uchealth

Memorial Hospital

UNIVERSITY OF COLORADO HEALTH

Emergency Medical Services
Center for EMS Excellence
719-365-2168

EMT Class

Prerequisites required for this course are as follows:

* Applicant must provide proof of receiving at least the first dose of the 3 dose Hepatitis B vaccine, varicella vaccine or a history of having had chicken pox, and the MMR vaccine. Documentation is required with application.

* A current negativeTB test completed within 9 months of the beginning of class.

* Applicant must be 18 years of age prior to course completion. A copy of driver's license or State ID must be included with application.

* Applicant must provide a copy of their high school diploma or transcripts, college diploma or transcripts or GED certificate. If applicant is currently a high school student or pursuing a GED, a copy of diploma or certificate must be submitted to our office prior to course completion.

* Applicant must pass a background check and drug screening. These will be done through our office. Background check paperwork is part of the application. Drug screen information will be given during class.

*BLS (CPR) card is not required for class. This will be done during class.

Course Location:

UCHealth Community Education Center
2050 KidsKare Point
Colorado Springs, CO 80910

Course Tuition: $1350.00 – **Half of the tuition ($675) is due with the application. The class fee includes the required subscription and eBook. Information about that will be given upon successful registration for the class.**

UCH employees, Military, or agencies under Memorial Hospital EMS Medical Direction will receive a 25% discount on this course – total cost will then be $1012.50

Half of the tuition $675.00 (or discounted amount of $506.25) is due with this application. The balance of this tuition is due before or at the first class!!!

These fees are payable by credit card, cash, check or money order. We do take credit card payments over the phone. Make checks payable to UCH-Memorial Hospital.

Application Deadline: 3 weeks prior to start of class, or when class is full. (it will not show online how many applications have already been accepted, and classes fill early, so it is recommended that you get your application in as soon as possible).

**Please note that photographs of classroom activities may be taken throughout the course for publicity purposes. **

Important information for submitting your application –

Please print legibly

Please ensure that you print the forms and sign all necessary fields by hand. Unfortunately, we cannot accept electronic signatures, but scanned copies are acceptable.

Acceptance into the course is not solely on a first-come, first-serve basis and class size is limited so be sure your application is complete, and accompanied by the required prerequisite documentation. To submit your application you can email it to bonnie.gentzel@uchealth.org or bring it into our office in person at the address below.

Physical Address: EMS Department
2050 KidsKare Point
Colorado Springs, CO 80910

***NOTE: If you prefer to bring your application in to the office in person, please call for an appointment, as our hours vary by day.

If you should have any questions regarding this application or the course, please contact our office at (719) 365-2168.

EMERGENCY MEDICAL TECHNICIAN COURSE APPLICATION

Legal Name _____**gender identification**_____

Mailing Address: _____

City: _____**State:** _____ **Zip Code:**_____

Phone Numbers: Home: _____ **Cell:** _____ ____

Email Address:_____ **Shirt Size** _____

Affiliation with UCHealth, Medical or Fire Agency, or military (if applicable for discount):

_____

Anticipated graduation date if you are currently attending High School: _____

***Please note attached policy regarding admission for current high school**

A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING:

_____ **Proof of Immunizations or signed Declination Form (where applicable)**

_____ **Negative TB test within past 9 months**

_____ **Proof of Age (example: copy of driver's license, state ID card, etc)**

_____ **Copy of either high school/college diploma or unofficial transcripts or GED Certificate**

_____ **Signed Memorial Hospital Release of Liability Form**

_____ **Signed HIPAA Awareness Training/Confidentiality Agreement Form**

_____ **Common Functional Abilities Standard for EMS Providers**

_____ **Background Check**

Please note that certain misdemeanor or felony convictions may prevent you from becoming an EMT in the state of CO. If you have a conviction of this nature, we advise that you contact the state EMS office (303-692-2980) to discuss your specific situation.

Date application received: _____

Payment info:_____

Payment info:_____

_____

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RELEASE OF LIABILITY

I, _____ , the undersigned, a student of Memorial Hospital's EMT Course, hereby release UCHealth, Memorial Hospital, and all clinical affiliates from any liability arising from any injury or illness occurring while I am a student in the program.

Student's Printed Name

_____

Student's Signature Date

Parent or Guardian must also sign below if student is not 18 years of age.

