

EMERGENCY MEDICAL SERVICES and FIRE PREPARATORY ACADEMY

GATEWAYCC.EDU/EMERGENCY-MEDICAL-SERVICES-AND-FIRE-PREPARATORY-ACADEMY

[INFORMATION PACKET]



HEALTH SCIENCES



GATEWAY
COMMUNITY COLLEGE
A MARICOPA COMMUNITY COLLEGE



MARICOPA
COMMUNITY COLLEGES

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, <http://www.maricopa.edu/non-discrimination>.

For the latest information on programs, graduation rates and other important consumer information, please visit our website at gatewaycc.edu

Dear Student,

Welcome to Gateway Community College! We are excited that you have chosen to partner with us in your education. To begin your enrollment process, you will be required to complete the pre-admission criteria which is outlined in this packet. These criteria can often take students a few weeks to complete, therefore we recommend that you begin to work on this right away to prevent any delays in enrollment. To help you move through these steps as quickly as possible, you should work on multiple criterion simultaneously. Additionally, please take careful consideration to read all pages of this packet in its entirety as it contains valuable information that will help to answer questions you may have.

In order not to delay enrollment, students will need to work closely with their Advisor to complete all necessary requirements for their program. Once students have completed the pre-admission criteria, they will need to make an appointment with the Advisor to enroll into the program. In order to ensure that you receive all necessary notifications, all student contact information must be accurate and updated in the Student Service Center on your my.maricopa.edu account.

Again, thank you for partnering with us in your education. Should you have questions at any time during this process, please do not hesitate to reach out to us for assistance. We are here to help you succeed!

Sincerely,
The Healthcare Team

Program Webpage:

<https://www.gatewaycc.edu/emergency-medical-technology>

ADMISSION REQUIREMENTS

Pre-Admission Criteria	Complete												
<p>Attend Information Session (Fridays at 12p.m.)</p> <ul style="list-style-type: none"> Click here to join a Virtual Information Session (look for Emergency Medical Technician) If you cannot attend a session, schedule an appointment with an advisor: <ul style="list-style-type: none"> Self-schedule an appointment an advisor through https://www.gatewaycc.edu/advisement Email advising: advisor@gatewaycc.edu Or calling the Front Desk (602) 392-5401 													
<p>Obtain Student ID number/ Apply for Program. You can do this from anywhere!</p> <ul style="list-style-type: none"> Visit www.gatewaycc.edu Select "Apply Now" at the top of the page, in the banner. New Students click "New Student" and follow prompts Prior MCCC students click "Returning Student and login. If you cannot remember your MEID and password, click "Forgot your Username?" and/or "Forgot your Password?" for assistance. <u>Application:</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Enter/Verify Current Information</td> </tr> <tr> <td>Primary College of Interest</td> <td>GateWay Community College</td> </tr> <tr> <td>Field of Interest</td> <td>Health Sciences</td> </tr> <tr> <td>Primary Reason for Attending:</td> <td>Get a Certificate</td> </tr> <tr> <td>Select a plan</td> <td>EMS & Fire Preparatory Academy (20hrs/wk)(CER)</td> </tr> <tr> <td>Select Expected Start</td> <td>Select Academic Year</td> </tr> </table> <p>Call the Front Desk (602) 392-5401 and ask for Enrollment Services if you need assistance</p>	Enter/Verify Current Information		Primary College of Interest	GateWay Community College	Field of Interest	Health Sciences	Primary Reason for Attending:	Get a Certificate	Select a plan	EMS & Fire Preparatory Academy (20hrs/wk)(CER)	Select Expected Start	Select Academic Year	
Enter/Verify Current Information													
Primary College of Interest	GateWay Community College												
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Select Expected Start	Select Academic Year												

