EMT Enrollment Guide

OSU-OKC Public Safety Department
900 N. Portland Avenue
3501 W. Reno (Physical Address)
Oklahoma City, Oklahoma 73107

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EMS Program Director/Assistant Professor
(405)945-9159
Fax (405)945-8622
justin.hunter@osuokc.edu

EMS Program
(405)945-6778
Fax (405)945-8622
Enrollment Information Guide

A. Admission to the Program:
   1. Complete the admissions process as outlined in the school catalog, or;
   2. Be a current student in good standing; and
   3. Provide all required documentation and vaccination records.

B. Required Documentation
   1. Completed Enrollment Paperwork; Complete the checklist in this guide
   2. Two negative Tuberculosis Skin test, current through end of the semester;
   3. Hepatitis B 3 shot vaccination series, positive titer showing immunity, or signed declination form;
   4. Varicella (Chicken Pox) information – documented medical records, both (2) vaccinations, or positive titer showing immunity;
   5. Two MMR vaccinations OR positive titer showing immunity;
   6. Seasonal Influenza vaccination (Not applicable to summer semesters);
   7. “Clear” GroupOne criminal background check;
   8. Current BLS for Healthcare Provider CPR card

C. Clinical Rotation Shifts
   1. The EMT course (EMSP 1148) includes required clinical component that consist of 60 clock hours, for the completion of performance objectives in local emergency departments (ERs), with local ambulance services, and/or in pediatric and geriatric facilities. There are generally a wide variety of clinical sites, dates, and shift times available for these EMT clinical rotations.
   2. All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available during orientation.
D. Urine Drug Screen

1. Students are required to complete their drug screen prior to the first day of class. Payment is required at testing and is paid directly to the testing site.
2. A “non-negative” or a “positive” drug screen will result in the student’s Administrative Withdrawal from the course. Said student may re-enroll for a future semester.
3. Any student who has a ‘specimen diluted,’ results will be required to retest the urine drug screen within 72 hours of our office receiving the test results. The student will be responsible for additional cost of urine drug screen testing.
4. See attached form for contact information or at www.osuokc.edu/ems

Oklahoma County Health Department Information

Anyone needing a vaccination should contact their private physician to be vaccinated or go to their local city/county health department. If you have any questions, please contact your physician, or call the Oklahoma -county Health Department at (405)-425-4450. Several different clinics in the Oklahoma City area have been established by the Oklahoma City-County Health Department at the following locations:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>HOURS OF OPERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church of Christ</td>
<td>1101 E. 9th</td>
<td>Edmond</td>
<td>M-F 8:30 – 11:30AM</td>
</tr>
<tr>
<td>SE Child Help</td>
<td>2825 Parklawn</td>
<td>Midwest City</td>
<td>1st, 2nd, and 4th Tuesday 8:30 – 11:00AM</td>
</tr>
<tr>
<td>County Health Department</td>
<td>921 N.E. 23rd</td>
<td>OKC</td>
<td>M,T,W,F 0800-1530</td>
</tr>
</tbody>
</table>

Vaccination/Titer Information

Midwest Regional Medical Center 3921 S.E. 29th  Midwest City  M-F 0800-1600

Baptist– Employee Health 3435 N. W. 56th  OKC  M-F 0730-1130
Southwest Medical Center 4300 S. Western Ste. 214  M-F 0730-1130
### Approximate Prices Vaccinations/Titers

<table>
<thead>
<tr>
<th>Vaccine/Titer</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tubercoliuous Skin Test</td>
<td>$40.00 per test</td>
</tr>
<tr>
<td>• Rubella Titer</td>
<td>$25.00</td>
</tr>
<tr>
<td>• Rubeola Titer</td>
<td>$30.00</td>
</tr>
<tr>
<td>• Hepatitis B Series</td>
<td>$40.00 per dose</td>
</tr>
<tr>
<td>• Hepatitis B Titer</td>
<td>$40.00</td>
</tr>
<tr>
<td>• MMR</td>
<td>$35.00</td>
</tr>
<tr>
<td>• Varicella</td>
<td>$90.00 per dose</td>
</tr>
<tr>
<td>• Varicella Titer</td>
<td>$20.00</td>
</tr>
<tr>
<td>• MMR + Varicella*</td>
<td>$85.00</td>
</tr>
<tr>
<td>• MMR + Varicella+ Hep B*</td>
<td>$100.00</td>
</tr>
<tr>
<td>• Twinrix (Hep A &amp; Hep B)*</td>
<td>$57.00 per dose</td>
</tr>
<tr>
<td>• Chest X for positive TB Skin Test</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