Parent/Guardian's Printed Name

_____

Parent/Guardian's Signature Date

_____ _____

uchealth

Confidentiality Statement

University of Colorado Health (UCHealth)[1] employees and all other individuals who have access to confidential UCHealth information are required to keep this information confidential. Patient information, employee records, computer passwords, and proprietary business information are all examples of confidential information. Computer passwords may never be shared. Other confidential information may be shared with other individuals who need to know the information in order to perform their jobs. However, the fact that someone is working at UCHealth does not mean that the individuals has a right to confidential information if it is not required for job-related purposes. Each individual must at all times act carefully, in good faith, in a manner which promotes the best interests of the UCHealth and its patients, and in a way that recognizes and promotes ethical considerations and the duty of loyalty that each individual owes to UCHealth.

Patient information or proprietary business information may be disclosed only in accordance with UCHealth policies. Employee records may be disclosed only in accordance with UCHealth policies or as approved by Human Resources. The Health Information Management Department is responsible for all releases of patient information to outside parties. If in doubt, you should act to preserve the confidence of the information requested until UCHealth policies can be verified. You should refrain from discussing or disclosing confidential information except as necessary to promote the legitimate business of the UCHealth. Disclosing confidential information in violation of UCHealth policies or in violation of law may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by University of Colorado Health, termination of access to UCHealth's information systems and/or UCHealth facilities. There are various federal and state laws which mandate that patient information be kept confidential and, in some instances, impose civil or criminal penalties for a breach of confidentiality. For example, Colorado Revised Statues section 18-4-412 makes it a felony to obtain or disclose medical records without proper authorization.

No individual is permitted to realize any personal gain as a result of disclosing or using confidential information. This duty of nondisclosure and the obligation not to benefit from confidential information learned during the course of your employment or while you are working in the Hospital continues indefinitely, even after your employment or business arrangement with the Hospital ends.

Statement of Understanding

I have read and understand the above Confidentiality Statement and I agree to comply with it. I understand that a violation of any part of the Confidentiality Statement may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by UCHealth, termination of access to UCHealth's information systems and/or UCHealth facilities.

_____ _____

Signature Date

_____

Printed Signature

[1] *University of Colorado Hospital Authority is the sole employer of staff at UCHealth including UCHealth Medical Group, Medical Center of the Rockies, Memorial Hospital, Poudre Valley Hospital, Longs Peak Hospital, University of Colorado Hospital, Yampa Valley Medical Center, Pikes Peak Regional Hospital, UCHealth Broomfield Hospital and UCHealth Grandview Hospital.

Common Functional Abilities Standard for EMS Providers

I. Physical

A. Visual

1. See objects up to 20 inches away (computer text, syringe calibrations
2. See objects up to 20 feet away (presence of individuals close by)
3. See objects greater than 20 feet away (road signs, house numbers)
4. Distinguish color (color-coded supplies) and shading (skin signs)
5. Use peripheral vision and depth perception in emergency settings

B. Auditory

1. Hear and distinguish noises ranging in intensity from faint to loud

C. Tactile

6. Perceive vibration, faint (pulses, presence of veins) and strong
7. Perceive temperature (skin signs, environment)
8. Perceive differences in surface characteristics (palpate anatomic landmarks)

D. Olfactory

1. Perceive odors from faint to noxious (smoke, gas, alcohol)

E. Strength

9. Lift or support 125 pounds (250 with a partner)
10. Push or pull 125 pounds
11. Move and/or carry objects weighing up to 150 pounds

F. Endurance

12. Perform repetitive movements (CPR)
13. Stand/walk/sit for long periods
14. Maintain physical tolerance (work entire 8 - 48 hour shift)
15. Work in environments with extremes of temperature and moisture
16. Ride in all positions in ambulance or response unit without motion sickness

G. Agility

17. Twist
18. Bend
19. Climb (nontechnical)
20. Squat
21. Move with sufficient speed to respond to an emergency
22. Move over uneven, wet, or slippery terrain

H. Gross Motor

1. Maintain balance, sitting and standing, in motion and still
2. Reach above shoulders and below waist
1. Move within confined spaces
2. Use upper body to perform CPR
3. Perform safe restraint of patient
4. Preserve own safety and assist others in preserving safety

