Greetings –

COTC is pleased to announce our 2017-2018 Academic Year EMS Programs:

1. EMT classes are offered each semester in conjunction with our partners at CTEC of Licking County (Newark), Knox Technical Center (Mount Vernon), and the Ohio Fire Academy (Reynoldsburg).
   a. Register for EMS-120 with a COTC Gateway Advisor and additional information will be provided.

2. PARAMEDIC Classes (one year) begin Autumn Semester 2017 (August) in PATASKALA (1 unit days) and Spring Semester 2018 (January) on KNOX campus evenings.

3. Accelerated full time paramedic class is offered starting 2nd term October 16, 2017 and finishing at the end of spring semester May 2018. This class meets full time Monday – Friday with commitments morning, afternoon, and evening from noon on Mondays until Friday after lunch. Dorms are available through our partnership with the Ohio Fire Academy.

Additionally, currently certified Ohio Paramedics can apply for credit and pursue the AAS in EMS degree at COTC.

Note: Paramedic students must take BIO-121 (Human Biology) prior to beginning paramedic classes unless they have previous college credit for an equivalent A&P type course. HLT-110 (Medical Terminology) is also required but may be taken concurrently the first semester of Paramedic if student already has BIO-121 or equivalent credit.

Anyone interested in our programs should first complete a COTC college application https://apply.cotc.edu/ and then contact Gateway @ Pataskala: 740-755-7090 or Knox: 740-392-2526 or Newark: 740-366-9222 or Coshocton: 740-622-1408 or cotcadmissions@cotc.edu to schedule placement testing or review transcripts prior to beginning the EMS Application packet that is attached.

If you have any other questions, please do not hesitate to contact me.

Sincerely,

Bryan L. Spangler, DHSc, NRP, NCEE, CMTE.
EMS Program Director
740-755-7094, office.
740-964-0152, fax.
Spangler.77@cotc.edu
How to apply for a COTC EMS program:

1. Apply to COTC @ https://apply.cotc.edu/
   a. Designate AAS in EMS as your degree if you wish to earn the two-year degree that includes EMT and Paramedic. Designate EMT Certificate if you only wish to complete EMT or Paramedic One Year OBR Certificate if you only wish to complete paramedic classes.
   b. Note – only applicant’s pursuing a two-year degree in EMS or One Year OBR Paramedic Certificate are financial aid eligible.

2. Submit ALL OFFICIAL high school and college transcripts to COTC
   a. Central Ohio Technical College
      Records Office
      1179 University Drive
      Newark, Ohio 43055

3. Contact a Gateway Advisor to schedule placement testing.
   a. Newark: 740-366-9222
   b. Coshocton: 740-622-1408
   c. Knox: 740-392-2526
   d. Pataskala: 740-964-7090
   e. cotcadmissions@cotc.edu

4. If enrolling in EMS-120 (EMT Classes) your last step is to confirm you have registered for said class with a COTC Gateway Advisor, then to contact the partner agency for any additional details:
   CTEC of Licking County  Knox Technical Center  Ohio Fire Academy
   Earl Miller  Mike Cronin  Heidi Stone
   740-364-2298  740-393-2933 x1101  (614) 752-7180
   emiller@c-tec.edu  mcronin@knoxcc.org  heidi.stone@com.state.oh.us

5. Paramedic Students should notify EMS Program Director via email Spangler.77@cotc.edu of your intentions to enroll and in what class and then complete application packet to EMS Program:
   a. Physical Exam/Immunization Record – must be signed by your healthcare provider and include documentation of all immunizations as TB test results. You may attach documentation but must have HCP sign off on physical health to complete program. Exam is good for 12 months after completion.
   b. Certifications – Use the provided form to record copies of your driver’s license, as well as any applicable EMT certifications or CPR certifications.
   c. Mandatory drug screen – must pass a drug screen within 6 months of beginning program. Licking Memorial Company Care is the preferred provider and instructions are provided. If you select another provider the ORGINAL SEALED results must be sent directly to COTC Records.
   d. FBI National Background check – complete through the Newark Campus Security Office. Cost is $35, pay at fees & deposits and take receipt to security office for background check. You may have completed through another authorized law enforcement agency but again must have the ORIGINAL SEALED results sent directly to COTC Records.
   e. Shirt order forms – submit with application as well as bring a copy and your check for payment to the first day of classes.

