University of South Alabama Department of EMS Education

New Student Packet

Dear Prospective Student,

Thank you for your interest in the University of South Alabama's Emergency Medical Services certificate and degree programs. At USA EMS Education, most of our courses are offered each semester and we have no waiting list. Our Paramedic Certificate program is designed to be completed in five (5) semesters. The first semester is EMT, the second is Advanced EMT, and the following three are Paramedic courses. We look forward to having you join our program.

Your first step as a prospective student is to complete an application for admission to the University of South Alabama. You will need to request all transcripts from high school or other colleges be sent to USA by following the directions as outlined by the Admissions Department. You may apply online for a fee of $35.00 by visiting USA's Admissions website at:
https://www.southalabama.edu/department/admissions/.

Once you have been accepted to the university, fill out, complete, and return the required documentation and paperwork. The EMS Student Paperwork Packet includes a checklist of entry requirements. **The drug screen and background check, as well as all documents listed on page 3, are required to be completed prior to registration for certificate program. Due to this requirement, students will not be allowed to register for EMS certificate courses after classes begin.**

Please see the following additional information:

1. For the required background and drug screening:
    - Go to **Disahealthcare.com**
    - Enter program code **NV61**
    - Complete and submit background portion of screening
    - Within 24-48 hours you will receive an email from **disahealthcare.com** authorizing you to go for your drug screening. **Print the letter attached to the email and take it to the lab listed for testing.**
    - All results are automatically forwarded to our department
    - The cost for the drug and background screening is currently an initial fee of $81.00 plus $2.99 service fee. Additional fees may be required based on residency history.

2. You must have a current CPR certification from American Heart Association's CPR for Healthcare Providers or Red Cross CPR PRO. If you need CPR certification, please call 251-461-1832 to register for our monthly course. The fee is $40.00. Heartsaver CPR is not accepted.

3. In addition to your classroom hours, EMT students will complete Clinical Internship hours (rotations). Each student will complete two shifts of eight hours each in the Emergency Room and two shifts of twelve hours each with an ambulance service. AEMT and Paramedic students are required to complete a different number of hours as defined by program guidelines.

4. Additional required costs (approximate pricing) are as follows:
    - Textbook for EMT students is available at USA Bookstore
    - Uniform shirt will be ordered by the department at the beginning of the semester. The cost and additional information will be discussed on the first day of class.
    - EMT National Registry Exam Fee $98.00
    - AEMT National Registry Exam Fee $136.00
    - Paramedic National Registry Exam Fee $152.00

5. Clinical uniform: All students will wear our department's clinical uniform on their scheduled lab days and while representing our department during clinical internship hours. The uniform consists of our department shirt (see details above), navy pants, black socks, and black non-skid shoes.

6. National Registry Exam: At the completion of each semester our students who have successfully passed the courses at their level will schedule and take the National Registry Exam. After passing the exam, students can apply for their state license at the level of completion. National Registry Exams are taken after the EMT, Advanced EMT and Paramedic semesters.

Further questions will be answered in your New/Transfer Student Orientation session **OR** advising appointment. Turn in required documentation for advising and entry into the program to the Admissions Secretary, Marla Snell, at mmsnell@southalabama.edu . If you have other questions not addressed in this packet you may call our office at 251-461-1832.

If you are interested in bachelor's courses or are an existing Paramedic interested in pursuing a bachelor's in EMS, please contact Kristen McKenna at kmckenna@southalabama.edu

Other links:

- You can review specific course listings, credit hour requirements, and more information about our department by visiting our website at: http://www.southalabama.edu/alliedhealth/ems/.
- The University of South Alabama's Tuition and Fees can be reviewed here: http://www.southalabama.edu/admissions/expenses.html.

Good luck in your pursuit of higher education,

EMS Education Faculty and Staff

University of South Alabama Department of EMS Education

New Student Checklist

All items must be submitted to Marla Snell prior to registering for certificate courses.

REQUIRED DOCUMENTATION:

❑ **Drug & Background Screening:** Drug and background screening are done through **Disahealthcare.com** using **Code NV61**. See the Student Welcome letter for instructions on how to complete this screening process.

