Dear Applicant:

This course was developed to meet the unique learning needs of the student who wishes to pursue a career as an EMT. It is designed to provide sound educational experience, insure competence in skills and achieve the EMT-Basic certification.

This advisement packet is designed to answer common questions, outline the program requirements, and provide you with the following items:

- Application form and procedure for gaining admission to Lamar State College-Orange.
- Application and procedure for admission to the Emergency Medical Services Course.
- Information about the required health exam, immunizations/drug screening.
- Guidance to obtain information related to scholarships and/or financial aid.

Please review the enclosed information carefully. If you have any questions, please call the Allied Health Secretary in Orange at 882-3044. We look forward to receiving your application.

Sincerely,

Rickey Land, EMS Coordinator
Lamar State College-Orange
Emergency Medical Services Course
The Emergency Medical Services section of Lamar State College-Orange Allied Health Division offers the EMT Basic.

**EMERGENCY MEDICAL SERVICES**

**Level I Certificate - EMT-Basic = 5 credit hours**

Students will be eligible for EMT-Basic Certification by TDSHS after successful completion of EMSP 1401 - and EMSP 1160 - Clinical 1 - Basic (5 credit hours).

See EMT-Basic Curriculum Plan

**Level I Certificate of Proficiency - Basic**

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Lec. Hrs.</th>
<th>Lab Hrs.</th>
<th>Ext. Hrs.</th>
<th>Cont Hrs.</th>
<th>Cred. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSP</td>
<td>1401</td>
<td>Emergency Medical Technology-Basic</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>EMSP</td>
<td>1160</td>
<td>Clinical 1 – Basic</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>80</td>
<td>1</td>
</tr>
</tbody>
</table>
LAMAR STATE COLLEGE- ORANGE
Emergency Medical Services

The Emergency Medical Services Courses at Lamar State College-Orange (LSC-O) are a competency based course of study designed to prepare its graduates to take the National Registry.

The student must maintain a "C" or better in ALL EMS courses and an overall 2.0 Grade Point Average to be eligible to graduate.

ADMISSION REQUIREMENTS

To be admitted to LSC-O a student must submit the following:

1. an application for admission;

2. a copy of his/her high school transcript. If you are not a high school graduate, but have a GED certificate, you must submit both a high school transcript of work completed and a copy of your GED scores. Other admission requirements may be found in the current Lamar State College-Orange Catalog. An application for admission to Lamar State College-Orange is included with this packet;

3. official transcripts of all work completed at any college or university, including those from any of the Lamar campuses.

To be considered for admission to the Emergency Medical Services Course the student is responsible for submitting ALL of the following to the Allied Health Department: by the application deadline:

1. an application to the Emergency Medical Services Course

2. transcript(s) of all college work completed at schools, including LSC-O and any of the other Lamar campuses. All transcripts should be obtained from the college attended (including those from any of the Lamar campuses) and submitted with the application. one reference request form completed by a former or current employer. The form is provided in this packet and should be submitted directly to the Standards Committee by enrollment deadline.

NOTE: The goal of the EMS Standards Committee is selection of the best qualified applicants.

After acceptance to the program, students must provide documentation of health status by a physician or nurse practitioner on the form provided, and a current CPR card at the health care provider level. Students must keep a current CPR card throughout enrollment in the EMS course. Lamar-Orange is an equal opportunity/affirmative action institution that does not discriminate on the basis of race, color, sex religion, age, handicap, or ethnic origin.
HEALTH EXAM
In order to meet the program objectives, after acceptance into the Emergency Medical Services Courses, you are required to have a physical examination on the form provided. This physical examination is at your own expense by the physician or nurse practitioner of your choice. Immunizations are available on Tuesdays at the Orange County Health Department located at the corner of 10th and Cordrey. Each immunization has a minimal fee.

Students will be required to have a tuberculin (TB) skin test and a urine drug screen test each semester that they are enrolled in the EMS program. The TB skin test and a urine drug screen test can be obtained at the health department or your local physician.

It is strongly recommended that students have or start the Hepatitis B vaccine series once accepted into the program. The series of vaccinations are available through your local physician. Students are strongly encouraged to complete the Hepatitis B vaccinations upon acceptance into the program; however, students may sign a statement declining the Hepatitis vaccine and accepting responsibility for the potential risk of a serious disease.

STUDENT POLICY REGARDING HIV STATUS
Effective September 1, 1991, the State of Texas bill, HB 7, imposed on all Texas health care professionals various requirements designed to prevent the transmission of HIV from health care workers to their clients. Under this law, health care workers include "individuals in the course of training or educational program in the health professions." Thus, the law applies to all the EMS students at Lamar State College - Orange during the time they are involved in client care.

Students who are HIV positive, must advise the EMS Coordinator and the Dean of Allied Health. The situation will be evaluated to determine if modifications can be made in the curriculum, both to allow the student to remain in school and to remain in compliance with the law.