*Inquire with your physician or clinical of your choice about combination vaccinations, often combined vaccinations are cheaper but may not be covered by insurance.

**Please note:** You may receive your MMR vaccination and your TB skin test on the same day. However, if you receive an MMR vaccination one or more days prior to the TB skin test, you will be required to wait approximately 6 weeks to receive the TB skin test!

Even if you have had or been exposed to Varicella, you would still need to have a titer drawn for verification.
TUTITION AND FEES

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition for OSU-OKC is currently</td>
<td>$122.40 per credit hour.</td>
</tr>
<tr>
<td>EMT Lecture and Lab totals</td>
<td>8 credit hours</td>
</tr>
<tr>
<td>EMS Operations</td>
<td>3 credit hours</td>
</tr>
<tr>
<td>Campus General Fees:</td>
<td></td>
</tr>
<tr>
<td>Spring/Fall</td>
<td>$35.00</td>
</tr>
<tr>
<td>Summer</td>
<td>$25.00</td>
</tr>
<tr>
<td>Online Course Fee (per credit hour for online courses)</td>
<td>($10.00)</td>
</tr>
<tr>
<td>EMS Lab fees</td>
<td>$90*</td>
</tr>
<tr>
<td>EMS Student Liability Insurance Fee</td>
<td>$16.00*</td>
</tr>
<tr>
<td>Approx. Total:</td>
<td>$1,477-$1,518</td>
</tr>
</tbody>
</table>

*Must be paid every semester. Students are responsible if tuition is not paid prior to scheduling clinical.

** All tuition and fees are subject to change. Most up to date fees are here: http://www.osuokc.edu/future/costs.aspx

OUT OF POCKET EXPENSES:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books (some can be rented for cheaper)</td>
<td>est.$300.00</td>
</tr>
<tr>
<td>Uniform (estimated. This depends on sizes and options)</td>
<td>$150.00</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>FISDAP online registration</td>
<td>$ 55.00</td>
</tr>
<tr>
<td>CPR Card—Approximately</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>Group One Background Check</td>
<td>$ 45.00</td>
</tr>
<tr>
<td>Urine Drug Screen</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>Clinical Hub Fee</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$ 680.00*</td>
</tr>
</tbody>
</table>

*All costs are an approximation in addition to fees/costs required beyond the tuition. Further details regarding these additional fees/costs will be provided during orientation.

Oklahoma State University – Oklahoma City EMS Office Information:
3501 W. Reno
Oklahoma City, OK. 73107
Public Safety Training Center
Suite 210
Hours of Operation:
M-F 8:00AM-5:00PM

Faculty/Staff/Adjuncts

Justin Hunter
EMS Program Director/Assistant Professor
PSTC 210C
justin.hunter@osuokc.edu
405-945-9159

Whitney Kemp
Faculty EMS Instructor
PSTC 210F
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Frank Strange
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PSTC 114
fstrange@osuokc.edu
405-945-9179

James Anderson
Academic Advisor
jba@osuokc.edu
405-945-9124

Machelle Krause
Clinical and Lab Coordinator
PSTC 106
machelle.krause@osuokc.edu
405-945-3279 office

Rachel Rittenhouse
Public Safety Department Secretary
PSTC 210G
sleona@osuokc.edu
405-945-6778
Pre-Enrollment Requirements Checklist for EMT Students

The following things MUST be turned into the OSU–OKC EMS Clinical Coordinator, Machelle Krause, before starting any EMS class.

