EMT-B Program Overview
This intensive three course, one quarter program includes lecture, hands on skills practice and clinical practice experiences. Curriculum covers an introduction to emergency care, bleeding and shock, soft tissue injuries, environmental emergencies, lifting and moving patients, emergency childbirth and prepares students for the National Registry of Emergency Medical Technicians examination (NREMT). Courses are sequential and students must pass each course with a C (2.0) or higher to move on to the next course in the series, complete the program and be eligible to sit for the NREMT examination. The program is offered twice a year in the fall and spring.

The BTC Emergency Medical Technician program does not grant certification as an EMT. Upon program completion students must apply for and pass the NREMT exam and must be Affiliated/Sponsored before they are eligible for State EMT Certification. Affiliated/Sponsored means that you are working for or volunteering with a fire agency, ambulance company, or another agency that has an affiliation number with WA State. Non-affiliated students have one year from the date of course completion to meet the affiliation requirement to be certified by WA State Department of Health. BTC cannot assist students with becoming affiliated. Non-affiliated applicants should contact an EMS provider in their area about sponsorship. Affiliated/sponsored students will be given priority entry into the program. Applicants will need to provide acceptable proof of affiliation/sponsorship when they apply to the program.

A clinical practicum is included in the program which occurs in the emergency department of the local acute care hospital. Students must complete the clinical placement process to be cleared to attend the clinical practicum portion of the program.

Schedule
Program classes are Tuesday and Thursday evenings 6:00-9:30pm and all-day Saturdays 8am-5pm. Attendance is important for program completion and no more than 8 total cumulative absent hours are allowed for the entire program. Students may not miss any mandatory skills labs and testing days. There is no way to make-up missed classes, labs or clinical practicum hours.

Program Requirements
- Minimum age: Students may be 17 years of age at the start of the program but must be 18 upon program completion.
- High school diploma or GED certificate.
- Valid driver’s license.
- Placement testing scores ACCUPLACER: Reading Comprehension score of 71 and Sentence Skills score of 71 or ACCUPLACER Next-Generation: Reading scores of 247 and Writing Score of 245 or RDG 085 and ENGL 092 with a grade of C or higher or unofficial college transcripts.
- Essential Requirements: students must possess the ability to function as an EMT, which includes the ability to lift and move up to 125 lbs. and critical thinking in a fast passed, dynamic environment.
- Complete the clinical placement requirement process, which includes background check, UA, TB screening, immunizations, and first aid/CPR certification.
- Computer and high-speed internet access.

Program Costs (costs are estimates and subject to change)
The EMT program is NOT eligible for Financial Aid as it does not meet the federal criteria for funding. Military Veterans can use GI Bill® education benefits*, see the BTC website Student Financial Resources for more information.
- Tuition and fees: $1475.00
- Textbook/Access Code Bundle: $300.00 (non-refundable)
- Complio Account: $120 (non-refundable)
• BP Cuff, Stethoscope, Wristwatch: $100+

Tuition Refunds: 100% refund if a student withdraws from a class through the fifth instructional day of the quarter. 50% refund if a student withdraws after the fifth instructional day through the 20th calendar day of the quarter.

* GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at https://www.benefits.va.gov/gibill.

EMT Clinical Placement Requirements
Students must meet the following clinical partner agency requirements in order to be eligible for placement in a clinical rotation. The clinical requirement placement process begins after acceptance into the EMT Program.

Complio/American DataBank (Bellinghamtechcompliance.com)
Students will be required to create an account with Bellinghamtechcompliance.com. Information on how to create your account will be emailed to you after you have been accepted into the EMT Program. The cost will be approximately $120. Students will use Bellinghamtechcompliance.com for their background check, UA and immunization tracking for the duration of the EMT Program. Students will need to upload all their clinical documentation to the website and keep their clinical placement requirements current through Bellinghamtechcompliance.com.

Criminal History Background Inquiry & Urine Drug Screening
Students must pass a criminal history background check and complete a negative 10-panel urine drug test through Complio. Marijuana is considered a banned substance by the clinical agency partner. Students who test positive for marijuana will not be eligible to attend the clinical practicum. Information on the background check process and disqualifying crimes can be found on the Criminal History Background Check Self-Disclosure form. Students with pending and/or disqualifying crimes are not eligible for clinical rotations. If your final drug test results are positive, you will be ineligible to participate in the program for one year. Background check and UA results will only be accepted through Complio, students may not complete these through another vendor or agency.

CPR Certification
Students are required to be American Heart Association (AHA), American Safety and Health Institute (ASHI) or American Red Cross BLS Provider (Healthcare Provider) CPR certified. Several sections of HO 127 Healthcare Provider CPR are offered at BTC. Go to www.btc.edu/TakeClasses to find course offerings. The course must include an in-person, hands-on skills check. Online courses that do not include in-person, hands-on skills are not acceptable. Students are encouraged to take BTC course HLTH 154 HealthCare Provider First Aid and CPR which meets the requirements for both the CPR and First Aid certification.

