Metropolitan Community College Paramedicine program consists of four classroom sections and three clinical/field components that are simultaneous. 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, respiratory system, general principles of pharmacology IV access and medication administration, airway management and ventilation, therapeutic communication, patient assessment, communication and documentation, 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.

**Application deadlines**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Application Deadline</th>
<th>Day/Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter</td>
<td>Nov. 1</td>
<td>Days</td>
</tr>
<tr>
<td>Spring</td>
<td>Feb. 1</td>
<td>Evenings and one Saturday a month</td>
</tr>
<tr>
<td>Fall</td>
<td>Aug. 1</td>
<td>Days</td>
</tr>
</tbody>
</table>

*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.

**Admission process**

- Obtain application packet from any Student Services or online at mccneb.edu/ems
- Complete the PSB Test for Paramedics
- 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 a mandatory orientation

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.*

Revised: June 2021
Requirements  Prerequisites may exist for general courses. Refer to the College catalog.

General education requirements  13.5 credit hrs

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010</td>
<td>English Composition I</td>
<td>4.5</td>
</tr>
<tr>
<td>MATH 1310</td>
<td>Intermediate Algebra</td>
<td>4.5</td>
</tr>
<tr>
<td>or</td>
<td>MATH 1315 College Algebra</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Humanities/Social Sciences</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Humanities/Social Sciences  4.5

Major requirements  71.5 credit hrs

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSP 1000</td>
<td>Cardiopulmonary Resuscitation</td>
<td>1.0</td>
</tr>
<tr>
<td>EMSP 1100</td>
<td>Emergency Medical Technician</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1120</td>
<td>Paramedic (part 1 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1122</td>
<td>Paramedic (part 2 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1123</td>
<td>Paramedic Field (part 1 of 3)</td>
<td>3.5</td>
</tr>
<tr>
<td>EMSP 1124</td>
<td>Paramedic (part 3 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1125</td>
<td>Paramedic Field (part 2 of 3)</td>
<td>3.5</td>
</tr>
<tr>
<td>EMSP 1126</td>
<td>Paramedic (part 4 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1127</td>
<td>Paramedic Field (part 3 of 3)</td>
<td>3.5</td>
</tr>
</tbody>
</table>

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-4015.

Contact
Metropolitan Community College
Enrollment specialist
Health Careers
P.O. Box 3777
Omaha, NE 68103-0777
531-MCC-4791

Program questions
Craig Jacobus
EMS program director
chjacobus@mccneb.edu
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 healthcare provider)
• Copy of PSB Health Occupations Exam for Paramedics results (minimum score is 18); results will be scored in Health Careers office and student will be notified if score is below 18
• General Education requirements must be completed
• Copy of 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, PSB Health Occupations Exam score, EMT written exam results and interview.

Revised: June 2021
METROPOLITAN
Community College

PARAMEDICINE
APPLICATION FORM

☐ Fall (days)  ☐ Winter (days)  ☐ Spring (evenings)

PERSONAL (print or type)

For office use only
Student ID# ____________

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 __________________________
(month)  (day)  (year)

Marital status:  ☐ single  ☐ married  ☐ widowed  ☐ divorced

U.S. citizen:  ☐ yes  ☐ no

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

Have you previously enrolled at MCC?  ☐ yes  ☐ no  dates _______________________

When do you wish to enter?  ☐ Fall  ☐ Winter  ☐ Spring  year _______________________

Do you have a  ☐ high school diploma or similar  ☐ GED  ☐ College degree  year received ____________

Name of granting institution ___________________________________________________

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

Colleges previously attended
(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to Metropolitan Community College, Records, P.O. Box 3777, Omaha, NE 68103-0777.)

<table>
<thead>
<tr>
<th>College</th>
<th>Address</th>
<th>Dates attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised: June 2021
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.

Applicant signature __________________________ Date __________________________

Nondiscrimination and Equal Opportunity Statement
Metropolitan Community College does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation 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, the Age Discrimination Act of 1975 and related Executive Orders 11246 and 11375, and all amendments to the above.

