



EMS Programs



Advanced Life Support Programs Application

Advanced EMT / Paramedic
2020-2021

Rappahannock Community College

Advanced Life Support (ALS) EMS Program Application Information and Instructions Pre-Admission Information



EMS Programs



Thank you for your interest in the EMS Program at RCC. This packet will help you to be successful in your application process. If you need help with this process at any time, please contact the EMS program head.

Note: In this document, “program” refers specifically to the EMS program while “college” refers to Rappahannock Community College.

Acronyms in this document:

AEMT - Advanced Emergency Medical Technician certification.

AHA - American Heart Association

ALS - Advanced Life Support

BLS - Basic Life Support

CPR - Cardio-Pulmonary Resuscitation

EMS - Emergency Medical Services

EMT - Emergency Medical Technician

The EMS program at RCC is a restricted program, meaning that we have additional requirements for enrollment over and above those required by the college. Further, we have limited resources of space and faculty to support student learning needs. For that reason, the application process is designed so that the most qualified applicants are accepted. Submitting an application does not guarantee your acceptance into the program. Your application must be evaluated in comparison to all others received to determine eligibility.

Note: As soon as you decide to apply to the program, please notify Mrs. Leonard in the office of the dean of Health Sciences by email at jsleonard@rappahannock.edu or by phone at 804.758.6768. Take college placement tests early and meet with one of the Student Development counselors who are available to help you determine what is required academically. Meet with financial aid staff early to determine how you will pay for your program of study. A meeting with the EMS program head will provide further information specific to EMS.

Accreditation Information

Rappahannock Community College Paramedic Career Studies Certificate 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).

To Contact CAAHEP

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
www.caahep.org

To Contact COAEMSP

8301 Lakeview Parkway, Suite 111-312

Rowlett TX 75088
(214) 703-8445
FAX (214) 703-8992
www.coaemsp.org

Application Dates

Applications for August program entry may be submitted after June 1, 2020.

Information and Orientation Session Dates

An online information session will be scheduled mid-July. A recording of this session must be viewed before classes begin the week of August 24, 2020. A more formal orientation session will be scheduled in August.

Application Process

A. Admission to the College

1. New RCC students or students that have been separated from the college for more than three years must complete a current application for admission to RCC before applying to the EMS Program. Applications may be obtained online at the RCC website: www.rappahannock.edu or from the admissions office at the college. Please be sure to indicate the Career Studies Certificates (AEMT, Paramedic I and/or Paramedic II) in which you are interested, so that you will receive current information about the appropriate EMS program.
2. Continuing students do not need to complete another application to the college. However, those students need to complete a Change of Curriculum form to proceed to the next certification level, if they have not done so before. College counselors will change your program plan.
3. Financial Aid: Applicants seeking financial aid must make an appointment with the Financial Aid office as soon as possible.
4. Virginia Office of EMS Scholarships are available and can be accessed at <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/ems-scholarship/> Contact the EMS program head for more information as to which certification levels are appropriate.

B. Completion of Academic Requirements for Program Entry: Students Must

1. Be a minimum of 18 years of age at the beginning of class.
2. Have graduated from high school or completed a General Equivalency Diploma (GED) by the time of application.
3. Have earned a cumulative GPA of 2.0 or higher in previously taken college courses.
4. *(Recommended)* Take RCC placement tests in MTH and ENG; Students who have a 2-year or 4-year degree are exempt from placement testing.

C. Supplemental requirements for students who have taken college courses and expect credit by transfer or will use courses to satisfy program requirements:

1. Official transcripts from all colleges must be presented to the admissions and records office for review.
2. Students are required to submit to criminal background checks and drug screens upon enrolling in the EMS program. Results must be back before the drop date. In the event you have questions about your background, you are urged to contact www.castlebranch.com for a consultation. That phone number is (888) 723-4263. ALS students can sign up with CastleBranch using a code to be provided upon acceptance

into the program. The package includes the documents tracker along with the background check and drug test. If you have enrolled in an RCC health sciences program before, contact the program head to determine if your previous purchase is still functional.

