepancy occurs between the course textbooks and the NYS DOH manuals.

### F. Internet and Computer Course Requirements:

A Computer that is capable of reading and creating PDF files and MS Word Documents; a web browser that is able to support Moodle; MyLab updated plugins (RealPlayer, Quicktime, Windows Media, Adobe Reader, Flash, Shockwave, Java) to run videos through the web browser. Internet connection (DSL, LAN, or cable connection desirable) The student will need to be able to access the internet, whether in class or at home on average of four (4) hours a week. Computer time may be scheduled through designated Computer Labs.

### G. Evaluation:

Quizzes and subject examinations will be administered on a regular basis. These are given for two reasons:

- For the faculty to assess your progress against the course objectives to determine the effectiveness of the teaching, and
- For you to assess the effectiveness of your study habits and progress in the course.

We require that you maintain a minimum 70% average grade on all quizzes and exams.

- Exams 30% of calculated grade
- Comprehensive Final 30% of calculated grade
- Quizzes 30% of calculated grade

Quizzes can be given at any time and will have a time limit. Any questions unanswered will be graded as incorrect. Quizzes cannot be made up if missed. Any missed quiz will be graded as a zero. The three (3) lowest quiz grades will be dropped when calculating the final quiz average.

- Assignments 10% of calculated grade
- Lab Competencies 100% Successful completion required

Midterm grades. **The EMS department will not apply for funding through any agencies for any student with a failing average at midterm.** The student will become responsible for the cost of the course. Students will also **receive a clinical/internship midterm report. The EMS department will not apply for funding through any agency for any student in jeopardy of not completing their clinical/internship requirements.**



- The final exam must be passed with a grade of 70% or better; no retest will be offered.

In addition to standard grading, there will be competency challenges that you must pass in order to continue in, and pass the class. These competencies will be in the lab setting and will involve skill sets for the level of course you are enrolled. Each student will have a total of three attempts to pass each lab competency, with remediation prior to each attempt. These will be completed by appointment with the CIC.

- Successful completion of the American Heart Association BLS Course on the designated date
- Successful completion of all Clinical competencies.
- In accordance with Bureau of EMS regulations, students will be required to obtain a C- (70%) in lecture and a satisfactory rating in both Clinical and Lab. Failure to achieve of these objectives will result in a possible dismissal from the course and an inability to test for New York State certification.

One of the most important traits of EMS personnel is the ability to accept responsibilities. The Instructor Coordinator is responsible for presenting course materials and handing out reading and study assignments. It is the student's sole responsibility to put adequate study time and effort into learning the material. If you are having challenges it is your responsibility to contact your Instructor. There is more material to present than is possible to cover in class time. It is very important to do all reading and homework assignments.

**AT NO TIME IS ANY HOSPITAL CLINICAL TIME OR FIELD RIDE TIME TO BE DONE UNTIL THE STUDENT HAS COMPLETED ALL IMMUNIZATIONS/ PHYSICAL REQUIREMENTS AND HAS HIS/HER IDENTIFICATION BADGE. THIS ID BADGE MUST BE WORN AT ALL CLINICAL and/or FIELD RIDE TIMES.**

#### **H. Physical Ability**

Students must be physically capable of performing all skills with victims in realistic emergency situations, without the use of special adaptive equipment. Students will be given a copy of the current Certified First Responder Functional Job Description or the current Emergency Medical Technician Functional Job Description as appropriate to your course and will be expected to have the ability to comply with the Job Description.

#### **ADA ACCOMODATION REQUESTS**

Students who may be unable to comply with the Functional Job Description and who request consideration Under the Americans with Disabilities Act will be referred to NYS DOH EMS per NYS DOH policy statement #15-05. Certain arrangements may be possible to assist the applicant with the NYS written certification examination; however, no accommodations will be made for the Practical Skills Examination other than personal equipment such as stethoscope or pocket mask. All accommodations are at the discretion of the NYS DOH.

### **4. CONDUCT**

A major goal of this course is to produce students who are able to work in a professional setting with other professionals. Failure to conduct oneself in a professional manner, i.e. being on time, turning in work on time, being attentive in class, etc., will be taken into consideration in the final decision of a student's grade. Deviation from acceptable behavior will be brought immediately to the student's attention. Continued discrepancy may result in termination of the student's participation.

- Students agree to conform to all policies of ARNOT HEALTH, EMSTAR, (learning center), other hosting agency and any clinical sites.

ii. **ELECTRONIC DEVICES:**

***In order to provide the best possible learning environment for all students, all pagers, cellular phones and similar type devices will be turned off or to vibrate. No one will be allowed to leave class to take a call of any type (i.e. fire, phone, text, ambulance). No one will be allowed to receive or send text messages during the class. This may only be done on class breaks. Use of iPods (or similar device) and laptops during the class will be allowed for referencing the textbook, MyLab and note taking only. This task must be done quietly and cannot be distracting to other students. Any other use of electronic devices during class time is prohibited. Students not abiding by this will be dismissed from the course/program. Disruptions of this type will not be tolerated. Those who leave will be marked absent for the entire class unless preapproved by the instructor(s). Only audio tape recordings of lectures are acceptable. All other media/communication devices are prohibited during class, clinical (ride and hospital) and scheduled lab times.***

**DRESS CODE**

Professional attire is required at all clinical, lab & didactic sessions. Please wear clean, casual professional attire. Many lab sessions require hands on practice on the floor, on the ground, or in vehicles. Clinical attire will be black or dark blue pants (no Jeans), blue or black polo shirts, and black shoes (no agency affiliated attire at permitted at clinical). Students should exercise good personal hygiene.