Contacts:  Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), Americans with Disabilities Act/Program and Services Accessibility and age, contact:

Julie Langholdt – Dean of Student Advocacy and Accountability: 531-622-2202, jlangholdt@mccneb.edu (students);
Missy Beber – Associate Vice President of Human Resources: 531-622-2236, mlbeber@mccneb.edu (employees);
Bernie Sedlacek – Director of Facilities Management, Planning, and Construction: 531-622-2529, bsdlacek@mccneb.edu (accessibility); or
United States Department of Education Assistant Secretary for Civil Rights – Office for Civil Rights (OCR):1-800-421-3481, ocr@ed.gov.

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation, or affirmative action or diversity issues, contact:

Associate Vice President for Equity and Inclusion: 531-622-2649, cgooch@mccneb.edu

The address for all of the above individuals is as follows:

Metropolitan Community College
30th and Fort Streets
P.O. Box 3777
Omaha, NE 68103-0777
Final admission is based on the ability to pass a drug screen and background check and the ability to complete the duties and requirements in the functional job description of a paramedic; as well as results of an EMT written exam and interview with the program director.

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. Upon receiving an application, the enrollment specialist will make an appointment for an interview and schedule student for the EMT exams.

Students must be registered by the Health Careers office.

Applicant signature

Printed name

Date

Revised: June 2021
All Paramedicine program 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, 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  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 Stacey Ocander/Metropolitan Community College Health Careers/531-MCC-4789
Secured Data Services, P.O. Box 1554, Fremont, NE 68026-1554. Voice: 531-MCC-8260. Fax: 402-721-5706.

Revised: June 2021
The PSB Health Occupations Aptitude Examination is selectively normed on applicants for admission to all of the various healthcare career choices and can predict an individual’s readiness and capability for successful completion of the educational program designed to prepare qualified health care personnel. The examination addresses required prerequisite and acquired educational achievements commensurate with the objectives of the preparation program. It’s comprised of five separate tests that measure abilities, skills, knowledge and attitudes important for success in the program and career choice.

The Health Occupations Aptitude Examination consists of eight sections:

**Part I – Academic Aptitude**
Academic aptitude as measured by the total (combined subtests), might be thought of as a type of ability to learn. The test content is specifically adapted for appraising the combination of innate and acquired abilities that are needed for work of an academic nature. The academic aptitude total emphasizes familiar experiences and concepts while requiring careful reasoning and the capacity to comprehend and draw conclusions.

**Verbal:** The Verbal aspect consists of vocabulary-related test questions. Empirical evidence has shown this type of test item to be highly related to academic success.

**Arithmetic:** The numerical aspect consists of items drawing largely from arithmetic. To some degree, it involves skill with arithmetical concepts along with computational speed. The content of the numerical items is that to which practically all eighth grade students have been exposed.

**Nonverbal:** The nonverbal aspect consists of test items calling for a comprehension of form relationships. Measurement is in terms of the ability to manipulate “things” mentally, to reason out differences in pictured objects, and to deal with concrete materials through visualization. Recognition of relationships and of differences has been shown by research to be basic to learning aptitude.

**Part II – Spelling**
The spelling test measures skill with a tool essential to written expression or communication. It also reflects educational achievement in basic tools of learning.

**Part III – Reading Comprehension**
This test measures ability to understand direct statements, interpret written content, see the authors intent, observe organization of ideas and to extract information from written material with respect to ideas and purposes; thus to read and comprehend what is read.

**Part IV – Information in the Natural Sciences**
Measurement with this test concerns accumulation of information in the natural sciences, i.e., biology, chemistry, health, safety, etc., at a fundamental level. The relationship of knowledge in the area of the natural sciences to the course of study of the allied health educational program is an obvious one.

**Part V – Vocational Adjustment Index**
The person’s characteristic lifestyle is reflected in his or her distinctive educational and occupational adjustment. Feelings, attitudes, opinions and other personality characteristics and behavioral traits, which may be quite acceptable in many situations, may not be those desirable for the prospective healthcare professional either as a student or as a practitioner.

**Cost:** $25-$85 depending on proctor. **Time limit:** 2.5 hours