D. Application to the EMS Program

1. Electronically or manually complete the application form at the end of this document.
2. Print your application and hand initial it in the required spaces, then hand sign it at the bottom.
3. Request an official copy of your high school transcript be sent to the admissions and records office. Official transcripts must be in a sealed envelope from the high school. Opened transcripts will not be accepted.
4. If a scanner is available for your use, scan your application and all other applicable documents:
 - a. Diploma or GED
 - b. Unofficial transcripts if you have them
 - c. Government issued photo ID
 - d. Current healthcare provider CPR card (front and back)
 - e. Current EMT certification card
5. Using your official VCCS email, attach all documents to one message and send it to [@jsleonard@rappahannock.edu](mailto:jsleonard@rappahannock.edu) by the appropriate date; OR
6. Bring your documents to Mrs. Leonard on the Glens Campus for review and receipt. You may also send your documents to her via inter-campus mail.
7. Keep a hard copy of your application materials. Incomplete applications will be returned for you to revise.
8. You will receive notification of your application receipt. Keep it handy.
9. If you do not have all the components of the application completed at the time of submission, it will not be accepted.

E. CPR Requirements for All Applicants

1. Must have a current Office of EMS approved “CPR for the Professional” card upon application to the program. This must have **American Heart Association Basic Life Support** to complete field and clinical applications. The EMS program head will verify the CPR certification and a copy will be placed in the student’s file. CPR must remain current throughout the program.

F. EMTs Entering ALS Programs – Fall Entry

1. Must submit a current unrestricted Virginia and/or National Registry EMT-B or EMT certification card at time of application. A copy must accompany your student file during the program. The certification must remain current throughout the program unless replaced by a higher certification.
2. Upon completion of the fall classes and designated spring classes with the grade of “C” or better, the student will be eligible to test at the National Registry AEMT level and may advance to the next semester courses in the EMS sequence toward Paramedic Certification.

G. Advanced placement of certified Virginia or National Registry AEMT Providers

1. A student entering the program with an unrestricted Virginia or National Registry AEMT certification card will have previous college transcripts reviewed and eligibility for advanced placement evaluated.
2. Current OEMS approved CPR certification is required for program entry, but AHA BLS Provider CPR is required for all hospital clinical rotations and must be completed by posted dates.
3. Certifications must accompany your student file during the program. That certification must remain current throughout the program unless replaced by a higher certification. Upon successful completion of spring courses, the student can proceed to summer courses.
4. The CastleBranch background check and drug testing must be complete by mid-term of the fall semester which, if there is a problem with either, may result in the student being withdrawn from the program with no refunds possible.

H. Advanced Placement of Intermediate Providers Entering Year 2 - Paramedic

1. A student may, with verification of knowledge and skills, enter the second year of the program in the fall to continue to paramedic certification.
2. A current unrestricted Virginia Intermediate and/or National Registry I-99 certification card must be submitted at time of application. A copy must accompany your student file during the program. That certification, along with AHA BLS Provider must remain current throughout the program.
3. Applicant must have taken Human Anatomy and Physiology (BIO 145, BIO 141/142, or another approved 4 credit A&P class prior to entering the fall classes.
4. Any student who has not recently come through the RCC program may be required to take EMS 121 – Clinical preparation class prior to scheduling any field or clinical courses.

I. References

1. Two references (forms attached) must be included with your application before it can be considered. One is to be filled out by your agency medical director and the other by the training officer or captain in your primary agency.
2. If you are currently not affiliated with an EMS agency, the two references should include a licensed member of the health care community who is aware of the work that ALS providers do, and a personal reference from someone who is not a family member and can attest to your character. It is preferred that the reference come from an ALS provider actively running with an agency who is certified at the level you plan to reach.
3. ~~Present the forms to your reference providers in opaque envelopes addressed to RCC EMS Program Director. They are to be completed and sealed in envelopes, signed over the seal by the reference, or emailed by them directly to~~ The completed forms may be returned by the references by emailing evest@rappahannock.edu or faxing to the attention of Mrs. Leonard at 804-758-3853. The application is not considered complete without these steps.

J. Health Screenings and Background Checks

Students must provide the following at their own expense (Instructions with requirements to be provided at orientation):

1. Medical Release Form declaring that the student meets the health standards specified in the document, and signed by the health care provider
2. Current Hepatitis B immunization series, with proof of immunity when completed
3. A negative result on a current two-stage Tuberculosis skin test (Annual requirement).
4. Criminal background check through CastleBranch
5. Drug screen through CastleBranch (see drug and alcohol policy. May be required annually by some clinical agencies).
6. Proof of student professional liability insurance (Annual requirement) and uploaded to the document tracker in CastleBranch.
7. Verification of seasonal influenza vaccination as needed and uploaded to the document tracker in CastleBranch. (Annual requirement)
8. Other credentials, medical screenings and/or verifications as required by individual clinical agencies and uploaded to the document tracker in CastleBranch.