First Aid Certification
Students are required to be First Aid certified. Courses sponsored by the American Red Cross, ASHI or American Heart Association are acceptable. Several sections of HLTH 155 First Aid Fundamentals are offered at BTC. Go to www.btc.edu/TakeClasses to find course offerings. Students are encouraged to take BTC course HLTH 154 HealthCare Provider First Aid and CPR which meets the requirements for both the CPR and First Aid certification.

Health Insurance
You must submit proof of current health insurance coverage. Student Injury-only insurance is acceptable and information on how to enroll is available on the BTC website. Your health insurance must be current throughout the duration of the program and you must notify the EMT Program of changes to your health insurance.

7-hour HIV/AIDS (Bloodborne Pathogen) Education for Healthcare or 4-hour Infectious Disease Prevention for EMS Providers
You must complete a WA DOH approved 7-hour HIV/AIDS education or a 4-hour Infectious Disease Prevention for EMS Providers class once in your lifetime. BTC offers this training as HLTH 133 or HLTH 138. Go to www.btc.edu/TakeClasses
to find course offerings. You may submit a copy of your unofficial transcripts or HIV/AIDS education class certification of completion. Online classes are acceptable as long as they are approved by the WA DOH.

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/Training

Tuberculous Screening (TB test)
One of the following methods of TB screening is required to show proof of negative TB status:

- **2-Step Skin Test (TST):** A two-step is an initial injection that is then read by your nurse or doctor within 48-72 hours. The test must be repeated (second step) no earlier than one week from the 1st reading. A typical schedule is as follows:
  1. Initial appointment – first test (injection) is placed
  2. Second appointment – 48-72 hours after receiving the first test, it is read (measured)
  3. Third appointment – second test (injection) is placed
  4. Fourth appointment – 48-72 hours after receiving the second test, it is read (measured)

*If you have had a two-step TB (TST) screening in the past, you only need to have a one-step screening done each year. If more than a year has passed since your last TST, you must start over with the two-step process.*

- **IGRA Quantiferon or TSpot:** is a blood test that is ordered by your healthcare provider, you go to a lab to have your blood drawn and then you receive the results.

- **Chest x-ray and annual symptom review:** is usually done only for people who have tested positive for TB from either the TB skin test or blood test. Students who were born outside the United States may have received a vaccination that now shows up as a positive result on the skin test. Proof of a negative chest x-ray is required, but students do not need to get an x-ray every year. To maintain current with this type of screening students need to have their healthcare provider complete an annual symptom review.

Immunizations
EMT students must have proof of all the required immunizations on file with the EMT Program through Complio before they can attend the clinical practicum. If you need to update your immunizations you may submit partial proof initially and then complete the process after the quarter starts but before beginning clinical rotations.

- **MMR (Measles-Mumps-Rubella):** proof of 2 MMR vaccinations in your lifetime or positive titer indicating immunity to Measles, Mumps and Rubella is acceptable.

- **Tdap:** you must have proof of having received one Tdap (tetanus, diphtheria, acellular pertussis) booster immunization since 2006. Students are encouraged to be up to date on their tetanus vaccination as well but is it not required.

- **Varicella:** proof of 2 varicella vaccinations in your lifetime or positive titer indicating immunity to varicella. The vaccination or titer may be waived (for varicella only) if your healthcare provider signs off stating the date (m/y) that you had the disease (chicken pox).

- **Hepatitis B (Hep B):** proof of a positive titer indicating immunity to Hepatitis B or proof of at least the first Hep B vaccination in the sequence, or a signed waiver stating that you understand the risks as a healthcare worker of not being vaccinated against Hep B. It is the student’s responsibility to complete the sequence (3 injections and a positive titer indicating immunity) and submit proof to the EMT Program.

- **Influenza:** you will be required to obtain an influenza vaccine during flu season or sign a waiver and follow the clinical agency’s influenza policy. Proof of vaccination must include current season, the date of vaccination, and practitioner/location where your vaccination was administered.

Next Steps- Once you have been offered a seat in an EMT cohort
1. The clinical placement requirements process begins after you have been accepted into an EMT Program cohort.
2. You may begin by gathering your immunization records. If you are unsure of your current vaccinations the WA DOH offers online access to the vaccine registry at https://wa.myir.net/. You will need to register and create an account.
3. You will receive an email from the EMT Program with deadlines for completing clinical requirements, instructions for creating an account and submitting documentation to Bellinghamtechcompliance.com.
4. Completing your Bellinghamtechcompliance.com account and paying for the services initiates the background check process.

