Emergency Medical Technician

How to apply for the EMT program: Completed application packet is due two weeks prior to the course start date. Information regarding class schedules can be found at catalog.mccneb.edu/Pages/Home.aspx.

The Emergency Medical Technician course provides an introduction to emergency medical care. Training modules include medical-legal, roles and responsibilities of the EMT, documentation and communication, human anatomy and physiology of the major human systems. The module will also cover medical terminology, lifting and moving, basic and advanced airway management, patient assessment, medical and trauma, medical emergencies, treatment and use of assisted medications and IV maintenance, shock and bleeding control and trauma emergencies. In addition, the EMT training module will include use of immobilization devices, obstetrical emergencies, childbirth, pediatrics and child emergencies, ambulance operations, hazardous materials, mass casualty and triage. The course consists of 110 didactic hours, 55 lab hours and patient contact.

Admission process

Complete all sections of the application and attach a copy of current CPR certification card. American Heart Association OR American Red Cross BLS (basic life support) CPR cards are accepted. If you do not have one of the approved cards, you will need to complete CPR certification (EMSP 1000) prior to enrollment in EMSP 1100.

Mail completed paperwork to Metropolitan Community College, Health Careers, P.O. Box 3777, 68103-0777, or drop off at any Student Services office. Paperwork can also be faxed to Health Careers at 402-403-3120.

If you have questions concerning the application process, visit Health Careers, South Omaha Campus, Mahoney Building, room 519, or call 531-MCC-4631.

Students may be registered for a class before background check results are returned. Final admission is based on the ability to pass a background check.

IT IS RECOMMENDED STUDENTS KEEP A COPY OF ALL REQUIRED PAPERWORK. COPIES OF PAPERWORK WILL NOT BE AVAILABLE AFTER THE END OF THE QUARTER.

All course grades must be a C or higher.

Contacts

Health Careers
South Omaha Campus
531-MCC-4631

Program questions
Craig Jacobus
EMS program director
chjacobus@mccneb.edu
531-MCC-3004
Fall       Winter             Spring  Summer  
☐ Day Class  ☐ Evening Class  
Section # _____________

PERSONAL (print or type)

Full legal name ___________________________ (last) (first) (full middle) (maiden)

Social Security, MCC student ID or I-94 number ____________________________

Home address ___________________________ (street) (city) (state) (ZIP)

Employer ________________________________ (name) (address)

Telephone _______________________________ (home) (work) (cell)

Email ________________________________

Gender: ☐ male  ☐ female  Birth date (must be 17 years) ____________________________ (month) (day) (year)

U.S. citizen: ☐ yes  ☐ no

If no. type of visa: ☐ student  ☐ permanent  ☐ other

Do you have a ☐ high school similar diploma or ☐ GED  ☐ college degree  Year received __________

Name of granting institution ____________________________

Address of granting institution ___________________________ (street) (city) (state) (ZIP)

☐ Current high school student

Name of institution ____________________________

Address of institution ___________________________ (street) (city) (state) (ZIP)
Completing 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 I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Printed name ___________________________ Date ________________

Applicant signature ________________________________

Nondiscrimination and Equal Opportunity Statement
Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, as amended, the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375, and all civil rights laws of the State of Nebraska and the City of Omaha.

Contacts:
Concerning Title VI (race), Title IX (gender equity), Section 504 (disability) and Americans with Disabilities Act/Program and Services Accessibility and Age (age), contact:
   Vice President for Campuses and Student Affairs: 531-MCC-2681 (students)
   Associate Vice President of Human Resources: 531-MCC-2236 (employees)
   Director of Facilities: 531-MCC-2529 (accessibility)

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability, sexual orientation, retaliation or affirmative action and diversity issues, contact:
   Associate Vice President for Equity and Diversity: 531-MCC-2649

The address for the above individuals is as follows:
   Metropolitan Community College
   30th and Fort streets
   P.O. Box 3777
   Omaha, NE 68103-0777
Note: All items below are required to complete registration.

- Copy of current driver’s license or birth certificate
- Completed and signed application form
- Signed and dated Technical Standards form
- High school diploma, GED or college degree
- Completed and signed (parent signature required if under 19 years old) Background Check form
- Copy of CPR card or certificate. American Heart Association OR American Red Cross BLS (basic life support). CPR cards are accepted. If you do not have one of the approved cards, you will need to complete CPR certification (EMSP 1000) prior to enrollment in EMSP 1100.
- English writing and reading skills at 1000-level courses through assessment testing or completion of comparable coursework. If coursework was completed at another college, attach a copy of unofficial transcripts to the application form. Note: ACCUPLACER/Companion and English Writing Sample scores are good for two years only. ACT scores are good for three years.
- Math skills proficiency at 1000 level or higher through assessment testing (ACT last three years; ACCUPLACER/Companion and ALEKS last two years).
  OR
  Successful completion of MATH 0960 or MATH 0931
  OR
  Completion of any 1000 level math class (excluding Applied Math for the Hospitality Industry and Business Math) with a grade C or higher. If coursework was completed at another institution, attach a copy of unofficial transcripts to the application form.
- Copy of immunizations must be submitted with completed application
  - Annual flu vaccine
  - 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
  - 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 EMT class. If the student has received the BCG Vaccine they will need to have a chest X-ray instead of a TB test. If TB test is positive, student must have a note from the physician stating the disease is not active at this time.

Final admission based on ability to pass a background check and the ability to complete the duties and requirements in the functional job description of an EMT.

Students must be registered by the Health Careers office.

Submit applications to the Health Careers enrollment specialist, South Omaha Campus, Mahoney Building, room 519, or mail to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE 68103-0777.

__________________________
Printed name

__________________________
Applicant signature

__________________________
Date

Revised: May 2021
All items below are required to complete the registration process. All documents must be received by the Health Careers office 14 days before the start of the quarter. All Emergency Medical Technician students are required to meet definite standards for the profession and for practical application. 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 people
- 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, both verbally and written, 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.

______________________________
Printed name

______________________________
Applicant signature

______________________________
Date

Revised: May 2021
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 ________________________________

Social 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 ____________________________
(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 Stacey Ocander/Metropolitan Community College Health Careers/531-MCC-4789