NOTE: A check sheet is provided. There will be specific deadlines for the completion of all mandatory health and background requirements. These deadlines will be provided. It is in the student's best interest to begin the process prior to the beginning of the semester.

Additional Information for Prospective EMS Students

A. Requirements for Clinical Participation Policy

1. EMS, as a practice discipline, deals with cognitive, affective, and psychomotor functioning and performance. Students entering the EMS program need to advise the EMS faculty, EMS advisor, and the program head of any potential difficulties in meeting one or more of the essential performance standards to receive possible accommodation assistance and appropriate guidance.
2. All individuals who apply for admission to the EMS Program, including persons with disabilities, must be able to perform essential functions included in this document either with or without accommodations. These essential functions are congruent with the Virginia Office of EMS standards for any individual seeking initial certification as an ALS provider, and reflect the National EMS Standards established by the National Association of EMTs.
3. These guidelines serve as essential elements basic to eligibility requirements for clinical participation in the RCC EMS Program.

B. Functional Job Analysis of the ALS Provider: (Virginia Office of EMS statement)

The Advanced Life Support Provider must demonstrate competency in handling emergencies utilizing basic and advanced life support equipment and skills in accordance with the objectives in the Virginia EMS Education Standards for the EMT-Enhanced or Intermediate and/or the U.S. Department of Transportation National EMS Education Standards for the Paramedic to include having the ability to:

1. verbally communicate in person, via telephone and telecommunications using the English language;
2. hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene
3. ability to lift, carry, and balance up to 125 pounds (250 with assistance)

4. ability to interpret and respond to written, oral, and diagnostic form instructions
5. ability to use good judgment and remain calm in high-stress situations, and take on the role of a leader
6. read road maps; drive vehicle, accurately discern street signs and address numbers
7. read medication/prescription labels and directions for usage in quick, accurate, and expedient manner
8. communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders
9. discern deviations/changes in eye/skin coloration due to patient's condition and to the treatment given
10. document, in writing, all relevant information in prescribed format in light of legal ramifications of such
11. perform with good manual dexterity all tasks related to advanced emergency patient care and documentation
12. bend, stoop, balance, and crawl on uneven terrain
13. withstand varied environmental conditions such as extreme heat, cold, and moisture

RCC EMS PROGRAM 2020-2021

RCC EMS PROGRAM 2020-2021							
ANY SEMESTER	EMS	100	CPR for Health Care Providers	1	EMT CSC (13 Cr)	AEMT CSC (21 Cr)	Credit awarded for EMT and CPR certification. AHA Professional CPR is required and must remain current through entire program.
	EMS	111	Emergency Medical Technician-Basic	7			
	EMS	120	EMT-Basic Clinical	1			
	BIO	145	Human A&P for Health Sciences <u>OR</u>	4			
	NAS	150	Human Biology <u>OR</u>				
	BIO	141/142	Human A&P I and II (4 cr each)				
Stand Alone	EMS	150	EMT-Advanced	7	8	PARAMEDIC 1 CSC (23 Cr)	Credit awarded for current EMT and CPR certification.
	EMS	170	ALS Internship I	1			
FALL YEAR 1	EMS	121	Preparatory Foundations	2	10	PARAMEDIC 1 CSC (23 Cr)	Students wishing to test out at AEMT must complete coursework through the end of the first 8 weeks of the second semester and be enrolled in EMS 170.
	EMS	123	EMS Clinical Preparation	1			
	EMS	125	Basic Pharmacology	1			
	EMS	126	Basic Pharmacology Lab	1			
	EMS	127	Airway, Shock and Resuscitation	1			
	EMS	128	Airway, Shock and Resuscitation Lab	1			
	EMS	135	Advanced Medical Care	2			
	EMS	136	Advanced Medical Care Lab	1			
SPRING YEAR 1	EMS	137	Trauma Care	1	9	PARAMEDIC 1 CSC (23 Cr)	To be cleared to test at AEMT all hours and competencies in EMS 170 must be passed along with successful completion of all course work. Certified AEMTs entering the program will receive credit for EMS 121, 125, 126 and 127.
	EMS	138	Trauma Care Lab	1			
	EMS	139	Special Populations – 8wk 2	1			
	EMS	140	Special Populations Lab – 8wk 2	1			
	EMS	141	Cardiovascular Care	2			
	EMS	142	Cardiovascular Care Lab	1			
	EMS	175	Paramedic Clinical Experience I	2			
FALL YEAR 2	EMS	202	Paramedic Pharmacology	2	12	PARAMEDIC 2 CSC (25 cr includes A&P)	Paramedic CSC (25 Cr includes BIO 145) Intermediate advanced standing and BIO 145 or BIO 141 and 142 required to enter the paramedic program, year 2.
	EMS	203	Advanced Patient Care	2			
	EMS	204	Adv Patient Care Lab	2			
	EMS	206	Pathophysiology for Health Professionals	3			
	EMS	247	Paramedic Clinical Experience II	1			
	EMS	248	Paramedic Comprehensive Field Exp.	2			
SPRING YEAR 2	EMS	210	EMS Operations	1	9	PARAMEDIC 2 CSC (25 cr includes A&P)	EMS 167, Emergency Pediatrics Course, may be substituted for EMS 169
	EMS	212	Leadership and Professional Dev.	1			
	EMS	163	Prehospital Trauma Life Support	1			
	EMS	164	Advanced Medical Life Support	1			
	EMS	165	Advanced Cardiac Life Support	1			
	EMS	169	Pediatric Advanced Life Support	1			
	EMS	216	Paramedic Review	1			
	EMS	249	Paramedic Capstone Internship	2			