❑ **Hepatitis B**: All students are required to have a positive Hep B titer before entry or after completing the series. There are now two options for the series. One option is a two-shot series requiring the second dose to be administered 30 days after the first. The other option is a three-shot series requiring the second dose to be administered 30 days after the first, and the third to be administered 6 months after. Student must have started the first of shot of either option before entry or provide proof of a positive Hep B Titer. Students must turn in immunization updates as they are received. If your titer is negative you must begin the HEP B series again and after doing so, you would repeat the titer 30 days after completing the series.

❑ **Varicella Zoster:** Varicella Zoster is the immunization for Chicken Pox. You must show proof of the Varicella Zoster vaccine that is less than 10 years old. A positive Varicella Zoster titer is accepted regardless of the date.

❑ **MMR**: MMR record is required. MMR is usually a childhood immunization. If you do not have your childhood record of MMR you must have a titer drawn. If your titer is negative you must get an MMR booster.

❑ **Polio**: Polio record is required. Polio is usually a childhood immunization.

❑ **Meningitis**: Meningitis shot that is less than 5 years old.

❑ **Tetanus, TDAP or DPT:** Tetanus shot that is less than 10 years old.

❑ **Current FLU/H1N1:** Flu shot that is less than 1-year-old. **Flu shots are required yearly while in our program.** Keep in mind that Flu shots are only available during certain months. If your Flu shot will expire and you will be taking courses in semesters which are not during Flu season, you must get the Flu shot while available in order to take courses for the remainder of the year. If you are a new incoming student to our department without a current Flu shot and it is not Flu season, you will need to get the vaccination as soon as it becomes available.

❑ **Negative TB skin test:** TB Skin test that is less than 1-year-old. **TB skin tests are required yearly in our program**.
The test is administered and then read 48-72 hours later. If you know you are prone to false positive TB tests, please bring documentation of a clear Chest XRAY.

❑ **Photo I.D. (Driver's License or Student Visa):** Current I. D. is required at all times.

❑ **Current Health Insurance Card:** You must maintain health insurance throughout the duration of our program. We must have a copy on file. If your insurance changes you must submit a new card at that time. If your health coverage status changes for any reason, you must immediately notify the admissions secretary, Marla Snell. Student Health Insurance is available for purchase each semester. For more information, please contact Rhonda Baxter via e mail at studentinsurance@southalabama.edu or call 251-460-6022.

❑ **Current AHA CPR for Healthcare Providers Certification or Red Cross CPR PRO only:** You must maintain active CPR certification throughout the duration of our program. If your card is expiring, you must renew and turn in a new certification card. AHA CPR for Healthcare Providers is offered in our department each month for a $40.00 fee. Call 251-461-1832 to register. Heartsaver CPR does not meet the requirement.

❑ **Covid vaccination or exemption form:** This is a requirement of the clinical sites, NOT USA campus. Please email Marla Snell for an exemption form, if needed.

❑ **Signed Student Paperwork Packet**

Student: _____ J#_____

University of South Alabama Department of EMS Education

Student Data Sheet

Mark with an X beside appropriate answer or fill in the blanks and please fill out completely

Semester: ___Fall ___Spring ___Summer Year: 20___

Name_____ Date of Birth___/___/____ ___ Male ___ Female

Home Address_____ City_____ State_____ ZIP_____

Campus Address (if applicable) _____ City_____ State____ ZIP_____

Telephone_____Email_____

Cell Phone_____ Additional Contact Number_____

____ White American ___ Asian American ___ African American ___ Hispanic American ____ Native American ____ Other

USA Student Number_J00_____ Last 4 of Social Security # _____

Highest level of completed education_____ High School Graduate __ Yes __ No or GED Completed __ Yes __ No

ACT Score_____ Current Major_____ Current GPA_____

Degree Seeking ____Yes ____No (If yes, what major) _____

Employer Name_____ Position_____

Contact Person_____ Contact Number(s)_____

Emergency Contact and Telephone Number(s) _____

Please list the BEST contact number to reach you at_____

Allergies:_____

Complete the Following:

State License Level: ❑EMT ❑Advanced ❑Intermediate ❑Paramedic

State License Number: _____ State Expiration Date:_____

National Registry Level: ❑Basic ❑Advanced ❑Intermediate ❑Paramedic

NREMT Number: _____National Registry Expiration Date:_____

University of South Alabama Department of EMS Education

Essential Function Requirements

1. **Physical Demands**
    a. Have the physical ability to walk, climb, crawl, bend, push, pull or lift and balance over less than ideal terrain
    b. Have good physical stamina and endurance, which would not be adversely affected by having to lift, carry and balance at times, in excess of 125 lbs., 250 lbs. with assistance
    c. See different color spectrums, and have good hand eye coordination and manual dexterity to manipulate equipment, instrumentation and medications