**SMOKING**

Smoking is not allowed in the Training Facility, any clinical sites or during any Arnot sponsored class sessions. Sufficient breaks will be taken during the course sessions to accommodate personal needs.

**HARASSMENT**

Arnot Health is committed to the principle that harassment by/between employees, faculty or students is an abuse of authority and constitutes prohibited unprofessional and unacceptable conduct. This policy extends to any educational programs involving Arnot staff, instructors or students whether on-site or at a Arnot location. Sexual harassment is a form of sexual discrimination that is prohibited by Title VII of the Civil Rights Act of 1964, and is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's participation in a class, or
- Submission to or rejection of such conduct by an individual is used as the basis for instructional decisions affecting such individual, or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's instructional performance or creating an intimidating, hostile, or offensive educational environment.
- All Arnot students will be given a copy of the Anti-Harassment Policy.
- Any student who feels that he/she is being harassed is encouraged to report such harassment in accordance with the Arnot Anti-Harassment Policy.
- Any student who feels that he/she is being harassed is encouraged to report such harassment to the course CIC and if necessary follow the grievance procedure.

## 6. DISCIPLINARY PROCEDURE

Each student is entitled to a fair representation of the facts and due process. Situations which may require disciplinary action will be handled on a case-by-case basis. At the time of the first occurrence the student will be advised that he or she is not acting in accordance with the policies and procedures. The student will be directed to cease the inappropriate behavior. The instructor may, at his or her discretion, ask the student to leave the classroom if the situation warrants this action. Additional infractions may require further disciplinary action.

### DISCIPLINARY PROCESS:

- i. Written warning and counseling for the INITIAL INFRACTION with a copy of such warning submitted to Arnot Health Department of EMS;
- ii. A second written warning and counseling for the SUBSEQUENT INFRACTION with a copy of such warnings submitted to the Arnot Health Department of EMS;
- iii. Students who have not taken the necessary corrective actions for previous infractions after receiving two (2) written warning notices will be dropped from the Program; and all tuition and fees will become due in full.
- iv. In the event a student takes any action, which is deemed to be of a SERIOUS NATURE, the student may be dropped from the program without previous warning.

### APPEALS PROCESS

- i. The Appeals Process will begin with written request by the student to the Course Sponsor Administrator at Arnot Health. The Sponsor Administrator will arrange a conference with the student, which may include the Medical Director
- ii. As soon as possible, the Course Sponsor Administrator will issue a decision, in writing, to the student, the Student's CIC of record and the EMS Medical Director.
- iii. The student may appeal the decision to the regional representative of the New York State Department of Health, Bureau of EMS. The regional representative for our region is: Ross Zastrow, NYS Department of Health, 335 E. Main St., Rochester, NY



**EMS COURSE ACADEMIC REGULATIONS AND LEARNING CONTRACT**

I, \_\_\_\_\_, have received, reviewed and understand the

**ARNOT HEALTH EMS ACADEMIC REGULATIONS AND LEARNING CONTRACT**

I have read the regulations and contract, and it has been reviewed. Opportunity was given for questions. This is to attest that I understand the contents of the contract, and agree to abide by the contract.

Should I encounter a conflict with any of the regulations and contract, I hereby agree to contact the designated Certified Instructor Coordinator.

If after consultation with the Certified Instructor Coordinator, I still have unresolved concerns, I hereby agree to bring those concerns to the Program Director and the course Sponsor Administrator.

I understand that failure to abide by these regulations and contract terms may result in my dismissal from any training program sponsored by Arnot Health.

\_\_\_\_\_  
Student's Signature

\_\_\_/\_\_\_/\_\_\_  
Today's Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_/\_\_\_/\_\_\_  
Today's Date

I understand that, as a member of a volunteer or municipal fire or EMS agency, NYS DOH may reimburse a portion of my tuition. I understand that if the EMS department applies for funding through NYS DOH, and I do not complete the course, or fail the final skills or NYS written exam, NYS DOH will not reimburse any tuition and I will be liable for the total amount owed.

\_\_\_\_\_  
Student's Signature

\_\_\_/\_\_\_/\_\_\_  
Today's Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_/\_\_\_/\_\_\_  
Today's Date

KEEP PAGES 1 – 7 FOR YOUR REFERENCE, SIGN AND RETURN THIS PAGE (8)