Thank you for your interest in the Wilson Community College EMS program. Admission is by application. Please read and review all information and forms before you begin the application process. Only **complete** applications; will be accepted for consideration.

The EMS program meets or exceeds NCOEMS and NR Standards for each level. Successful completion of the EMS Programs, level specific, will prepare you for entry level upon completion of your program. Students will be trained in skills and medications approved by the State of NC. The program includes didactic, field internship, and clinical internship. This course follows guidelines established by the North Carolina Office of Emergency Medical Services. Curriculum for the EMS educational program shall be objectives identified from the National Standard Curriculum. Students who successfully complete the course will be eligible to take the State certification exam or National Registry, both level specific.

GENERAL PROGRAM INFORMATION

Students must submit a completed application and meet all admission requirements. Class size is limited to 25 students. NOTE: a minimum of 8 students are required to run this class. Applications received; accepted on a first-come first-served basis. Completed applications will be registered the same day by the Continuing Education staff. For incomplete applications, the EMS Coordinator will contact you to discuss completion prior to any acceptance into the programs pending seat availability.

PROGRAM / APPLICATION REQUIREMENTS:

1. **EMR or EMT Class** -- 17 when class starts, must be 18 when finishes.

2. Completed and signed Wilson CC EMS application, agreement form, and N-95 Particulate Respirator Medical Evaluation Form (or N-95 test completed within the last 12 months.

3. Copy of Picture ID, and VALID North Carolina Driver's License (Attached)

4. **EMT CLASS:** High school diploma, GED, or advanced degree; transcripts are acceptable. (Attach **Copy**). If you are still in high school or the GED program, a HIGH SCHOOL RELEASE FORM IS REQUIRED, prior to enrollment.

5. Proof of the following immunizations:
   - One (1) TB skin test within three months of class start date.
   - Proof of two MMR's
   - Hepatitis B (at least first shot of the series of three required)
   - Proof of varicella (chicken pox), or a titer/blood test to prove immunization
   - Tdap, TD, or Tetanuss, within the last 10 years.
   - If not provided, you will have to sign a waiver and clinical will be at the discretion of the clinical sites.
   - N-95 testing during the program (application attached)
   - COVID Vaccines are at the discretion of the clinical sites.

6. Maintain 90% attendance rate

7. Grades standards; will be reviewed in class and covered in the course syllabus.

8. All Applications must be complete before they will be accepted by Wilson CC and your placement into an EMS Program.

COSTS INVOLVED AFTER ACCEPTANCE (and are subject to change, have requirements added by outside sources):

1. Registration fees per semester - $180.00 (subject to change by act of N.C. General Assembly) Fee Waived for EMS, FIRE, LAW.

2. Student accident insurance - $2.00 per semester

3. Textbook required with online access. Level Specific.

4. CPR Card based on current AHA Card fee schedule. Current CPR Book required.

5. EMT Candidates must log on and complete Castlebranch package. This includes a NC Criminal Background check, Drug Test, National Record Alias, OIG Exclusion, Social Security Alert, Residency History, Medical Records Document Manager. Cost: $109.00. This cost is to the student and ALL requirements must be cleared BEFORE any clinical can be completed. The site is: https://portal.castlebranch.com/WN85 Due dates will be discussed in class and MUST BE completed by that date.

6. Dress code for clinicals – dark pants (black or blue), EMS program shirt, and black shoes, black socks, black belt.

7. Appropriate attire required for class and is at the instructor's discretion and will be covered first day of class.

8. After successful completion and graduation from an EMS program, you will be eligible to sit for the state exam. Exam fee: $68.00 payable to the exam proctoring company.

9. N-95 testing rates to be determined

10. Completion of any required college level courses, English, Math, A&P rates set by the N.C. General Assembly.

Applications must be completed and returned prior to registering for this class.

Please mail to:

Wilson Community College
Division of Continuing Education
ATTN: Kyle Willis, EMS Coordinator
Post Office Box 4305
Wilson, NC 27893

Questions about the EMS program should be directed, to Kyle Willis, 252-246-1296; or by e-mail at twillis@wilsoncc.edu. Thank you.

WILSON COMMUNITY COLLEGE
DIVISION OF CONTINUING EDUCATION

EMS APPLICATION / AGREEMENT FORM

Application Level: EMR _____ EMT _____

NAME: LAST: _____ FIRST: _____ MIDDLE: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME PHONE: _____ CELL #: _____

EMAIL: _____ SSN (Last 4 #): _____

BIRTHDATE: Month _____ Day _____ Year _____

SEX: ❑Male ❑Female RACE: ❑White ❑Black ❑ American Indian ❑Hisp ❑Asian ❑Other

EMPLOYMENT: ❑Unemployed ❑Part Time ❑Full Time

EMPLOYER: _____ EMPLOYER PHONE #: _____

OCCUPATION: _____

CAREER OBJECTIVE: _____

_____

WORK EXPERIENCE: _____

_____

AGREEMENT:

I have attached the required copies or proof as listed under "Program/Application Requirements"; have read, understand, and agree to the stated requirements of the EMS program; understand this is an application only and does not constitute acceptance into the program, and also understand the required clinical dress code, and agree to comply upon acceptance.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Application Received: _____

Application Status: Complete _____ Incomplete _____ Application # _____

WILSON COMMUNITY COLLEGE EMS TRAINING
PARTICULATE RESPIRATOR MEDICAL EVALUATION

This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire alone. In some cases we may ask for more information. Fit testing is also required and is done separately. All medical information is considered confidential.

All Information must be completed for Respirator Approval

Name	Job Title	
Male/Female (Circle One)	Today's Date / /	
Phone Number	Age	Date of Birth / /
1. When using respirator, work is: a. ❑ Light b. ❑ Moderate c. ❑ Heavy	2. Shifts per week respirator is worn: a. ❑ Less than 1 b. ❑ 1 – 4 c. ❑ Almost every shift	
3. Length of time respirator is worn during a shift: a. ❑ Less than 1 hour b. ❑ 1 –5 hours c. ❑ 5 – 12 hours	4. Special work consideration i.e., temperature, protective clothing	

MEDICAL HISTORY		
Has a doctor ever told you that you had any of the following:	(Yes)	(No)
1. Angina		
2. Heart Attack/Stroke		
3. Heart Disease		
4. Epilepsy or Seizures		
5. High Blood Pressure		
6. Diabetes Treated with Insulin		
7. Lung Disease/Lung Problems		
8. Emphysema		
9. Asthma/Allergies		
10. Smoking History a. ❑ Smoker b. ❑ Ex-smoker c. ❑ Never Smoked		
11. Are you currently taking any medications?	Please list:	

REVIEW OF SYMPTOMS		
Has a doctor ever told you that you had any of the following:	(Yes)	(No)
12. Are you short of breath at rest?		
13. Do you get short of breath when walking?		
14. Do you get short of breath at work?		
15. Do you get chest pain with certain activities?		
16. Do you have medical problems that might interfere with respirator use?		
17. Have you ever had problems that might interfere with respirator use?		
18. Do you have sensation of smothering?		
19. Do you have a sensation of claustrophobia?		
20. Would you like to speak with the Healthcare Professional who is reviewing this questionnaire?		
Explain "yes" answers by number:		
Employee Signature →	Date:	
MEDICAL DEPARTMENT USE ONLY		
❑ Approved ❑ Approved with restrictions ❑ Denied ❑ More Information		
Restrictions Remarks		
PLHCP Signature →	Date:	