2. **Problem Solving Abilities, Data Collection, Judgment and Reasoning**
    a. Be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology.
    b. Be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (9th grade level or higher).
    c. Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory and tactile observations.
    d. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.
    e. Be attentive to detail and be aware of standards and rules that govern practice and implement therapies based upon mathematical calculations (9th grade level or higher).
    f. Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates.
    g. Be able to handle stress and work well as part of a team.
    h. Be oriented to reality and not mentally impaired by mind-altering substances.
    i. Not be addicted to drugs.
    j. Be able to work for at least 12 hours at a time.
    k. Be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes and noise.
    l. Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180° peripheral vision capacity and must possess a valid driver's license, and must be able to safely and competently operate a motor vehicle in accordance with state law.

I will comply with all EMS Essential Functions as written in this document.

_____ _____

Student Name (Print) **Jag Number**

_____ _____

Student Name (Signature) **Date**

University of South Alabama Department of EMS Education
Drug and Background Screening Policy

Admission to the EMT, Advanced EMT, or Paramedic courses will be contingent on a satisfactory background check and a negative drug screen. Results of these must be submitted prior to being cleared to register for courses.

The student will incur the cost of both the drug screen and background check. The drug and background screening package require an initial fee that is subject to change. Additional fees may be required based on residency history.

All background checks and drug screens are required to be submitted through Disa Healthcare Technolody. Information on how to submit this requirement can be found on page 1 of the new student packet.

All records of the background check and drug screen will be maintained by the department.

If any report other than a negative report is found during the background check, the admissions committee from the department will convene, investigate and make a recommendation to the Program Director and/or the Department Chair.

A student with a positive drug test or unsatisfactory background check will be denied entry into the program. A positive drug screen will also be reported to the Alabama Department of Public Health, Office of EMS and Trauma.

I have read and fully understand the above policy.

_____ _____

Student Name (Print) **Jag Number**

_____ _____

Student Name (Signature) **Date**

University of South Alabama Department of EMS Education

Clinical Rotation Site Regulations

Students entering EMS 113 & EMS 115, EMS 141 & 143 and/or EMS 217, 245, 247, 295:

All EMS students on any rotation are required to wear their clinical uniform. Shirts must be neatly tucked; uniform must be clean and neatly pressed when worn. Navy blue pants, black belt, black socks, and black shoes or black boots are required. If you choose to wear black shoes, the soles must be slip resistant. Shoes and boots must be neatly tied. Baseball caps are not allowed to be worn.

- Name and level badge. Your badge must be in plain view at all times while on a clinical site. This is a state regulation.
- Students will keep their hair clean and neatly groomed. Note: Students must keep hair pulled up for safety reasons.
- Facial hair is authorized provided that it is well groomed at all times. If you choose not to wear a mustache or beard, you must be clean shaven whenever at a clinical site.
- Visible body jewelry, earrings and bracelets are prohibited for all students while on rotations; necklaces are allowed but must be worn under clothing and not outside of shirts.
- Students will report on time and be rested and ready to participate in the daily activities; sleeping while on rotation is prohibited.
- Students will participate in all medical training classes when appropriate.
- Students will be respectful and courteous to all preceptors and other staff members.
- Students will not argue, threaten, or refuse to obey the rules of the precepting site and must not participate in “Horse Play” that may lead to injury.
- All students will refrain from using abusive or obscene language, racially or derogatory language toward anyone.
- Absolutely, no student will be permitted to bring intoxicating beverages or illicit drugs or controlled substances to any precepting site.
- Smoking, dipping or chewing tobacco is prohibited except in authorized spaces set by the individual sites.

I have read and fully understand the above. Further, I agree to abide by the guidelines in the addendum, while a student of the University of South Alabama EMS program.

