

ADMISSION REQUIREMENTS

Student Name: _____ Contact: _____

Select One: _____ **E.M.T.** _____ **EMS Fire Preparatory Academy**

For assistance, contact the SWSC Front Desk at 623.392.5401

Admission Process	Completed <input type="checkbox"/>
<p>1. Attend Information Session (Fridays at 12p.m.) schedule an appointment if you cannot make the session, please contact the SouthWest Skill Center at (602) 392-5401 or Navigator to schedule appointment one-on-one. Misty.Martinez@gatewaycc.edu, 602-392-5368 or Bianca.Pineda@gatewaycc.edu , 602-392-5351</p>	
<p>2. Obtain Student ID number/ Apply for Program. You can do this from anywhere! Visit main website at my.maricopa.edu. If you have never attended a college in the Maricopa County Community College District (MCCCD), select “Enroll Now” or if you have attended within MCCCD, select “help” on right column to retrieve your student ID and MEID then go to “Enroll Now”; apply for Admission, New application, to complete your academic plan select: Clock/GWCC/ Term/ program; or Visit SWSC/ GWCC Enrollment Services in person.</p>	<p>_____</p> <p><i>Student ID</i></p> <p>_____</p> <p><i>Maricopa ID (MEID)</i></p> <p>Don't Forget Password!</p>
<p>3. Take Reading Placement Test at the Testing Center in Komatke Hall B NOTE: 249 or higher in Reading Next Generation Accuplacer, or score of 74 or higher in Reading Accuplacer Classic required. Items that will exempt you from placement testing: RDG 100 with a “C” or better, or a college degree.</p>	
<p>4. Complete Health and Safety Documents: Physical Disclosure / Hep-B & Varicella Notice <i>Attached, page 7</i></p>	
<p>5. Schedule an appointment for intake with an advisor - email: misty.martinez@gatewaycc.edu or bianca.pineda@gatewaycc.edu . Attend an intake session ONLY when your packet is complete, you have all required documents, and you are ready to pay or have funding secured. Front Desk (602) 392-5401.</p>	
<p>6. Payment:</p> <ul style="list-style-type: none"> ❖ The SWSC Navigator will provide you with Registration form. ❖ Payment must be made at the time of registration. ❖ Cash/check payments can be made in-person at SWSC fiscal services, debit/credit card payments can be made in-person or over the phone (602) 286-8277 	

The admission requirements and costs of SouthWest Skill Center programs are subject to change. Students must consult with a Navigator to ensure appropriate requirements are met.

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, and/or an established payment plan during their enrollment.

PROGRAM TUITION AND FEES

Program	EMT	EMS Fire Prep Academy
Registration Fee*	\$15.00	\$15.00
Tuition per Clock Hour (hrs X \$5.00/hr)	(200 hr) \$1,000.00	(300 hrs) \$1,500.00
Course Fees	\$185.00	\$350.00
TOTAL Tuition and Fees⁺	\$1,200.00	\$1,865.00

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

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

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

OUT OF POCKET EXPENSES (COSTS WILL VARY)

Program	EMT	EMS Fire Prep Academy
Required Textbooks**- Bookstore	\$105.00	\$285.00
Uniform Shirt(s) - Bookstore	\$15.00	\$15.00
Watch with a second hand	\$20.00	\$20.00
Uniform Pants	\$35.00	\$35.00
Black Belt	\$10.00	\$10.00
Black Steel Toe or Composite Toe Boots	\$30.00	\$30.00
CPR	\$28.50	\$28.50
TOTAL Out of Pocket Investment (Estimate)	\$243.50	\$423.50

***A book list will be distributed at Intake.*

Listed below are some options for how to finance your education:

- ❖ **AGENCY FUNDING.** Obtain required paperwork from agency (Maricopa or Phoenix Workforce Connection, Arizona Youth Resources, etc.). These agencies have specific criteria that must be met so please work carefully with your agency. A firm obligation/intent to pay with student name and amount must be received from the agency prior to enrollment.
- ❖ **FINANCIAL AID.** These programs do **not** qualify for financial aid because it is less than 600 clock hours. Only programs that are 600+ clock hours qualify for financial aid funding.
- ❖ **PAY IN FULL (BUY-IN).** Use, cash, check, or credit card to pay in full at time of packet acceptance and admission into program.
- ❖ **PAYMENT PLAN (BUY-IN).** The student will be responsible for signing up for the Equal Payment Plan and make their first payment prior to the start of their program. The student will be required to make their payment by the 20th of each month for the amount of their payment plan.