Pre-Enrollment Criteria	Timeline	Complete
<p>Reading Placement (need one of the following)</p> <ul style="list-style-type: none"> • High School GPA 3.0-4.0 (within the last 10 years) • GED (Reasoning Through Language Arts) score of 175-200 • Completion of RDG 100 or CRE 101 with a passing grade of “C” or better • Accuplacer Next Generation Reading score of 249 or higher • Accuplacer Classic Reading score of 74 or higher • EdReady Critical Reading Score of 90 or above <ul style="list-style-type: none"> ○ https://www.gatewaycc.edu/testing <p>NOTE: Items that will exempt you from placement testing: RDG 100 with a “C” or better, or a college degree (<i>Official transcripts will be required for exemption</i>)</p>		
<p>Health and Safety Documents</p> <ul style="list-style-type: none"> • Hep-B & Varicella Notice • Physical Disclosure <p><i>Forms Attached at end of packet</i></p>		
<p>Schedule an intake appointment with an advisor –</p> <p>Contact your advisor to schedule an intake appointment:</p> <ul style="list-style-type: none"> ○ Self-schedule an appointment an advisor through https://www.gatewaycc.edu/advisement ○ Email advising: advisor@gatewaycc.edu ○ Or calling the Front Desk (602) 392-5401. <p>Enrollment is based on eligibility, completed documents, and space in the program.</p>	No later than 3 weeks prior to start date	
<p>Payment Reminders</p> <ul style="list-style-type: none"> • Failure to secure funding will result in student being dropped from the program. • The Advisor will provide you with a Registration Form. • Payment must be ready and made at the time of registration. • Cash and check payments can be made in-person at Student Financial Services (check website for hours), credit/debit payments can be made over the phone at (602) 286-8277 • Continued enrollment in the program is contingent upon the ability to secure tuition funding Students who do not adhere to tuition payment guidelines will be withdrawn from the program (see page 6 for funding information). • Students who are withdrawn prior to the program start date due to failure to comply with tuition payment guidelines will void their seat in class and it will be given to the next student in line who is on the wait list. 	Contact Student Financial Services (cashier) at the time of enrollment to discuss payment options.	

The admission requirements and costs of Clock Hour Healthcare Programs are subject to change. Students must consult with the advisor to ensure appropriate requirements are met.

Program Costs

Tuition and Fees

PROGRAM TUITION AND FEES	EMS FIRE PREPARATORY ACADEMY (EFPA)
Registration Fee*	\$15.00
Tuition per Clock Hour	\$1,500.00
Course Fees	\$350.00
TOTAL Tuition and Fees⁺	\$1,865.00

ADDITIONAL EXPENSES	ESTIMATED COST
Emergency Care MyBrady Lab with Pearson eText <ul style="list-style-type: none"> Instructor will provide link to purchase eText and App on first day of class – please be prepared to pay for books on day one 	\$95.00
Textbooks	\$55.00
LC Ready App	\$12.00
Uniform Shirt (cost per shirt)	\$15.00
Uniform Pants	\$35.00
Wrist watch with a second hand	\$20.00
Black Belt	\$10.00
Black Steel Toe or Composite Toe Boots	\$30.00
Manual Blood Pressure and Stethoscope (suggested, not required)	\$15.00
CPR – HeartCode BLS	\$31.00

****Costs are estimated and may change without notice***

Financing Your Education

Students are responsible for the total program cost, which includes tuition and fees, out-of-pocket expenses, and any additional expenses associated with this program. Each student is expected to secure sufficient financial aid or Agency funding for their tuition and fees, and/or establish a payment plan during their enrollment.

For more details regarding ways to pay for college, please visit <https://www.gatewaycc.edu/pay-for-college>

For details regarding scholarship opportunities, please visit <https://www.gatewaycc.edu/scholarships>

*Registration fee is applied per fiscal year: July 1 – June 30th.

If a student's program crosses over June 30th, a 2nd Registration Fee will be assessed. Add \$15.00.

+All tuition and fees are subject to change pending MCCC Governing Board Approval.

Monthly Payment Plan (tuition and fees only)



GWCC's Payment Plan
See Student Business Services

- Interest Free • Plan available throughout the term
- Sign up early for lower payments. • Enrollment in the payment plan must be completed prior to 5:00 pm on the your tuition due date or your classes may be dropped



Payment Schedule available with Student Business Services	Deadline to enroll
10% down; 1 st Block of Classes, payments start month after down payment made	2 Months Prior to Program Start
20% down; 1 st Block of Classes, payments start month after down payment made	1 Month Prior to Program Start
40% down; 1 st Block of Classes, payments start month after down payment made	Month of Program Start

***All payment plan options require an immediate (same day) down payment.**
If you choose to sign-up for the payment plan, please do so before your tuition due date, otherwise your classes may be dropped.