Estimated Costs for the EMS Program

The ALS program at RCC is divided according to the different certification levels, so costs are addressed accordingly. These costs are estimates based on current prices and are subject to change.	
Fall Semester Year 1	
Tuition & Fees: 13 credits at \$157 per credit hour (Incl. A&P)	2041.00
Light Blue Shirt (dark pants and shoes may cost more), sweatshirt	20.00
eBook (<i>Nancy Caroline's Emergency Care in the Streets, 8th Ed</i>) good for 2 years	550.00
FISDAP (good for 2 years) This package includes the Scheduler and Skills Tracker required throughout the program as well as the Paramedic Study Tools and Unit Exams and Comprehensive Exams will be used in the final semester.	
Malpractice Insurance (annually if not covered by home agency)	50.00
Castlebranch (Background check and drug test good while in program)	125.00
Medical Examination / Vaccinations	Variable
Estimated Total	2786.00
Spring Semester Year 1	
Tuition & Fees: 14 credits at \$157 per credit hour (Incl. BIO 142 if 141 taken)	2198.00
EMS Program Sweatshirt	35.00-45.00
Books (ECC Handbook – AHA-\$35; Beasley's understanding EKGs, 4 th Ed - \$60)	100.00
Travel to Clinical and Field sites	Variable
EMS 170 if planning to test out at AEMT	157.00
Certification Testing: Psychomotor AEMT	225.00+
Certification Testing: Cognitive AEMT	125.00
Estimated Total	2850+
Paramedic – Advanced Standing or continuing students – FALL and Spring Year 2	
Tuition & Fees: 21 credits at \$157 per credit hour	3768.00
Turquoise Shirt (dark pants and shoes may cost more), sweatshirt	20.00
Books (PHTLS, AMLS, PEPP, ACLS) <i>PHTLS and AMLS are available in the library.</i>	500.00
Malpractice Insurance (annually if not covered by home agency)	50.00
Certification Testing: Psychomotor (free if testing with RCC)	300.00+
Certification Testing: Cognitive	125.00
Travel to Clinical and Field sites	Variable
Estimated Total	4763.00

Intermediates entering the second year of paramedic as new students will need to purchase CastleBranch as well as the full Nancy Caroline text package.

Rappahannock Community College



Application: EMS Program - Advanced Life Support

For Entry in _____ Fall _____ Spring _____ (Year)

For the following program: _____ AEMT _____ Paramedic

READ CAREFULLY: Per VCCS Policy 6.0.5, admission consideration is given to qualified applicants who are residents of the political subdivisions supporting the College and residents of those localities. Admission consideration will be given to residents of the RCC service area first. Contact Ellen Vest, Program Director, with questions. _____ Initials

APPLICANT INFORMATION			
Last Name	First Name	MI	Date
Physical Street Address		Apt #	
City	County	State	Zip
Mailing Address		Apt #	
City	County	State	Zip
Home Phone	Work Phone	Cellular Phone	
VCCS Email address		Alternate Email Address	
VCCS Student ID		Have you ever applied to this program before? No _____ Yes _____ If yes, when?	
<p>Home Campus Choice: _____ Glens _____ Warsaw (this indicates a preference for labs and testing)</p> <p>Note: Students may choose one home campus, but must be flexible in the event that course and clinical scheduling dictates a change in campus location. Field and clinical sites may require travel outside the RCC service area. Campus locations are honored as your first choice, but not guaranteed.</p> <p>_____ Initial that you have read and understood this statement.</p>			

Please list all of your academic history in the spaces below and include any and all degrees or certificates earned.