_____ _____

Student Name (Print) **Jag Number**

_____ _____

Student Name (Signature) **Date**

University of South Alabama Department of EMS Education

Clinical Rotation Scheduling Protocol

Requirements all students must complete and document prior to scheduling clinical rotations

Students must have a complete student file to schedule rotations and must follow the Clinical Rotation Scheduling Protocol. Failure to follow protocol and maintain a complete student file may result in withdrawal from clinical courses with a result of inability to progress within the program. In addition, any **clinical rotation hours completed by a student who does not follow protocol, or while having an incomplete student file, will be considered void.**

Students must turn in all required records to the EMS admissions secretary in order to be cleared with the clinical coordinator. Any items that are incomplete in a student's file must be updated immediately before being cleared. When a student's file is complete, Mrs. Snell will update the records on FISDAP. The clinical coordinator will then allow the student to schedule clinical rotation hours. It is the student's responsibility to maintain a current compliance folder.

Acknowledgement:

I have read and understand the Clinical Rotation Scheduling Protocol and agree to abide by said protocol. ***I also understand that it is my responsibility as a student to track my documents expiration and renewal dates in order to maintain and update my student file as needed.*** *I understand that it is* ***STRONGLY*** *recommended by the EMS Education Department Faculty and Staff that I keep a Student Portfolio at home with copies of all of my required documentation, immunizations, licensures, certificates and other documents that are required of me by the EMS Department.*

_____ _____

Student Name (Print) **Jag Number**

_____ _____

Student Name (Signature) **Date**

University of South Alabama Department of EMS Education
Verification of Health Insurance

I understand the University of South Alabama and the Department of Emergency Medical Services (EMS) requires that all students have verification of current health/hospitalization/accident insurance while enrolled in EMT classes.

I understand I am responsible for all personal health care expenses including expenses resulting from accident, illness or injury while I am engaged in any course activity required by the Department of EMS. Neither the Department of EMS, nor the clinical agency is responsible for these expenses.

I realize that as a student I am required to maintain health care insurance comparable to the University of South Alabama's Student Accident and Sickness Insurance Plan.

This is to advise the Department that I am currently covered under the following health insurance policy and that the policy will be in effect during my entire clinical course (copy of insurance card provided):

INSURANCE COMPANY: _____

POLICY HOLDER (SUBSCRIBER): _____

If the insurance is not the University of South Alabama's Student Accident and Sickness Insurance Plan, it is my opinion that the above coverage is roughly equivalent to that provided under the University of South Alabama's Student Accident and Sickness Insurance Plan.

_____ _____

Student Name (Print) Jag Number

_____ _____

Student Name (Signature) Date

University of South Alabama Department of EMS Education
Flu Policy

I understand that due to my occupational exposure to sick patients, it is important to my health as well as for my patients' health that I be immunized against flu.
The College of Allied Health Professions requires that all students performing clinical rotations at area hospitals and EMS service agencies to have been immunized against the flu.
I understand that I will not be authorized to participate in clinical internship hours without having a valid Flu vaccine.
I understand that I must complete these immunizations and present documentation to that effect before being permitted to enroll in classes in the Department of EMS Education.

_____ _____

Student Name (Signature) **Date**

_____ I have taken the seasonal flu and H1N1 vaccine

University of South Alabama Department of EMS Education
Hepatitis B Vaccination Policy

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.
I understand that I must begin the Hepatitis B series before enrolling in EMT and I must have completed the series before attending any ALS clinical rotations.
I understand that the second immunization in this series is to be schedule thirty (30) days after the first immunization. The third immunization in this series is to be scheduled six (6) months after the second.
I understand that I am responsible for scheduling appointments with my physician for immunizations.
I am also responsible to submitting records of immunizations to the EMS Department on schedule.

_____ _____

Student Name (Signature) **Date**

_____ I have completed the hepatitis B vaccination series.

University of South Alabama STUDENT HEALTH CENTER

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB: _____ JAG#_____

Please answer the following questions:

- Have you ever had a positive TB skin test? ❑Yes ❑No
- Have you ever had close contact with anyone who was sick with TB? ❑Yes ❑No
- Have you ever been vaccinated with BCG? ❑Yes ❑No
- Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? * **(If yes, please CIRCLE the country)** ❑Yes ❑No
- Have you ever traveled** to/in one or more of the countries listed below? **(If yes, please CHECK the box next to the country/countries)** ❑Yes ❑No