6. Sign up for classes: Paramedic – first semester classes are EMS-200, EMS-280, and EMS-290.
   - Paramedic students must complete pre-requisite course BIO-121 (Human Biology) prior to starting paramedic along with HLT-110 (Medical Terminology).
Institute for Public Services & Safety

Paramedic Program Application
(This packet is for certified EMTs applying for paramedic classes)

Paramedic Cohort applying for entrance to: (check one)

- Autumn 2017 – One year cohort meets on 1 unit days on PATASKALA Campus. (Application Deadline: July 28, 2017)
- Spring 2018 – One year cohort meets evenings on KNOX Campus. (Application Deadline: December 8, 2017)

Documentation Requirements

Completed online or with gateway Advisor:

- Application to COTC – Complete COTC Admissions Application form online. www.cotc.edu/apply
- COTC Placement Assessments - Complete placements and any necessary pre-college courses, if applicable, or receive proof of COTC Placement Waiver eligibility.
- Pre-college Coursework – C grade (2.00) or better in GENR-091 and MATH-080 or appropriate score on placement test.
- Transcripts - ALL official transcripts from high school with graduation date indicated or GED documentation, and all current or up-to-date college transcripts with GPA indicated sent directly to the Gateway Student Records Office.

Completed before application deadline and results sent directly to COTC:

- Background Check – (FBI) Documentation of National FBI Background check dated within 6 months of start of program (available at Newark Campus Security Office or original results must be mailed directly to EMS Program Office from conducting agency).
- Pass Drug Screening – forms and various sites available, results sent directly to COTC, applicant pays testing site fee directly.

Completed and sent prior to application deadline:

- Health History/Immunization Record
- Copies of valid Ohio EMT certification, Driver's License, and AHA CPR for Healthcare Provider certification
- Uniform order form – (Student must wear a COTC EMS polo shirt to all clinical sites. Student is also to be in COTC uniform shirt, black/blue pants, black shoes, watch with second hand, COTC ID nametag, and stethoscope for class as well and may choose to order additional polo's or t-shirts/sweatshirts/job shirts to wear to class.)
- Signed EMS Checklist Form – this form (two pages) turned into any COTC Campus Gateway or:
  Central Ohio Technical College
  Records Office
  Hopewell Hall - Gateway
  1179 University Drive
  Newark, OH 43055
  or electronically via signed PDF to cotcrecords@cotc.edu

(continued on next page)
College-Level Course Requirements – prior to enrolling in EMS-200/starting Paramedic Certificate (Must have proof of completion with “C” grade or better)

☐ Human Biology – BIO-121 or college equivalent.
☐ Medical Terminology – HLT-110 or college equivalent.
☐ Pre-college Coursework – GENR-091 and MATH-080 or college equivalent/appropriate placement out of all pre-college reading, writing, and math coursework.

Certification of Truth Statement

I affirm that the information provided on this application, and any other information that I have submitted or will submit to Central Ohio Technical College in connection with the EMS admission process is complete and accurate. Because I want to be considered for selection into the EMS Program, I understand that each requirement must be completed and each document received or postmarked by the deadline date. I understand the submission of incomplete or inaccurate information, or falsifying information is sufficient cause for revocation of admission to the EMS program.

Full Name (PLEASE PRINT) ___________________________ Date of Birth (MM/DD/YYYY) ___________________________

Email address (COTC Preferred) ___________________________ Home or Work Telephone ___________________________

Email address (Other) ___________________________ Cell ___________________________

Home address ___________________________ Social Security # ___________________________

Signature ___________________________ Date ___________________________

EMS Agencies affiliated with: ___Paid FT ___Paid PT ___Volunteer Years of Experience:___________

Other employment:

Highest education completed:

___High School ___Associate ___Bachelors ___Masters Name of School: ___________________________

Reason for taking EMT classes:

Reason for choosing COTC:
Central Ohio Technical College
Institute for Public Safety
Emergency Medical Service

Physical Examination Form for Clinicals

To be completed by your Physician with signature and date.

EMS Students: Please have your Health Care Provider perform an examination and complete the statement below.

I have examined__________________________________ on ________________________ and have determined that there are no health related reasons which would prohibit this student from participating in the Central Ohio Technical College EMS Programs.