ACADEMIC HISTORY	FROM	TO	Last year attended	GRAD (Y/N)	Degree if applicable
Currently in High School Name of HS:					
High School graduate Name of HS:					
GED Completion					
Vocational School Name					
College Name					
College Name					
College Name					
Have you ever enrolled in an Intermediate or Paramedic program? _____ Yes _____ No. If yes, what school(s) and what year(s)? _____					
Training/Certificates*	Y/N	Currently Practicing	Last Date of Practice	License or Certificate #	
Emergency Medical / First Responder		___ Yes ___ No			
EMT Basic / EMT		___ Yes ___ No			
EMT Enhanced / AEMT		___ Yes ___ No			
Intermediate		___ Yes ___ No			
Paramedic		___ Yes ___ No			
AHA BLS for HealthCare Provider		___ Yes ___ No			
RN/LPN/PA/Medical Corpsman		___ Yes ___ No			
Provide copies of all current certifications / licenses with application.					

CHECKLIST FOR COMPLETE APPLICATION	INITIALS
I will be 18 years of age or older at the beginning of the Program.	
I am enrolled as a student at Rappahannock Community College. If separated from RCC for more than 3 years, a new college application is required.	
I have completed required college testing (VPT MTH & ENG) and developmental course work, if applicable.	
I have attended a general information session and have met with my EMS program advisor. (Strongly encouraged). If yes, initial in space. If no, state NO.	
I have submitted a copy of a high school diploma or GED, or official high school transcripts indicating graduation.	
I have been curriculum placed by College Counseling.	
I have a cumulative GPA of 2.0 in all coursework.	
I have completed all pre-application requirements listed in the application package	
I certify that I do not have any conduct violations from RCC or any other college attended, and/or I understand that the Admissions Committee will verify.	

READ ONLY: Criminal Background Check Statement - A criminal background check and drug screen are required for admission to the EMS Program as required by our clinical affiliates. If you have a criminal conviction you should contact www.certifiedbackground.com to determine if your conviction will prevent you from enrolling in this program. **Initial** _____

READ ONLY: Student Accommodations Statement - The EMS Program is committed to the policies set forth by RCC regarding disabilities and reasonable accommodations. If you require special services or accommodations, you should contact the RCC Disability Services Counselor on either campus for an appointment at least 2 weeks prior to the beginning of classes if you are accepted into the EMS Program. Due to the nature of EMS, certain restrictions apply. Accommodations policies are available with the Virginia Office of EMS and the National Registry of EMTs. Your success is contingent upon your ability to fulfill the core competencies of the program.
Initial _____

READ ONLY: Virginia Office of EMS Prerequisites for Advanced Level Programs

To be eligible to attend an Advanced Level EMS course in Virginia you must:

- (1) Be proficient in reading, writing and speaking the English language.
- (2) Be a minimum of 18 years of age at the beginning date of the certification course.
- (3) Hold a current certification as an EMT or higher.
- (4) Hold, at a minimum, a High School or General Equivalency Diploma.
- (5) Have no physical or mental impairment that would render them unable to perform all practical skills required for that level of certification
- (6) Not have been convicted of or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:
 - (A) Have never been convicted or found guilty of any crime involving sexual misconduct where lack of affirmative consent by the victim is an element of the crime.
 - (B) Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm.
 - (C) Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploration) of a person entrusted to their care or protection in which the victim is a patient or is a resident of a health care facility.
 - (D) Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation or enrollment five years after the date of final release if no additional crimes of this type have been committed during that time.
 - (E) Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation or enrollment five years after the date of final release if no additional felonies have been committed during that time
 - (F) Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia
 - (G) Have never been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body.
- (7) All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions, and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

(8) Be clean and neat in appearance.

(9) May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class or clinicals, while on duty or when responding or assisting in the care of a patient.