Machelle Krause  
Clinical and Lab Coordinator  
PSTC 106  
machelle.krause@osuokc.edu  
405-945-3279 office

1. _____ CHECK YOUR STUDENT EMAIL AFTER YOU ENROLL

2. _____ Purchase Fisdap activation code. This is in your class email or you can purchase from bookstore.

3. _____ Complete Enrollment Paperwork
   - _____Student Information form
   - _____Hepatitis B vaccination form

4. Two negative Tuberculosis Skin tests
   - ____________Date of TB test #1
   - ____________Date of TB test #2

5. Hepatitis B 3 shot vaccination series, positive titer showing immunity, or signed declination form signed within the past 12 months
   - ___________ Date of Hep Shot #1
   - ___________ Date of Hep Shot #2
   - ___________ Date of Hep shot #3
   - ___________ Or, Date of Blood Titer
6. Varicella (Chicken Pox) information (2) vaccinations, or positive titer showing immunity
   • ________ Date of Vaccine #1
   • ________ Date of Vaccine #2
   • ________ Or, Date of Blood Titer

7. Two MMR vaccinations OR positive titer showing immunity
   • ________ Date of MMr Vaccine #1
   • ________ Date of MMr Vaccine #2
   • ________ Or, Date of Blood Titer

8. _____ Diptheria, Tetanus, and Pertussis (DTaP)
   • ________ Date of DTaP Vaccine

9. _____ Seasonal Influenza vaccination (Not applicable to summer semesters)

10. ______ “Clear” GroupOne criminal background check visit this link. Or, find the link on our website at www.osuokc.edu/ems

11. ______ Current BLS for Healthcare Provider CPR card (Must include skills portion. Cannot be an online-only course.)

12. Create an account with The Clinical Hub. The cost for this is $20. The link is on our website at www.osuokc.edu/ems MAKE SUR E AFFILIATE WITH OSU-OKC EMS PROGRAM AND NOT THE NURSING PROGRAM
Statement of Understanding

I, ___________________________, have read and understand the rules and regulations of this program and Oklahoma State University–Oklahoma City and agree to abide by these policies. I also understand the following minimum requirements for successful completion of this program.

1. Completion of 100% of the clinical hours with the proper documentation, and successful affective/behavioral evaluations completed and submitted before the final exam.
2. Attend 80% of the total classroom hours. Course absences will be kept to a maximum of six absences. Anything beyond six absences will result in administrative withdrawal.
3. Complete all homework and/or other assignments in the required time frame.
4. Have all financial arrangements concluded with the school.
5. Maintain a professional and ethical behavior, appearance, and attitude through the entire class and clinical setting.

__________________________________________________________________________
 Student Signature Date

__________________________________________________________________________
 Witness Signature Date

__________________________________________________________________________
 Instructor Signature Date

__________________________________________________________________________
 Program Director Signature Date
# Student Information

<table>
<thead>
<tr>
<th>CWID #:</th>
<th>Email Address:</th>
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<tbody>
<tr>
<td>Phone number:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Last Name (Print)</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
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<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Social Security Number</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Current Home Address (Number and Street)</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

In case of emergency, notify:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Hepatitis B Vaccination Information

Hepatitis B Virus, when present, is found in virtually all body fluids and some secretions. It can be transmitted by puncturing the skin with a contaminated instrument or needle, allowing contaminated blood or body fluid to come in contact with an open wound or mucus membrane, through sexual contact and through contaminated blood products. The Hepatitis B Virus can cause chronic cirrhosis, liver failure, and liver cancer. Health care workers are at high risk for contracting the virus and should be vaccinated.

Hepatitis B has a long incubation period. The vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccination administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody titers.

Precautions: Vaccinations should be delayed in individuals who have any febrile illness or active infection and in individuals who are pregnant or nursing.

Adverse Reactions: The most frequently reported adverse reactions are injection site soreness, fatigue, headache, and dizziness.

Immunization schedule: The usual immunization regimen consists of three (3) injections of vaccine given according to the following schedule: #1: at elected date, #2: 30 days later, #3: 6 months after the first injection, Booster: 5 years later. Antibody test is recommended one month after third injection.