Payment Methods

- Card in person and over the phone Visa, MasterCard, Discover and American Express
- Cash and Check with Student Business Services
- Regular Payments due the 5th of each month

Details

- Payment Plan is for 1st Block of Classes
- Plan will be automatically extended upon enrollment of 2nd Block of classes, if needed.

The Maricopa County Community College District is an EEO/AA Institution

To set up Payment Plan contact
Student Business Services
Phone: (602) 238-4347
email: gwc-sfs@gatewaycc.edu



Your Financial Account

- For your convenience, you can view account activity at www.my.maricopa.edu. Cash and check payments can be made in-person at GWCC fiscal services (check website for hours), credit/debit payments can be made over the phone at (602) 286-8277

Refund Policy for Credit/Clock Classes

Students who officially withdraw from credit/clock classes (in fall, spring, or summer) within the withdrawal deadlines listed below will receive a 100% refund for tuition, class and registration processing fees. Deadlines that fall on a weekend or a college holiday will advance to the next college workday except for classes fewer than 10 calendar days in length or as specified by the college. Calendar days include weekdays and weekends. Refer to individual colleges for withdrawal and refund processes. Never attending is not an allowable refund exemption or an excuse of the debt incurred through registration.

Length of Class	Official Withdrawal Deadlines for 100% Refund
1-9 calendar days	Prior to the class start date
10-19 calendar days	1 calendar day including the class start date
20-29 calendar days	2 calendar days including the class start date
30-39 calendar days	3 calendar days including the class start date
40-49 calendar days	4 calendar days including the class start date
50-59 calendar days	5 calendar days including the class start date
60-69 calendar days	6 calendar days including the class start date
70+ calendar days	7 calendar days including the class start date

**Course fees and registration processing fees will be refunded only if the student qualifies for a 100% refund. Debts owed to any MCCCC college must be satisfied before any refunds are paid to the student. Refunds for students receiving federal financial assistance are subject to federal guidelines. Requests for exceptions to the refund policy must be filed within one year from the semester in which the course was taken.*

Maricopa Student Refund Program (MSRP)

Nelnet is processing all student refunds for the Maricopa Student refund Program (MSRP). To ensure you receive your student refunds, you will need to enroll with Nelnet. You can do this from your student center.

To set up your account, you will need the following information:

- ❖ Your student ID#
- ❖ Your date of birth
- ❖ Your OFFICIAL Maricopa Student email address

Refund options:

- ❖ • Direct deposit (ACH) transfer to your bank account
- ❖ • Reloadable debit card- must be provided
- ❖ • Paper check

For more information: www.my.maricopa.edu/msrp

Course Curriculum

This program includes one course that equals the entire program hours. The course is listed below:

Emergency Medical Technician:

Course #	Course Title	Total Clock Hours
EMC108	Emergency Medical Services and Fire Preparatory Academy	300
Total Program Hours		300

Uniforms and Professional Appearance

- Students are required to wear a GWCC Emergency Medical Technician Program Logo, red t-shirt with navy blue uniform pants (Dickies, BDUs, etc.)
 - For uniform orders: Apparel Pro USA website:
<https://www.apparelprousa.com/gateway-emt/students.html>
- Shoes must be black, leather (nonabsorbent) steel/composite toe boots with ankle support
- Watch with second hand sweep (no digital)
- Black belt, normal buckle
- Logo hats available at Apparel Pro
- Hoodies available at Apparel Pro, only logo hoodies are a permitted to be worn over uniform shirt

Disability Resource Center, Classroom Accommodations

Students with disabilities who believe that they may need accommodations in a class or program must contact the Disability Resource Center (DRC) at Gateway at (602) 286-8171. The manager of Disability Resource Center is responsible for determining a student's eligibility for services and will notify the faculty in writing of the accommodations requested. During the first class session, faculty members shall announce that students may meet with them during office hours if they need special accommodations for a disability. If you have a question or concern, please contact the DRC. For more information about accommodating students, visit the website at <https://www.gatewaycc.edu/disability-resources>

Nondiscrimination Policy

The Maricopa County Community College District does not discriminate on the basis of race, religion, color, national origin, sex, handicap/disability, sexual orientation, age, or Vietnam era/disabled Veteran status in employment or in the application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

Medical Marijuana Policy

Maricopa Community Colleges prohibit the possession and use of marijuana on all campuses and in all off-campus student activities, including clinical externship and clinical learning experiences in health programs. This policy is dictated by Arizona Revised Statutes § 15-108, which prohibits any person, including a medical marijuana cardholder, from possessing or using marijuana on the campus of any public university, college, community college or post-secondary education institution. Federal legislation prohibits any institution of higher education that receives federal funding from allowing the possession and use of marijuana.