(10) If in an ALS Bridge certification Program, must have completed the eligibility requirements for certification at the lower ALS level prior to the beginning date of the ALS Bridge Certification program.

(11) If in an ALS Bridge certification Program, must have become certified at the lower level prior to certification testing for the higher level of ALS certification.

_____ Initial

IMPORTANT NOTE: All prospective students are required to be eligible to participate in all clinical facilities where we are contracted to provide clinical supervision. ***Students who are not eligible for rehire or in good standing in any facility may be excluded from clinical experiences, and thus may forfeit their seats in the EMS program.***

Please complete the following:

I am a current employee, in good standing, in a healthcare facility in the following systems: Sentara, Riverside, Bon Secours or Mary Washington.	Yes	No	If yes, what facility?	
I am a former employee in a healthcare facility from the above listed systems	Yes	No	If yes, what facilities? List all	
As a former employee, I left in good standing and am eligible for rehire.	Yes	No	If you are unsure, you MUST contact your former employer for verification	

I certify under penalty of disciplinary action up to and including automatic withdrawal from the EMS program, that all of the information is complete and accurate. I agree to supply the EMS program with supporting documentation related to my application, if I am requested to do so. I further understand that submission of this application does not guarantee admission to the EMS program.

Signature

Date

Recommendation for Advanced Life Support Program (1 of 2)



Reference is: Medical Director Training Officer Paramedic Intermediate Other _____

Section-1: APPLICANT INFORMATION *[To be completed by applicant]*

_____ Last Name First Name Middle Name Certification Number

Mandatory Statement

I hereby waive my right of access to, and authorize the Rappahannock Community College, EMS Programs to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Advanced Life Support program.

_____ Applicant Signature Date

Section-2: RECOMMENDATION *[To be completed by the recommender]*

We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation.

How long have you know the applicant? _____

In what capacity? _____

Directions: Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	1	2	3	4
Ability to Communicate	1	2	3	4
Self-Reliance / Independence of Thought	1	2	3	4
Motivation	1	2	3	4
Integrity	1	2	3	4
Profession Interest	1	2	3	4
Cooperativeness	1	2	3	4

Recommendation based on applicant's ability to pursue Advanced Life Support study (check one).

Strongly Recommend Recommend Recommend with Reservation Do not Recommend

On the reverse side of this form, please add any comment that might assist the Rappahannock Community College, EMS Programs in making a judgment about the applicant's admission to the Advanced Life Support program.

_____ Reference Signature Date

_____ Name/Title

Recommendation for Advanced Life Support Program (2 of 2)



Reference is: Medical Director Training Officer Paramedic Intermediate Other _____

Section-1: APPLICANT INFORMATION *[To be completed by applicant]*

_____ Last Name First Name Middle Name Certification Number

Mandatory Statement

I hereby waive my right of access to, and authorize the Rappahannock Community College, EMS Programs to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Advanced Life Support program.

_____ Applicant Signature Date

Section-2: RECOMMENDATION *[To be completed by the recommender]*

We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation.

How long have you know the applicant? _____

In what capacity? _____

Directions: Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	1	2	3	4
Ability to Communicate	1	2	3	4
Self-Reliance / Independence of Thought	1	2	3	4
Motivation	1	2	3	4
Integrity	1	2	3	4
Profession Interest	1	2	3	4
Cooperativeness	1	2	3	4

Recommendation based on applicant's ability to pursue Advanced Life Support study (check one).

Strongly Recommend Recommend Recommend with Reservation Do not Recommend

On the reverse side of this form, please add any comment that might assist the Rappahannock Community College, EMS Programs in making a judgment about the applicant's admission to the Advanced Life Support program.

_____ Reference Signature Date

_____ Name/Title

Rappahannock Community College EMS Program Student Physical Form
***To be completed by a Physician, NP, or PA ONLY**

Name: _____ **DOB:** _____
 Height: _____ Weight: _____ BMI: _____
 Pulse: _____ B/P: _____
 Vision R: 20/ _____ L: 20/ _____ Corrected? (circle one) YES NO
 Hearing: R: _____ L: _____
 Allergies: _____

Medical	Normal	Abnormal Findings	Initials
Appearance			
HEENT			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
Musculoskeletal			
Neck			
Back			
Upper Extremities			
Lower Extremities			

Please list current and past medical history: _____

Can this student participate in full lifting and transfers of patients and heavy equipment?
 Why or Why not? _____

Do you consider this applicant mentally and physically able to undertake the EMS
 program at this time? Initial: YES _____ NO _____
 If no, explain _____

Physician/NP/PA Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Student: I certify that the information contained on this form is true and correct. I am physically and mentally able to meet the demands of the RCC EMS Program per the requirements listed in the RCC EMS Handbook. I understand that misrepresentation or omission of information will be sufficient grounds for dismissal from the RCC EMS Program.