❑Afghanistan ❑Algeria ❑Angola ❑Anguilla ❑Azerbaijan ❑Argentina ❑Armenia ❑Bahamas ❑Bahrain ❑Bangladesh ❑Belarus ❑Belize ❑Benin ❑Bhutan ❑Bolivia ❑Bosnia & Herzegovina ❑Botswana ❑Brazil ❑Brunei Darussalam ❑Bulgaria ❑Burkina Faso ❑Burundi ❑Cambodia ❑Cameroon ❑Cape Verde ❑Central African Rep ❑Chad ❑China ❑ Comoros ❑Congo ❑Congo DR ❑Cote d'Ivoire ❑Croatia ❑Dominican Republic ❑Djibouti ❑ Ecuador ❑Equatorial Guinea ❑Egypt ❑El Salvador ❑Eritrea ❑Ethiopia ❑Estonia ❑Fiji ❑ French Polynesia ❑Gabon ❑ Gambia ❑Georgia ❑Ghana ❑Guam ❑Guatemala ❑Guinea ❑ Guinea-Bissau ❑ Guyana ❑Haiti ❑Honduras ❑India ❑Indonesia ❑Iran ❑Iraq ❑Japan ❑ Kazakhstan ❑Kenya ❑Kiribati ❑ Korea-DPR ❑Korea-Republic ❑Kuwait ❑Kyrgyzstan ❑ Latvia ❑Lao PDR ❑Lesotho ❑Liberia ❑Lithuania ❑Macedonia-TFYR ❑Madagascar ❑ Malaysia ❑Malawi ❑Maldives ❑Mali ❑Marshall Islands ❑Mauritania ❑Mauritius St. Vincent ❑ Mexico ❑Micronesia ❑Moldova-Rep. ❑Mongolia ❑Montenegro ❑ Morocco ❑Mozambique ❑ Myanmar ❑Namibia ❑Nauru ❑Nepal ❑New Caledonia ❑Nicaragua ❑N. Mariana Islands ❑Niger ❑Nigeria ❑Niue ❑Pakistan ❑Palau ❑Panama ❑Papua New Guinea ❑Paraguay ❑Peru ❑ Philippines ❑ Poland ❑Portugal ❑Qatar ❑Romania ❑Russian Federation ❑Rwanda ❑Sao Tome & Principe ❑Saudi Arabia ❑Senegal ❑Seychelles ❑Sierra Leone ❑Singapore ❑ Solomon Islands ❑Somalia ❑South Africa ❑Spain ❑Sri Lanka ❑Sudan ❑Suriname ❑ Swaziland ❑Syrian Arab Republic ❑Tajikistan ❑Tanzania-UR ❑Thailand ❑The Grenadines ❑Timor-Leste ❑Togo ❑Tokelau ❑Tonga ❑Tunisia ❑Turkey ❑Turkmenistan ❑ Tuvalu ❑Uganda ❑Ukraine ❑Uruguay ❑Uzbekistan ❑Vanuatu ❑Venezuela ❑Viet Nam ❑ Wallis & Futuna Islands ❑W. Bank & Gaza Strip ❑ Yemen ❑Zambia ❑Zimbabwe

University of South Alabama Department of EMS

Student Memorandum of Understanding

The University of South Alabama's Emergency Medical Services Paramedic program is accredited by the Commission of Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
727-210-2350
www.caahep.org

To contact CoAEMSP:
214-703-8445
www.coaemsp.org

The Alabama Commission on Higher Education (ACHE) and the Alabama Department of Public Health Office of EMS have recognized and approved the University of South Alabama's paramedic, AEMT, and EMT program. The Program is in good standing and in full compliance with all accreditation and authorizing agencies. The University of South Alabama is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACS COC).

Students enrolled in the University of South Alabama will be awarded college credit towards degree requirements for all certificate coursework successfully completed.

Departmental Entry Requirements:

1. Incoming students must turn in the following documents prior to scheduling an advising appointment:
    a. Current State EMS license if applicable
    b. Current Health Insurance Card
    c. Valid Photo I.D.
    d. Current TB Skin Test must be updated yearly. If you have never had a TB skin test you will be required to have the two-step skin test. All subsequent tests only require one step.
    e. Current FLU/H1N1 vaccination, must be updated yearly
    f. Must have started Hepatitis B series and will complete it within 6 months. If the student has received the Hepatitis series, a positive titer is required.
    g. MMR childhood vaccine and booster record
    h. Tetanus shot within 10 years
    i. Varicella Zoster (Chicken Pox) antibody titer for students that have had chicken pox in the past. For students who have not had chicken pox, the vaccination is required.

