



The Metropolitan Community College Paramedicine program consists of four classroom sections and three clinical/field components that are simultaneous, plus a capstone quarter. All program components are taken consecutively. The program provides an introduction to emergency medical care; knowledge of EMS systems; the roles, responsibilities and well-being of the paramedic; medical, legal and ethical issues; anatomy and physiology; pathophysiology of the normal cell; the respiratory system; general principles of pharmacology IV access and medication administration; airway management and ventilation; therapeutic communication; patient assessment, communication and documentation; and assessment and management of all medical emergencies, pediatric and geriatric emergencies, trauma emergencies, ambulance operations and incident command. Students must successfully pass each component to enter the next level. After successful completion of the full paramedicine program, students will be prepared to seek licensure.

Application timeline

Campus	Quarter start	Offered	Format	Accepted
South Omaha	Spring – Feb. 1	Evenings	In person	15 students per quarter
South Omaha	Fall – Aug. 1	Days		
Fremont	Winter – Nov. 1	Days		

Admission packet information and requirements subject to change without notice.

The Paramedicine program is accredited by the Commission on Accreditation of Allied Health Education Programs, 9355 113th St. N, #7709, Seminole, FL 33775, upon the recommendation of CoAEMSP.

Schedule changes (such as dropping a course) are the responsibility of the student. The changes must follow College procedures, refund policies and deadlines at all times. Students are not always entitled to refunds for classes that are dropped, depending on when the courses are dropped. Students are responsible for any tuition and fees that are not refunded.

Contacts

Health Careers
South Omaha Campus
531-MCC-4631

Program questions

Craig Jacobus
EMS program director
chjacobus@mccneb.edu
531-MCC-3004

Admission process

- Obtain application packet from any Student Services or online at mccneb.edu/Paramedicine.
- Complete the HSRT-AD entrance exam for Paramedics. For HSRT-AD entrance exam and other testing information please visit mccneb.edu/Prospective-Students/Student-Tools-Resources/Testing-Services/Tests-Assessments-Available-By-Location.
- **Submit completed application** to the Health Careers office, South Omaha Campus, Mahoney Building, room 519 or mail to:
Metropolitan Community College
Health Careers
P.O. Box 3777
Omaha, NE 68103-0777
- Attend mandatory orientation once accepted into the program.

Successful applicants will be contacted regarding their admission status and registered by the Paramedicine director for courses in the order in which the requirements are met.

It is recommended students keep a copy of all required paperwork. Copies of paperwork will not be available after the end of the quarter.

General education requirements

13.5 credit hrs.

ENGL 1010	English Composition I	4.5
MATH 1312	Intermediate Algebra	4.5
One course	Humanities/Social Sciences	4.5

Major requirements

71.5 credit hrs.

EMSP 1000	Cardiopulmonary Resuscitation	1.0
EMSP 1100	Emergency Medical Technician	12.0
EMSP 1120	Paramedic (part 1 of 4)	12.0
EMSP 1122	Paramedic (part 2 of 4)	12.0
EMSP 1123	Paramedic Field (part 1 of 3)	3.5
EMSP 1124	Paramedic (part 3 of 4)	12.0
EMSP 1125	Paramedic Field (part 2 of 3)	3.5
EMSP 1126	Paramedic (part 4 of 4)	12.0
EMSP 1127	Paramedic Field (part 3 of 3)	3.5
EMSP 1128*	Capstone/Extended Paramedic Clinical/Field Rotation	2.0

*Note: In the 2024-25 academic year, major requirement hours will change to 73.5. For a complete description of courses required for an associate degree, visit with an advisor or the enrollment specialist in the Health Careers office. For questions about specific Paramedicine course content, call the program director at 531-MCC-3004.

Admission requirements

The following requirements must be met by the application deadline to be considered for admission:

- Submission of completed application
- Proof of age (minimum age 18)
- Copy of current driver's license
- Copy of high school diploma or similar, GED certificate, college diploma or official transcripts (This is a state of Nebraska requirement.)
- Must have EMT certification and provide a copy of current EMT or Intermediate license (state or national)
- Copy of current CPR certification (BLS health care provider)
- Copy of HSRT-AD Entrance Exam for Paramedics; HSRT score results will be evaluated by the Health Careers office and program director. For HSRT-AD entrance exam and other testing information, visit mccneb.edu/Prospective-Students/Student-Tools-Resources/Testing-Services/Tests-Assessments-Available-By-Location.
- General Education requirements must be completed prior to the application deadline, or they must be completed during the first quarter of the Paramedicine program. NOTE: If applicable, it is NOT recommended to take more than one or two General Education courses during the first quarter of the program, while taking EMSP classes. The General Education requirements must all be completed by the end of the first quarter
- Copy of all immunizations
- Minimum MCC GPA of 2.0
- Capable of the duties and requirements in the functional job description of a paramedic (signed technical standards form)
- Completion of a Nebraska background and abuse check, completion of drug screening

Final admission will be based on the outcome of the completed background check, drug screen, physical and HSRT-AD Entrance Exam score.

All health care students are required to meet definite standards for the profession and for practical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements.

The following are specific requirements of all students:

- Ability to stand, sit, walk, push and squat
- Ability to lift and/or carry 125 pounds
- Ability to reach in forward, lateral and overhead motions
- Ability to climb stairs
- Ability to distinguish distance, colors, objects and persons
- Ability to demonstrate depth perception
- Ability to hear conversation, monitor equipment, perform auscultation, use telephone and distinguish background noise
- Ability to distinguish sharp/dull and hot/cold
- Ability to perform fine and gross motor skills with both hands
- Ability to think clearly and calmly in stressful situations
- Ability to communicate effectively, verbally and in writing, using appropriate grammar, spelling and vocabulary
- Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

Applicant signature

Social Security or student ID number

Printed name

Date



Furnishing the following information is not a requirement for admission and will not be used in admission discussions. The data will be used for statistical purposes only.