Physician Signature: __________________________________________ Date: _____________________

Physician Name (Printed w/title M.D. D.O.):_________________________________________________
Address, Phone No.:____________________________________________________________________

Certified Nurse Practitioner: ______________________________________________________________

Allergies to Latex? Yes____________ No____________

Immunizations

Physicians:
- If a student has never received a TB skin test, or it has been longer than 12 months since the last test, a 2 Step Mantoux skin test is required.
- If a student has participated in annual TBB testing, the most recent results must be within 12 months of admission – otherwise a 2-step Mantoux is required.

If you, as a Physician, did not administer the 2 step TB skin test or the annual TB skin tests, please leave blank. The student must provide the documentation for the TB skin testing.

Tuberculosis: Documentation of 2 Step Mantoux test.

Tuberculosis Step 1:
Date given ________
Date read _________
Results: ______ mm Negative Positive

Tuberculosis Step 2:
Date given ________
Date read _________
Results: ______ mm Negative Positive

Annual TB Skin Testing:
Annual TB:
Date given __________
Date read __________
Results: _____ mm Negative Positive
Date of prior annual TB:
   Date Given______________
   Date read_______________
   Results: _____ mm   Negative   Positive

For known positive TB skin testing:
   • A chest x-ray report showing no evidence of active disease is required.
   • The student will also complete a TB screening questionnaire – this form may be obtained from the EMS Clinical Coordinator.

Other Immunizations
Physicians: Please fill out the immunizations dates that your office administered or are contained in your medical record. Otherwise, leave blank and the student must provide documentation to the EMS program.

MEASLES (RUBEOLA):
   • Must have documentation of 2 immunizations.
   • Or must have documentation of immune status/titer.

Immunizations:
   Immune Status/Titer Results: Date: ____________
   Date #1______________ Immune
   Date #2______________ Not immune

MUMPS
   • Must have documentation of 2 immunizations.
   • Or must have documentation of immune status/titer.

Immunizations:
   Immune Status/Titer Results: Date ____________
   Date #1______________ Immune
   Date #2______________ Not immune

RUBELLA:
   • Must have documentation of 2 immunizations.
   • Or must have documentation of immune status/titer.

Immunizations:
   Immune Status/Titer Results: Date ____________
   Date #1______________
   Date #2______________ Immune / Not immune
CHICKEN POX (VARICELLA):
- Must have accurate year of disease by history.
- If unknown or no history of disease, must have documentation of 2 immunizations.
- Or must have documentation of immune status/titer.

Year of Disease: __________

Immunizations:
- Immune Status/Titer Results: Date: ________
- Date #1: __________ Immune
- Date #2: __________ Not immune

HEPATITIS B:
- Must have documentation of 3 immunizations.
- OR provide evidence the student has started the series.
- Or must have documentation of immune status/titer.

Immunizations:
- Immune Status/Titer Results: Date ________
- Date #1: __________ Immune
- Date #2: __________ Not immune
- Date #3: __________

**Tdap**
- Tdap is a requirement. Documentation must be provided.
- Tdap: Date: ________

**Flu**
- Seasonal flu vaccine is a requirement. Documentation must be provided.
- Seasonal flu vaccine: Date: ________

EMS Students will need to make two copies of all their health information. One set will be kept by the College and one set will be kept by the student in a secure location. Your health information will be kept securely and treated as private.
Central Ohio Technical College
Institute for Public Safety
Emergency Medical Services

EMS Program – Entry Certifications

Name: ____________________________________________ Date: _______________

Valid Driver’s License:

Valid Ohio EMT or AEMT certification (must have):  National Registry Card (optional) :

Front and back of current valid AHA CPR for HealthCare Provider Card:
Applicants to the Emergency Medical Services (EMS) Programs are required to test negative for drug and/or alcohol abuse before entering the Program. All test results, positive or negative, will be sent to the Director of the Institute for Public Safety. **All costs for testing are the student's responsibility.**

Any student/applicant who tests positive for drugs not medically prescribed for that student/applicant will not be permitted to enter the clinical setting or register for a practicum course. The admission and reapplication status of any non-paramedic student/applicant testing positive will be at the discretion of the Director of the Institute for Public Safety. Applicants/students in the paramedic program will be removed from the paramedic program and will not be permitted to apply/reapply to any COTC paramedic program.

Any applicant seeking admission to a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen will not be permitted to reapply to any public safety course/program.