Student Signature: _____ **Date:** _____

**Rappahannock Community College EMS Program
Student Health/Certification Record *Page 1 of 2***

**To be completed by a Physician, NP, or PA ONLY* _____ *(HC Provider's initial)*

Student Name: _____ **DOB:** _____

1. MMR: A. Measles (Rubeola): Proof of two doses vaccine <u>OR</u> titers providing immunity	Immunization date 1: _____ Immunization date 2: _____ Titer results: _____ Date: _____
B. Mumps: Proof of two doses vaccine <u>OR</u> titers providing immunity	Immunization date 1: _____ Immunization date 2: _____ Titer Results: _____ Date: _____
C. Rubella (German Measles) Proof of two doses of vaccine <u>OR</u> titers providing immunity	Immunization date 1: _____ Immunization date 2: _____ Titer results: _____ Date: _____
2. Tetanus, Diphtheria, Pertussis (td or Tdap). <u>Within the last 10 years.</u>	Immunization date 1: _____ Date of booster: _____
3. Chicken pox – Lab results showing immunity <u>OR</u> vaccination series. (two doses required)	Titer: _____ Date: _____ (if applicable) Vaccine 1: _____ Vaccine 2: _____
4. TB Screening**: Negative IGRA from: (1) QuantiFERON - TB Gold In-tube test (GFT-GIT) <u>OR</u> T-SPOT TB test (T-Spot) <u>OR</u> Two Mantoux Tuberculin Skin Tests (TST) within the past year, <u>OR</u> two consecutive annual tuberculin skin tests results immediately prior to program enrollment **Must be updated annually prior to the Fall Semester	Select only one: QuantiFERON - TB Gold In-tube test(GFT-GIT) Results: _____ Date: _____ T-SPOT TB test Results: _____ Date: _____ Mantoux Tuberculin Skin Tests Results _____ Date _____ Results _____ Date _____ Annual tuberculin skin tests Results _____ Date _____ Results _____ Date _____ Chest X-Ray results: _____ Date: _____
Student Health/Certification Record <i>Page 2 of 2</i>	
TB Screening –continued Documentation of chest x-ray for previous positive TST within last 6 months.	

<p>5. Hepatitis B Vaccine- Three doses AND positive antibody titer 1-2 months after dose #3 REQUIRED. Signed waiver must be on file until series is complete</p>	<p>Dose 1: _____ Dose 2: _____ Dose 3: _____ Anti-HBs result: _____ Date: _____ <i>*If Anti-HBs less than 10mIU/mL, need to repeat three dose vaccination again and redraw anti-HBs 1-2 months after the third dose. If less than 10mIU/mL the patient is a "non-responder" and needs appropriate education regarding HBV prevention and post-exposure recommendations.</i></p>
<p>6. Influenza Vaccine is required for all EMS students. It is the student's responsibility to obtain this vaccine every Fall prior to October 1st.</p>	
<p>Healthcare provider's Name: _____ Signature: _____ Date Completed: _____</p>	

Note: This form MUST be completed and submitted into Certified Background prior to September 16, 2017 in order to be able complete clinical and field requirements in the fall semester.

Student Name _____ **Date:** _____
Signature _____

Application Check-list

To do before the start of the semester:

- _____ Make sure you are *minimally* 18 years of age before day 1 of class.
- _____ Meet with EMS Program Head
- _____ Enroll with RCC and request official high school/college transcripts
- _____ Take college placement tests
- _____ Make arrangements for payment and tuition assistance if needed
(*Financial Aid, GI Bill, Scholarships, Agency agreement, self-pay*)
- _____ Complete and submit the 2020-2021 ALS Program Application
- _____ Obtain two references (forms in application package)
- _____ Obtain medical clearance and all vaccination documentation/requirements
- _____ Make sure your Healthcare Provider/Professional CPR is current (AHA is Preferred. Red Cross is acceptable.
- _____ Sign up at www.CastleBranch.com using provided code for background check
- _____ Go to an approved Lab Corp facility for your drug testing using form provided by CastleBranch.