    Once all of these requirements have been verified by the student records secretary of the EMS Department, the student may schedule an appointment with an advisor.

2. All incoming students must complete a CAHP approved criminal background check and drug test with satisfactory results before entry into the EMS program. This is a requirement of the Department of EMS, ADPH Office of EMS, and our accrediting agency.

3. All students must have either a current AHA CPR Healthcare Provider Card or Red Cross CPR PRO (no letter accepted, must have card) before entry into the EMS program will be granted. CPR certification must be maintained throughout the entire course of study. Heartsaver CPR is not accepted.

4. International students must submit a minimum TOEFL score of 80 to the departmental advisor before entry into the EMS program. The IELTS exam will not be accepted by the Department of EMS Education for admission.

5. Students wishing to enter the EMS program must call the department and make an appointment with an advisor. Students who arrive without an appointment may not be seen due to the workload of the departmental advisors. Students can call the department at (251) 461-1832 and our administrative assistants will be glad to assist any student in this area.

Didactic Progression Requirements:

1. I understand that falsification of any information on applications or other University / EMS Program documentation shall be grounds for dismissal from the University / EMS Program.

2. I understand that as a student in the EMS Program at the University of South Alabama, I must maintain an 80% average in each EMS class in which I am enrolled. I realize that if my average is below 80% at the completion of any EMS course, I will be required to repeat that course. I understand that I will have only **one** opportunity to successfully repeat any failed EMS course. Course withdrawals will be recorded as either passing or failing. Any "Withdrawal-Failing" will be considered a course failure for course readmission purposes.

3. I understand that I will abide by the University of South Alabama's Code of Student Conduct as listed in the USA Student Government Association student handbook, "The Lowdown". http://www.southalabama.edu/lowdown/

4. I understand that if I do not pass EMS 112, 113, and 115, I will not be eligible to sit for the National Registry examination until I have successfully retaken any of the above courses that I did not initially pass. I also understand that I must successfully complete the above courses, pass the EMT National Registry Exam, and be eligible for a State EMT license before entering the Advanced EMT Level.

5. I understand that I must pass the EMT National Registry examination by the drop/add date per the academic calendar to remain in the second semester of EMS courses, Advanced EMT. I understand that I will not be allowed to continue in the program unless a copy of a current State of Alabama EMS License is provided to the EMS Department. I understand that I must pass the Advanced EMT courses before I will be eligible to enroll in paramedic courses. To enter the paramedic program, I understand I must have a current National Registry EMT or AEMT certification and a Alabama license at the same level. If I have EMT certification and license, I must show proof of successful completion of a State approved AEMT course, and I have successfully completed EMS-210 and EMS-200 or BMD-252 or equivalent.

6. I understand that I must maintain on file current and valid copies of all documents in section 1 (Departmental Entry Requirements) of this document along with any other documentation deemed appropriate and necessary by the Department of EMS or the University of South Alabama.

7. I understand that it is the student's responsibility to know their renewal/expiration dates of required documents, and to submit appropriate and updated documents prior to the expiration date for inclusion into the student file.

8. I understand that, due to the length and subject matter of each class, it is of the utmost importance that I attend all classes. I understand that failure to comply with attendance requirements (as stated in each course syllabus) will constitute failure of that particular EMS course.

9. I understand that academic advising is **required** prior to the beginning of each semester and that it is my responsibility to schedule an appointment with my EMS program academic advisor. Failure to be advised will result in the student being unable to progress to the next EMS level of training. All items in Section 1 (Departmental Entry Requirements) of this document must be current.

10. I understand that if I do not enroll and complete any EMS course(s) for one semester or more (excluding the summer semester), I must contact the Department of EMS Education, in writing, of my intention to resume participation in the EMS Program. I understand that the Department must approve my re-entry application. This letter must be received from the Program Director prior to the semester in which I wish to resume my education.

11. The EMS Program is recommended to be a continuous process that is accomplished within (5) semesters (approximately 18 months), if successful in each course and the student is able to take the courses recommended by their advisor for each semester.