I, ______________________, have read and understand the above Hepatitis B vaccine information. I understand that if I have not been previously immunized for Hepatitis B, I will need to A) begin the injection series and follow the above schedule for the remaining injections and the antibody test, or B) decline in writing. I further understand that if I do not receive the Hepatitis B vaccine according to the schedule or do not sign the “Hepatitis Vaccination Refusal” form, I will be unable to schedule and attend any clinical shifts.

___________________________  ______________________
Student Signature           Date Signed
Hepatitis B Vaccination Refusal
(Declination Form)

I have been informed of my risk of acquiring Hepatitis B and the damage that this disease can do. I have been instructed on the value of being vaccinated for the disease. I have been informed that, as an EMS Student, I am considered high risk for being exposed to blood or body fluids that are potentially contaminated with Hepatitis B, and that vaccination is a safe and effective method of prevention.

I, _______________________, choose NOT to take the Hepatitis B Vaccine at this time____ OR have begun the 3-shot series, but not yet completed it______.

__________________________________________  ______________________________
Student Signature                          Date Signed
CPR Classes are held at the beginning of each semester here at OSU-OKC. To register, please contact:

Charity Kitchens  
Office Assistant  
Center for Safety and Emergency Preparedness  
(405)945-3208  
kitchec@osuokc.edu

All cards must be American Heart Association approved BLS for Healthcare Providers, or American Red Cross CPR for the Professional Rescuer. Cannot be online-only course and must include a skills portion.
AUTHORIZATION FOR SERVICES

300 N. MERIDIAN, STE. 105 – OKLAHOMA CITY, OK 73107
405.943.6465          FAX 405.943.6460

Hours of Operation: Mon. – Fri.       8:00am – 5:00pm

***DONOR MUST BRING PHOTO IDENTIFICATION***

DATE: __________________________    TIME: ____________________

EMPLOYER NAME: OSU – OKC

PROGRAM (circle): NURSING  CARDIOVASCULAR  DIETITIC  EMS

STUDENT PRINTED NAME: ___________________________________________

STUDENT SOC. SEC. / ID#: ___________________________________________

STUDENT SIGNATURE: __________________________________________

**REASON FOR TEST**

  _X_ OTHER

**DRUG TESTING SERVICES**

OSU/OKC NON-DOT DRUG SCREEN (ALERE COC)

INSTRUCTIONS

• Please have a photo ID ready to present when you arrive for your collection.
• You will be providing a urine sample for a drug test – please drink enough fluids to ensure you can provide a sample when you arrive for your drug screen collection.
• The cost of the drug screen is $30 and must be paid in cash prior to taking the test.
• We do not need a list of Rx medications at this time. If something shows up on your test you will contacted by a physician to discuss Rx medications prior to your test results being reported to OSU-OKC.
• By paying for and submitting to testing, you authorize CRG Laboratories to release result of your test to OSU-OKC.
OSU-OKC EMS Program
Uniform Policy

“A How To Guide”
White EMS Uniform
White EMS Uniform

- OSU-OKC patch on right sleeve
- EMT patch on left sleeve (paramedic students)
- Name plate over right shirt pocket flap
- Student ID badge on left shirt pocket flap
- All of these items may be purchased in the OSU-OKC bookstore.
White EMS Uniform

- White EMS shirt
- Navy EMS pants
- Black leather belt
- Black boots that cover the ankle
- Trauma shears
- Pen Light
- Stethoscope
- All of these items may be purchased in the OSU-OKC bookstore.
White Uniform Shirt with Safety Vest

• For all EMS clinicals you need to have an ANSI approved safety vest.
• This vest must be worn on all scenes worked in the roadway (for example a motor vehicle collision).
• The vest can have no writing on it.
• The safety vest may be purchased in the OSU-OKC bookstore.
Cold Weather Gear

Solid black or navy blue jacket

NREMT Patch

OSU-OKC Patch
If you still have questions please see your syllabus or contact your instructor.