If students are unsure of their HIV status, anonymous testing is available in Orange through the following agencies:

<table>
<thead>
<tr>
<th>UTMB Women's &amp; Children's Clinic</th>
<th>PALM CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 N. 10th Street</td>
<td>1385 Calder Avenue</td>
</tr>
<tr>
<td>Orange, Texas 77630</td>
<td>Beaumont, Texas</td>
</tr>
<tr>
<td>883-6119</td>
<td>839-TEST or 832-0710</td>
</tr>
<tr>
<td>By Appointment - Minimal Fee</td>
<td>Free</td>
</tr>
</tbody>
</table>
NATIONAL REGISTRY CERTIFICATION TESTING

These courses deal with pre-hospital care techniques which are lifesaving and if improperly applied, can be life threatening. It is very important that individuals certified in these techniques demonstrate sound and mature judgment. It is possible that a student may not be allowed to sit for the NREMT exam, even though he/she may have completed the classroom requirements. You should understand that this course exceeds the requirements of the state of Texas. You must meet requirements of the course. If you fail to meet the Lamar State College-Orange EMS course requirements, you will not be allowed to take the National Registry of EMT’s (NREMT) Certification Exam.

Courses within this curriculum are approved by TDSHS, but are not connected to that department. You are responsible for completing the required NREMT certification application paperwork and paying all non-refundable application fees. You are responsible for obtaining the NREMT testing guidelines, reading the guidelines and sitting for the NREMT exam at the time given to you by the National Registry. Completion of the courses within any level of certification does not guarantee eligibility for the NREMT examination. If you have been convicted of a crime, you may be excluded from the NREMT certification. If you have a criminal record and would like to be evaluated for eligibility, contact the Bureau of Emergency Management at (512) 834-6740 for more information.

RIGHTS AND RESPONSIBILITIES
Lamar State College-Orange faculty and staff wish you an enjoyable and rewarding experience within this course. The EMS faculty will work with you in any way possible to make you successful in the coursework. What you receive from this course will depend on what you put into the course. In order to ensure the most rewarding learning experience, each student is assured the following rights. Remember, with these rights come additional responsibilities.

YOU HAVE THE RIGHT TO KNOW:
1. The course is approved by the Texas Department of State Health Services (TDSHS).
2. The Course Coordinator, instructors and examiners are certified by TDSHS.
3. Course objectives.
4. Grading policies.
5. Established policies and guidelines.

RESPONSIBILITIES OF THE STUDENT:
1. Treat all patients with dignity and respect.
2. You must be at least 18 years of age to obtain certification by TDSHS.
3. Conduct yourself in a manner conducive to learning.
4. Abide by all policies as outlined by the program faculty.
5. Actively participate in all class and skills laboratory functions.
6. Maintain confidentiality on any and all patients.
7. Maintain a professional behavior at all times.
8. Accept responsibility for your actions and academic performance.
9. Complete all courses within your degree plan with success!
ESTIMATED EXPENSES FOR BASIC EMT INSTITUTIONAL AWARD

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>TEXAS/LA. RESIDENTS</th>
<th>OUT-OF-STATE RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMSP 1401-01, 21 (4 credit hrs.)</td>
<td>472.00</td>
<td>2120.00</td>
</tr>
<tr>
<td>EMSP 1160-01 (1 credit hr.)</td>
<td>118.00</td>
<td>560.00</td>
</tr>
<tr>
<td>Books</td>
<td>150.00</td>
<td>150.00</td>
</tr>
<tr>
<td>Uniform</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Stethoscope/Blood Pressure Cuff</td>
<td>40.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Penlight/Rescue Breathing Pocket Mask</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Clipboard (preferred book style)</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>EMT Scissors</td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Small Pocket Sized Notepad/ink pen (black)</td>
<td>4.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Safety Eye Wear (goggles)</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Watch</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Background Check</td>
<td>42.00</td>
<td>42.00</td>
</tr>
<tr>
<td>Physical Assessment by Personal Physician</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Liability Insurance **</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>National Registry Test Fee</td>
<td>70.00</td>
<td>70.00</td>
</tr>
<tr>
<td><strong>Total Estimate</strong></td>
<td>1391.00</td>
<td>3271.00</td>
</tr>
</tbody>
</table>

* Tuition/fees listed above are as printed in the Lamar State College – Orange 2014-2016 Catalog. Future amounts may be different.

** Liability insurance is paid at registration along with registration for each clinical course and is only estimated.

LOUISIANA STUDENTS MUST QUALIFY TO PAY TEXAS TUITION RATES BY APPLYING IN THE OFFICE OF ADMISSIONS AND RECORDS PRIOR TO REGISTRATION!