Are you:

- Hispanic/Latino
- Non-Hispanic/Latino

For those individuals who are non-Hispanic/Latino, select one or more of the following:

- American/Alaska Native
- Asian
- Black or African American
- Hawaiian/Pacific Islander
- White

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog.

I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Submit your completed application, technical standards form and checklist to any MCC academic advisor, or place it in the drop-box outside of the Health Careers office on the MCC South Omaha Campus (Mahoney, room 519).

Final admission will be based on receipt of a completed background check, drug screening results and eligibility to attend clinical at all health care organizations partnered with the program. Please review the admission process information on the program webpage for full details.

Applicant signature _____ Date _____

Printed name _____

Application timeline

The College's EMT course is offered each quarter at two campus locations. Completed applications **MUST** be turned in **two weeks prior** to the start of the selected quarter.

Campus	Quarter start	Offered	Format	Accepted
South Omaha	Spring – Feb. 1	Evenings	In-person	15 students per quarter
South Omaha	Fall – Aug. 1	Days		
Fremont	Winter – Nov. 1	Days		



ACCREDITATION: The Metropolitan Community College Emergency Medical Services Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The EMT course is approved by the Nebraska State Board of EMS.

Commission on Accreditation of Allied Health Education Programs | 727-210-2350 | www.caahep.org

To contact CoAEMSP: 214-703-8445 | www.coaemsp.org

Metropolitan Community College affirms a policy of equal education, employment opportunities and nondiscrimination in providing services to the public. We are committed to ensuring our websites and facilities are accessible and usable to everyone. To read our full policy statement, visit mccneb.edu/Nondiscrimination.



- South Omaha Campus options – Spring (evenings) Fall (days)
 Fremont campus only – Winter (days)

Student name _____ Student ID _____

- Completed and signed application form
- Copy of HSRT-AD exam for Paramedics results
- Nebraska background and abuse check
- Proof of education (copy of high school diploma or GED)
- Copy of current EMT certification (state or national)
- Signed Paramedicine Technical Standards Form
- Required General Education courses:
 - ENGL 1010 English Composition I 4.5
 - MATH 1312 Intermediate Algebra 4.5
 - One course Humanities/Social Science 4.5
- Copy of immunizations (required by the first day of class)
- Annual flu vaccine when available
- Varicella vaccination or titer; documentation by physician; if unknown, must complete titer
- Current Tetanus within past 10 years
- MMR immunization or titer; if born after 1956, must show evidence of having received two MMRs
- Hepatitis B vaccine or titer; if vaccine, must have at least started the series, and the series must be followed per current standard
- Polio
- Provide proof of a current (within the past 12 months) Mantoux PPD Skin Test (Tuberculosis Test). Results must be current through the last day of the Paramedicine program. If TB test is positive, student must have a note from the physician stating the disease is not active at this time.
(If student has received the BCG Vaccine, they will need a chest X-ray instead of a Mantoux PPD Skin Test.)
- COVID vaccine or waiver (medical or religious) **is required by clinical-affiliated partner agreements.*
 - Dose 1 _____ Date _____
 - Dose 2 _____ Date _____

Final admission will be based on the outcome of the completed background check, drug screening, physical and HSRT-AD Entrance Exam score, EMT written exam results and interview with program director, as needed.

Applications need to be submitted to the Health Careers enrollment specialist or the program director, South Omaha Campus, Mahoney Building, room 519, or mailed to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE 68103-0777.

Students must be registered by the Health Careers office.

Applicant signature

Printed name

Date



METROPOLITAN COMMUNITY COLLEGE AND AFFILIATES AUTHORIZATION AND DISCLOSURE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS.

In connection with my application for student clinical assignment/experience, I understand that a background investigation may be requested, which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, past behaviors, background and mode of living. I understand that Metropolitan Community College may seek and request information from public and private sources about employment, workers' compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials and references.

I understand that Metropolitan Community College may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment/experience or employment or continued aforementioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of the aforementioned.

This document permits the release of any information to Metropolitan Community College or their agent, Secured Data Services. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, Metropolitan Community College or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

APPLICANT INFORMATION

The following information is required for identification to conduct the background investigation:

Print name _____
(last) (first) (middle)

Other/previous names _____

Society Security number _____

Current street address _____
(street) (city) (state) (ZIP)

Prior addresses within the last 10 years (list street, city, state and ZIP)

For identification purposes only
Birth date ___ / ___ / ___ Sex _____
My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment/experience or continuation of such.

Have you ever been convicted of a crime? _____ No _____ Yes (If yes, explain below)

SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION

The above information is given voluntarily, and I understand that omission, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed _____ Applicant signature _____ Printed name _____
(parent signature if minor)

Reports requested

The consumer and investigative consumer reports requests may include but are not limited to the following:

- (college checks all that apply)
- ____ County criminal history ____ Nebraska Abuse Registry (attach separate form)
- ____ USHHS list of excluded individuals and entities

Requested by name/department/phone *Laura Leach/Metropolitan Community College Health Careers/531-MCC-4794*
Secured Data Services, P.O. Box 1554, Fremont, NE 68026-1554. Voice: 531-MCC-8260. Fax: 402-721-5706.