**Currently Enrolled Students**

Any EMS instructor may request a drug screen given reasonable cause. **Reasonable cause** exists when a student exhibits behavior that suggests impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to: poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be required to withdraw from the current quarter, will not be permitted to enter/return to the sequence of the paramedic courses and will not be permitted to apply/reapply to the paramedic program. At the discretion of the Director of the Institute for Public Safety other public safety students testing positive will be considered on a case by case basis.

Any student currently enrolled in a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated specimen will not be permitted to reapply to any public safety courses/programs.

Approved: 6/2006
Revised: 12/2011

Drug Screenings may be conducted by any licensed laboratory screening center but the original results must be sent directly to:

COTC Records
1179 University Drive
Newark, OH 43055

Licking Memorial Health Care offers drug screening:

**Licking Memorial Company Care**
Tamarack IV Building
1865 Tamarack Road
Newark, OH 43055
740.348.4972

**Hours: 0730-1700 Monday – Friday**
- You do not need an appointment but do need to arrive at or before 1630 to ensure that there is enough time to complete the screening.
- This is **NOT** located at the main hospital complex.

Cost: $38.00 – student is responsible for the cost
Directions to Licking Memorial Company Care
Tamarack IV
1865 Tamarack Road, Newark, Ohio

From Columbus
• Take State Route (SR) 161 East to Granville
  SR 161 turns into SR 16
• Turn right (South) at the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)
• Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
• Follow SR 37 North toward Granville
• Exit East onto SR 18, continue 2 miles and turn right
  (South) at the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)

From Cleveland
• Take I-71 South to State Route (SR) 13 South
• Take SR 13 South approximately 50 miles to
  SR 16 West in Newark
• Take SR 16 West approximately 4 miles to
  the Cherry Valley Road stoplight and turn left
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)

From Akron/Canton
• Take I-77 South to State Route (SR) 38 West (Exit #65)
  SR 38 West will turn into SR 16 West
• Turn left (South) at the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)

From Zanesville
• Take State Route (SR) 146 West and turn left onto
  SR 16 West
• Continue through Newark and turn left (South) at
  the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)

From Lancaster
• Follow State Route (SR) 37 North toward Granville
• Exit East onto SR 16, continue 2 miles and turn right
  (South) at the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road

From Cincinnati
• Take I-71 North to I-270 North (East) to I-70 East
• Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
• Turn left onto SR 37 North toward Granville
• Exit East onto SR 16, continue 2 miles and turn right
  (South) at the Cherry Valley Road stoplight
• Go straight, across West Main Street
  Cherry Valley Road turns into Tamarack Road
  (1865 Tamarack Road is on the right-hand side)
  (1865 Tamarack Road is on the right-hand side)
SHIRT ORDER FORM—COTC EMS PROGRAM

****Bring first Day of Class DATE____________

NAME ___________________________ SCHOOL BRANCH ___________________________

(PLEASE PRINT)

(Knox, Pataskala, Coshocton)

CELL PHONE # ( _________ ) ______________________ EMAIL ____________________________

POLO SHIRT SMALL - XL $19.00  2XL - 5XL $21.00 (LADIES SIZES STOP AT 2XL)

SIZE______________ QUANTITY______________ MEN’S ☐ WOMEN’S ☐

COLOR- NAVY ☐ TOTAL $ _________________

SWEATSHIRT SMALL - XL $19.00  2XL - 4XL $21.00

SIZE______________ QUANTITY______________

COLOR- NAVY ☐ TOTAL $ _________________

JOBSHIRT SMALL - XL $52.00  2XL- $54.00  3XL- $56.00  4XL- $58.00  5XL-$60.00

SIZE______________ QUANTITY______________

COLOR- NAVY ☐ TOTAL $ _________________

SILK SCREENED T-SHIRT ALL SIZES $14.00

SIZE______________ QUANTITY______________ TOTAL $ _________________

CASH, CHECKS AND CREDIT CARDS ACCEPTED. MAKE CHECKS PAYABLE TO “BLACK DOG APPAREL”. 7.25 % STATE SALES TAX WILL BE CHARGED. PAYMENT MUST BE MADE IN FULL BEFORE RECEIVING YOUR ORDER.

Students paying with Credit Card will be contacted via text message for additional needed information.

PAID CASH ☐ CHECK ☐ #____________ ORDER SUB TOTAL $ ___________

CC ☐ TAX 7.25% $ ___________

OWES AMOUNT DUE _______________ GRAND TOTAL $ ___________