MONTHLY PAYMENT (ROUNDED) (VARIES BY LENGTH OF THE PROGRAM)	EMT	EMS Fire Prep
Payment Plan Amount / \$1,200.00 4 Total Payments	\$300.00	
Payment Plan Amount/ \$1,865.00 4 Total Payments		\$467.00/ \$466.00

Registration Fee is applied per fiscal year: July 1 – June 30.

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

YOUR FINANCIAL ACCOUNT

For your convenience, you can view account activity at www.my.maricopa.edu. Cash or check payments can be made at any Gateway campus including the SouthWest Skill Center, Central City or Gateway main. Credit card payments are also accepted via phone at (602) 286-8277.

BOOKS

Booklist will be provided on the day of registration.

Class Curriculum

EMT course consists of clock hours and completed as a cohort. All classes run consecutively with a predetermine amount of hours that will equal to fulfill the entire program.

EMC101- CPR Basic Cardiac Life Support- 8 hours

EMC102- Emergency Medical Responder- 40 hours

EMC104- Basic Emergency Medical Technology- 152 hours

UNIFORM AND PROFESSIONAL APPEARANCE

- EMT: *Gray GWCC EMT Shirt
- EMS Fire Prep: Red GWCC EMS Fire Shirt
- *Navy blue uniform pants (Dickies, BDUs, etc.)
- *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

VERIFICATION OF COMPLETE PACKET

Call 602-392-5401 or email a Navigator when packet is complete to schedule an intake appointment. Bring original documents. The Navigator will make photocopies as required. The Navigator will verify that all admission requirements have been met by completing a Packet Intake Checklist.

- ❖ Partial Packets will not be accepted
- ❖ All Packets must be hand delivered, No exceptions.
- ❖ Submission of packet does not guarantee admission.
- ❖ Admission is based on eligibility, completed documents and space in the program.

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 MCCCDC 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.*

STUDENT REFUNDS

Effective December 17, 2018, Nelnet Campus Commerce will begin processing all student refunds for the Maricopa Community Colleges. To enroll:

1. Log into your Student Center at My.Maricopa.edu.
2. In the Finance section, simply click on the Manage Refunds link and follow the prompts to select your refund method.

Refund options:

- Direct deposit (ACH) transfer to your bank account
- **Reloadable debit card
- Paper check

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.

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 (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 any questions or concerns, please contact the DRC. For more information about accommodating students, visit our website at disability.services@gatewaycc.edu.

NOTICE

The SouthWest Skill Center reserves the right to change, without notice, any materials, information, curriculum requirements, and regulations stated in this publication.

GATEWAY COMMUNITY COLLEGE
EMT Department
Physical Disclosure / Hep-B & Varicella Notice

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 EMT 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

GATEWAY COMMUNITY COLLEGE
EMT Department
Physical Disclosure / Hep-B & Varicella Notice

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 EMT 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

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 EMT 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

GATEWAY COMMUNITY COLLEGE
EMT Department
Physical Disclosure / Hep-B & Varicella Notice

**Note: Physical exam only needed if you answered "Yes" to any question(s)
on page 7**

PATIENT NAME	AGE	HEIGHT	WEIGHT
PHYSICAL EXAMINATION		DATE: _____	
HEENT: _____	Lungs: _____		
Heart _____	Pulse: _____	BP: _____	
Abdomen: _____	Extremities/Joints: _____		
Neurologic/Mental: _____			
Vision: R _____ L _____		Corrected: R _____ L _____	

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.

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: _____