I. Fine Motor

5. Manual dexterity sufficient to grasp and manipulate objects
6. Pinch or squeeze with hands and/or fingers
7. Use pen/pencil/stylus to write legibly
8. Press keys or buttons to enable machine functions
9. Twist with hands (turn knobs, tighten fittings)

II. Cognitive

A. General Skills

10. Apply knowledge across different situations
11. Recall information by accessing both short and long-term memory
12. Tell time accurately
13. Synthesize knowledge and skills
14. Read and interpret digital readouts or other displays on equipment
15. Calibrate equipment
16. Comprehend spatial relationships sufficiently to perform psychomotor skills
17. Read and comprehend maps and use navigational aids

B. Specific Skills

1. Mathematics
   a. Perform accurate measurements (weight, temperature, volume, or time)
   b. Count events or instances (pulse rate, drip rate)
   c. Perform arithmetic (add, subtract, multiply, and divide, including fractions)
   d. Convert numbers to or from the metric system
   e. Comprehend graphs and charts
2. Reading
   a. Read and comprehend English, including medical terminology
3. Writing
   a. Convey information accurately through written English
4. Speech

a. Convey information accurately through spoken English to a variety of audiences
b. Convey information accurately in English using telecommunication devices
c. Comprehend information delivered in spoken English

5. Critical Thinking
d. Prioritize and plan information and tasks, including delegation of tasks
e. Consider deadlines and timing and include in decision making
f. Process and sequence information
g. Evaluate and sequence possible outcomes
h. Identify cause and effect
i. Solve problems

III. Behavioral (Affective)
A. Maintain concentration on situation and tasks as long as necessary
B. Maintain professional demeanor in all interactions and at all times
C. Maintain professional therapeutic boundaries
D. Adapt to sudden, expected, or unexpected change
E. Respond appropriately to stress and other strong emotions, both own and others'
F. Negotiate interpersonal conflicts to successful resolution
G. Demonstrate respect, patience, and compassion
H. Establish rapport with patients, bystanders, and coworkers as appropriate
I. Appreciate and value diversity (social, cultural, spiritual, racial, or other)
J. Recognize emotions, both own and others'
K. Provide emotional support to patient and others as appropriate
L. Value and demonstrate honesty, integrity, and justice
M. Demonstrate professional ethics and adhere to ethical standards in all situations

IV. General Requirements
N. Must be at least 18 years of age
O. Must have a current BLS "Health Care Provider" or "Professional Rescuer" certification
P. Must have a high school diploma or GED certificate
Q. Must have completed specific training from an approved EMS training center
R. Must have proof of receiving required immunizations or signed declinations when appropriate
S. Must complete and pass background check and drug screening if applicable

V. INHERENT RISKS TO YOUR EMS EDUCATION AND CAREER
T. Hepatitis (from infected body fluids
U. Tuberculosis (TB- airborne droplets)
V. Other infectious diseases
W. Accidents involving the ambulance
X. Hazards at accident scenes (i.e., being struck by an approaching vehicle, broken glass, sharp metal edges, etc.)
Y. Hazards at any scene (uncooperative or combative patients or bystanders, etc.)
Z. Back injuries due to inappropriate lifting techniques

_____ I have read and I understand the Physical Performance Standards (functional abilities) specific to the occupation of an Emergency Medical Services Provider

_____ I have the ability to meet the Physical Performance Standards as specified

_____ _____ _____

Please Print Name | Please Sign Name | Date

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, UCHealth, Memorial EMS makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions demanded by this program and occupation. Students requesting accommodations or special services to meet performance standards of this EMS program should contact the EMS office.

Universal
BACKGROUND SCREENING

Request for Background Check

Account #006862

Social Security Number

Date of Birth

MONTH DATE YEAR

First Name	Middle Name	Last Name

Other Names Used (maiden name, AKA names, etc.)

Current Residential Address

City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					1
					1
					1
					1
					1

Driver's License Number	State of Issue

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Universal Background Screening, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

UCHealth ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature _____ Date _____

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Universal Background Screening, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by UCHealth ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature _____ Date _____

Full Name (First/Middle/Last) _____ Social Security Number (SSN)* _____

Driver License State / Number _____ Date of Birth* _____

Current Address _____ City, State and Zip Code _____

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.