Maricopa Community Colleges receive federal funds through grants and financial aid. Maricopa Community Colleges continue to enforce current policies regarding controlled substances and any student or employee who violates university policy prohibiting the use or possession of illegal drugs on campus or in student activities - including educational externship - will be subject to disciplinary action and criminal prosecution.

Urine drug screens are required of students prior to attending healthcare clinical externship. Medical marijuana, or its metabolite, is not an accepted substance in urine drug screens and will result in a positive urine drug screen. Students with a prescription for medical marijuana would not be considered exempt from urine drug screening.

Notice

GateWay Community College reserves the right to change, without notice, any materials, pricing, information, curriculum requirements, and regulations stated in this publication

**EMS Department
Physical Disclosure**

Name _____

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

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

Do you have any of the following conditions that would prevent you from performing the functions listed above (R9- 13-802)?	*YES	NO
VISION OR HEARING PROBLEMS If Yes, Explain:		
HEART PROBLEMS If Yes, Explain:		
EPILEPSY, DIABETES, HIGH BLOOD PRESSURE, KIDNEY PROBLEMS If Yes, Explain:		
BONE/JOINT DISEASE OR INJURY, BACK INJURY If Yes, Explain:		
SERIOUS INJURIES/MAJOR SURGERY, HERNIAS If Yes, Explain:		
MENTAL ILLNESS/NERVOUS DISORDER If Yes, Explain:		
DRUG/ALCOHOL PROBLEMS If Yes, Explain:		
LUNG DISEASE If Yes, Explain:		
SKIN PROBLEMS/DISEASES: If Yes, Explain:		
OTHER: Do you have any other physical or psychological condition that would prevent you from performing the functions of an EMS If Yes, Explain:		

*I UNDERSTAND THAT AN ANSWER OF "YES" TO ANY OF THE ABOVE QUESTIONS MAY REQUIRE AN EVALUATION BY A LICENSED HEALTHCARE PROVIDER

I ATTEST THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE _____

DATE _____



Note: Physical exam only needed if you answered “Yes” to any question(s) on page 7 of Physical Disclosure

PATIENT NAME _____ AGE _____ HEIGHT _____ WEIGHT _____

PHYSICAL EXAMINATION

DATE: _____

HEENT: _____ Lungs: _____

Heart _____ Pulse: _____ BP: _____

Abdomen: _____ Extremities/Joints: _____

Neurologic/Mental: _____

Vision: R _____ L _____ Corrected: R _____ L _____

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BASED ON THIS PHYSICAL, DO YOU FIND ANY REASON WHY THIS PERSON CANNOT PHYSICALLY PERFORM THESE ACTIVITIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

Physician Name (printed): _____

Physician Signature: _____

Address: _____

**EMS Department
HEP-B and Varicella Notice**

HEP-B

Please read the following and sign if your vaccination records do NOT include documentation that you have completed the Hepatitis B vaccination series.

I understand that due to my exposure to blood or other potentially infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Hepatitis B. I have been encouraged by the EMS Department faculty to complete the Hep-B vaccination series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to the Hepatitis B virus and hold Maricopa Community College District as well as all hospital and prehospital clinical observation sites harmless from liability in the event I contract the Hepatitis B virus.

Signature

Date

VARICELLA:

Please read the following and sign if your vaccination records do NOT include a documented immunity against Varicella (history of Varicella, tested immune for Varicella, or vaccinated against Varicella).

I understand that due to my potential exposure to blood and airborne infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Varicella. I have been encouraged by the EMS Department faculty to be vaccinated against Varicella if I do not have a history of the disease and have not been previously immunized. I choose to decline the Varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Varicella, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Varicella and hold Maricopa Community College District as well as all hospital and prehospital clinical observation sites harmless from liability in the event I contract Varicella.

Signature

Date