12. I understand that in order to progress to the paramedic final practical and written exams, that I must first possess an 80% average in EMS 295 and 297. I also understand that if I do not pass the final practical examination in EMS 297, I will not be eligible to sit for the final written examination and will have to repeat EMS 297. I further understand that if I do not pass the final written examination with a minimum of the cut score as determined by Fisdap in EMS 297, I will not successfully complete the course and will therefore not receive a passing grade for EMS 297. Passing EMS 295 and 297 is required for successful program completion.

13. I understand that it is my responsibility to read the college catalog, each course syllabus, clinical evaluation forms and any other materials that are provided to me which outline my responsibilities as an EMS student. I understand that failure to abide by these published materials may be grounds for failure of current EMS courses and/or dismissal from the EMS program.

14. I understand that the registrar is the final authority regarding which courses are accepted towards graduation.

Clinical Entry and Progression:

1. I verify that I am of good moral/ethical character and that I have no known physical or mental disabilities that would prevent me from completing this educational program.

2. I understand that I am required to confirm that my student file is up to date and complete before I will be authorized to schedule any clinical internships as outlined in Section 1 (Departmental Entry Requirements) of this document. I am aware that any clinical internship hours completed without a complete/valid file will be considered void. I am aware that I will be removed from future scheduled clinical internship shifts if my file becomes non-compliant.

3. I understand that all items in my student file included in Section 1 (Departmental Entry Requirements) of this document. must remain current throughout the program.

4. I understand that failure to comply with legal, moral, ethical and legislative standards, which are determined to be unacceptable behavior for an EMT. Behavior which may be cause for denial or revocation of license to practice as an EMT constitutes grounds for dismissal from the program regardless of course standing. A grade of an "F" or "U" will be assigned for any EMS course from which the student is dismissed for unacceptable behavior.

5. I understand that I must attend my scheduled clinical internships according to the program's clinical rules and regulations. Failure to comply fully with these rules and regulations will result in the student becoming ineligible from completing their clinical education. I agree to fully read the Program's Clinical Handbook and if there are any questions or concerns, I will seek clarification before entering my internship area.

6. Falsification of EMS educational documents includes but is not limited to: Clinical Evaluations (in FISDAP) or documents, cheating on EMS exams, or falsified disclosure of information on entrance documents. These forms of falsification are required to be reported to the ADPH Office of EMS within five working days, who will investigate and could result in the revocation of current license or disqualification of obtaining a future license in EMS within the State of Alabama. Cite: Alabama State Board of Health, Alabama Department of Public Health. Administrative code 420-2-1. Standard of conduct 420-2-1-.29 (2) (3). Reporting procedures 420-2-1-.32 (1) (F).

7. I understand that I am required to abide by the rules and regulation of the clinical/field agency in which the clinical component of each course is performed. Failure to do so may result in dismissal from the program and a grade of "U" for the course assigned.

8. I understand that evaluation materials will be maintained in my student folder or on FISDAP. I also understand that upon my request, I have the right to see any information that is retained in my student folder.

9. I understand that inadequate clinical performances such as, but not limited to: falsification of clinical documents, exceeding scope of practice, misconduct on clinical sites, or lack of clinical judgment as defined in the affective domain evaluation matrix, constitutes a penalty of failure of the appropriate EMS level up to dismissal from the EMS Program, regardless of didactic average.

10. I understand that due to the nature of the clinical education received in the EMS Program, that there are risks involved in completing clinical internships with clinical affiliates of the Department of EMS

Education at the University of South Alabama. I fully understand that I am not required to involve myself in any activity that would be potentially dangerous. I will not hold the University of South Alabama, any of USA's employees, any other EMS student, any clinical preceptor, or any EMS Program Clinical Affiliate responsible for any injury incurred as a result of my participation in this educational program.

11. I understand that during my EMS clinical education, I may come in contact with potentially infectious diseases through the handling of blood and bodily fluids. I understand infection control materials will be provided and that it is my responsibility to utilize these provided materials in an appropriate manner. I further understand that my health and accident insurance and/or expenses are my responsibility. Refer to USA CAHP's Post-Exposure Prophylaxis Program card provided by the Clinical Coordinator.

12. I understand that I am responsible for transportation, meals, health care expenses, uniforms, textbooks, and any liability incurred during and while traveling to and/or from educational experiences.