**Uniform:** Green Polo Shirts w/LSCO log and EMS Program embroidery (Ammie’s Monogramming, Bridge City)
Dark (black, navy blue) EMS pants
Black Belt (no designs or jewelry attachments)
Black EMS boots. Steel toe is optional (not required)
LAMAR STATE COLLEGE-ORANGE
EMERGENCY MEDICAL SERVICES COURSE
APPLICATION

I am applying for: January Class of _________ August Class of ____________
(Yr.) (Yr.)

Name: __________________________________________
(First) (Middle) (Last) (Maiden)

Address: __________________________________________
(Number, Street)

(City) (State) (ZIP)

Social Security # __________________________________________

TELEPHONE: (__________ ) ____________________________

If Emergency, Call: __________________________________________
(Name)

(City, State) (Telephone)

I certify that the above statements are true.

________________________________________  ____________
Signature of Applicant Date
LAMAR STATE COLLEGE-ORANGE
EMS COURSE APPLICANT INTERVIEW

NAME: ________________________________________________________________

Social Security # ________________________________________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THIS INTERVIEW FORM WITH YOUR COURSE APPLICATION.

1. Why are you interested in the EMS health care field?

2. What do you expect to learn in the Emergency Medical Services Courses?

3. What are the important ways that you have changed in the last five years?

4. What do you see yourself doing in the next ten years?

5. Describe two things that you have done in your lifetime of which you are most proud.
6. What is there in your overall background that you believe will enable you to succeed in the EMS course?

7. Have you been employed in the EMS health field? If yes, how long and explain experiences you have had in the field.

8. Why do you feel you are a strong candidate for a position in the EMS courses at Lamar State College-Orange?

9. Is there anything else you would like to tell the Standards Committee?
LAMAR STATE COLLEGE-ORANGE
EMPLOYMENT/WORK HISTORY

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
   Reason for Leaving: ____________________________

2. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
   Reason for Leaving: ____________________________

3. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
   Reason for Leaving: ____________________________

4. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
   Reason for Leaving: ____________________________

5. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
   Reason for Leaving: ____________________________

6. Employer: ____________________________
   Telephone: ____________________________ Address: ____________________________
   Job Title: ______________________________
   Supervisor: ____________________________
   Dates of Employment: From ___________ To ___________
Reason for Leaving: ________________________________

SURVEY:
Government agencies require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

Gender: __________ Male  __________ Female

Date of Birth: MM/DD/YY __________ / __________ / __________  Age: __________

Race/Ethnicity Group: __________ African American
________________ American Indian/Alaska Native
________________ Asian/Pacific Islander
________________ Hispanic
________________ White
________________ Other (Specify) ________________________

Marital Status: __________ Single  __________ Divorced  __________ Married  __________ Widowed

__________ Disabled  __________ Limited English Proficiency
__________ Academically Disadvantaged  __________ Economically Disadvantaged
__________ Single Parent  __________ Displaced Homemaker

State of Residence: ____________________________

Name: ________________________________

__________________________________________
LAMAR STATE COLLEGE-ORANGE
Emergency Medical Services Course

Reference Request

Date _________________________

_____________________________ is requesting that you provide a letter of reference
 regarding their admission to the Emergency Medical
Services Courses. After completing the form, return it to the address shown at the end of the form. Thank
you for your valuable contribution.

I have known the applicant for _____ years, _____ months. The circumstances under which I have
known the applicant are:

Please place a check in the box that matches the rating you would give the applicant on the following chart:

<table>
<thead>
<tr>
<th>Personal Attributes</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Curiosity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation to Learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perseverance in Adversity</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Likelihood of Success in the EMS health care field</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Ability to Get Along with Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability, Attendance</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Please make any comments that you think would assist faculty members in the decision of admitting the applicant to the Emergency Medical Services Course. (If more space is needed, attach an additional sheet.)

Optional Comments:

Please send form to:

Standards Committee
Emergency Medical Services Coordinator
Lamar State College-Orange
410 Front Street
Orange, Texas 77630

Signature: ________________________________

Name: ____________________________________

Position/Title: ______________________________

Address: __________________________________
Compliance with the Americans with Disabilities Act of 1990

Lamar State College - Orange does not discriminate on the basis of disability in admission to, access to or operations of its programs, services or activities. Lamar State College – Orange does not discriminate on the basis of disability in its hiring or employment practices.

Under the ADA a person has a disability if he/she has a physical or mental impairment that substantially limits a major life activity.

This is provided as required by Title II of the Americans with Disabilities Act (ADA) of 1990. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to Lamar State College-Orange’s designated ADA Compliance Coordinator in room 364 of the Ron E. Lewis Library Building.

Individuals who need auxiliary aids for effective communication in programs and services of Lamar State College – Orange are invited to make their needs and preferences known to the Office of Disability Support Services, third floor of the Ron E. Lewis Library Building.