13. I understand that personal hygiene is necessary to maintain a professional work and educational environment. Heavy cologne and perfume is not allowed on clinical internships due to patient sensitivity. Regular bathing is required. The clinical coordinator has the final decision on issues concerning personal hygiene, and has the authority to dismiss me from the clinical site.

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University of South Alabama Department of EMS

Student Memorandum of Understanding

I HAVE READ THE MEMORANDUM AND UNDERSTAND THAT THE CRITERIA STATED HEREIN APPLIES TO ME AND THAT FAILURE TO ABIDE BY ANY STATED STANDARDS MAY BE GROUNDS FOR DISMISSAL.

_____ _____

Student's Name (Print) **Jag Number**

_____ _____

Student's Signature **Date**

_____ _____

Course Instructor **Course (EMT, AEMT, P1, P2, P3)**



College of Allied Health Professions (CAHP)
Influenza (Flu) Vaccination Policy

Introduction

The Centers for Disease Control and Prevention (CDC) recommends that health care workers caring for patients at high risk for complications from flu are annually vaccinated against influenza [1]. All CAHP students performing rotations through USA medical facilities (USA Medical Center and/or Children's and Women's Hospital) are now required to be vaccinated against influenza (per VP for Health Sciences Memorandum dated 17 Nov 08). Similarly, the flu vaccine is highly recommended for students performing rotations at non-USA healthcare facilities although it is not mandatory.

Reactions

According to CDC[1], life-threatening allergic reactions are very rare and usually occur in persons with a severe allergy to eggs. However, two instances when a vaccination is not warranted include:

- A severe allergic reaction to eggs or to a previous flu shot
- A history of Guillain-Barré syndrome (GBS).

A history of mild reactions is <u>not</u> a justifiable reason to avoid flu vaccination. They usually occur after the shot lasting 1-2 days occurs and commonly include:

- Soreness, redness, or swelling at shot site
- Fever (low grade)
- Aches

Students should talk with his or her doctor before getting a flu shot if they are sick and have a fever. However, they can still get a flu shot even if they have a respiratory illness without fever or if they have another mild illness [1]. Students should also talk to his or her doctor about any prior reactions if they do no match above listed mild reactions.

Documentation

Each student will need to complete a CAHP Influenza Student Vaccination Policy Form (Attachment 1). Students shall present proof of annual vaccination to his or her department. This will usually be a physician's note indicating the date and place of vaccine administration. This information shall be annotated onto the retained student immunization form. Exemptions are stipulated on the following form (Attachment 1).

Sources

Vaccination is available at USA Student Health Service, your County Health Department or your family physician office. You are responsible for all vaccination costs although it may be covered by your health insurance policy.

[1]CDC - Influenza (Flu) | Q & A: Flu Shot, http://www.cdc.gov/FLU/about/qa/flushot.htm modified last on July 16, 2008 (accessed 1 Dec 2008).

Attachment 1

CAHP Influenza Student Vaccination Policy Form

(to be distributed to students at acceptance into their professional program)

_____ _____

Name ***JAG #***

I understand that as a College of Allied Health Professions (CAHP) student that I am required to get an annual influenza (flu) vaccination before performing rotations in USA medical facilities. I also understand that proof of flu vaccination shall be submitted to my department. ***Initials:*** _____

Vaccination exemptions:

I request an exemption from flu vaccination due to a documented reason. I have been notified that granting of a flu vaccination exemption may place me at risk of not completing all academic program requirements. I also understand that affiliated non-USA training sites may also require proof of flu vaccination prior to my entry into a clinical component. I have been advised that my inability to complete any or all required clinical component(s) will prevent program degree award. ***Initials:*** _____

Medical Exemption:

I have been advised to seek additional medical advice on the benefits & risks of flu vaccination for my particular medical condition from a licensed physician.
Initials: _____

Personal Exemption:

I have been advised that if I am granted a flu vaccine exemption, for religious or other reason, it does not excuse me from completing all portions of required clinical training.
Initials: _____

By signing below, I acknowledge that I understand the information contained within this document. I also acknowledged that I was given an opportunity to ask questions concerning flu vaccination.

Student Signature: _____ Date: _____

Witnesses Signature (also print name):
_____

Notes:
1. All information regarding my health status will remain confidential.
2. Flu vaccine is available through USA Student Health Services, Public Health Department, or family physician office.