You are responsible for scheduling your UA appointment at the designated collection site. Negative results will be available within 3 business days from collection. If the test is non-negative it will transmit to a Medical Review Officer (MRO) for review. The MRO will contact you by phone with next steps. If your sample is dilute you will need to retest at additional cost. *BTC staff cannot be involved in the drug testing process in any way.*

5. Complete AHA BLS Provider CPR, First Aid and/or HIV/AIDS Education classes only if you have not completed these beforehand.

6. Start the 2-step TB skin test process as it can take three or more weeks to complete.

7. Upload your clinical requirements documentation to Bellinghamtechcompliance.com and electronically sign the required clinical placement forms.

For questions about Bellinghamtechcompliance.com (Complio/American DataBank), please contact Instructional Technician Shelby Traeger at straeger@btc.edu.
EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B) PROGRAM APPLICATION

Completion of this application does not guarantee admission to the BTC EMT Program. Incomplete applications will not be accepted. Students will be notified by email of application status and seat offer. Make sure to keep current contact information on file with BTC.

Applicant Name (please print): ____________________________

Date of Birth: ____________________ SID: ____________________ Phone #: ____________________

Former Name(s): ____________________ Email: ____________________

Current Mailing Address: ____________________ City: ____________ State: ________ Zip Code: ______

Submit application in one of the following ways: email bbaker@btc.edu or fax 360.752.7247 or deliver in-person to Haskell Center, Room 206 or by mail to BTC EMT Program, Haskell Center 206, 3028 Lindbergh Ave., Bellingham, WA 98225.

By checking the boxes below and attaching the required documentation, you are indicating that the items are complete and you are program-ready.

☐ Current BTC application: have applied online to www.btc.edu/ApplyOnline within the last year
☐ Photocopy of Valid Driver’s License
☐ Proof of high school graduation or GED completion- copy of diploma, GED or high school transcripts
☐ Copy of placement scores ACCUPLACER: Reading Comprehension score of 71 and Sentence Skills score of 71
☐ ACCUPLACER Next-Generation: Reading scores of 247 and Writing Score of 245 or
☐ RDG 085 and ENGL 092 with a grade of C or higher or unofficial college transcripts
☐ Completed and signed Criminal History Background Check Self-Disclosure form

Are you Affiliated/Sponsored? Affiliated/Sponsored means that you are working for or volunteering with a fire agency, ambulance company, or another agency that has an affiliation number with WA State. Yes ☐ No ☐

If you answered “yes” you will need to have your affiliated agency complete the Proof of Affiliation form and attach it to your application.

If you answered “no” you are still eligible for entry into the EMT Program but you should be aware that participants who are not affiliated have one year from the completion of the EMT Program to meet the affiliation requirement to be certified by WA State.

_____________________________________________  __________________________
Student Signature                                      Date
NURSING & ALLIED HEALTH
CRIMINAL HISTORY BACKGROUND CHECK SELF-DISCLOSURE FORM

Pursuant to RCW 43.43.830-.842, employees and volunteers who provide service to developmentally disabled persons, vulnerable adults, and/or children under the age of 16, must successfully pass a criminal history background check as a condition for certification.

Furthermore, Nursing and Allied Health students must pass a nationwide criminal history and healthcare fraud background check conducted by Complio/American DataBank and students enrolled in programs that require clinical training in a facility overseen by Washington State Department of Social and Health Services (DSHS) must pass a criminal history background check in order to comply with agreements between Bellingham Technical College and its clinical affiliates.

One or more of the following checks will be conducted:
- WA State DSHS
- Nationwide Healthcare Fraud and Abuse Scan
- Nationwide Database and Sex Offender
- Social Security Alert
- Residency History
- Washington State Patrol

Information obtained through the background check will be reviewed by Program staff, Complio/American DataBank, Washington State Department of Social and Health Services (DSHS) Background Check Central Unit, and clinical facility staff. Students will be required to self-disclose any crimes and/or convictions if the past seven years as well as any pending charges.

Self-Disclosure Questions: You MUST answer the questions below. Failure to disclose any past or pending convictions may disqualify you from participating in clinical training. Attach an additional sheet of paper if needed to list additional crimes or pending charges.

1. Have you been convicted of any crime? □ Yes □ No If yes, fill in all the blanks below.
   Degree: ___________ State: _______ Conviction Date: _____ / _____ / _____

2. Do you have charges (pending) against you for any crime? □ Yes □ No If yes, fill in all the blanks below.
   Degree: ___________ State: _______

3. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? □ Yes □ No

4. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government or agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? □ Yes □ No

5. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child?
   a. Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34. □ Yes □ No
   b. Sexual assault protection order under RCW 7.90.
   c. Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

If you have any questions or concerns about your ability to pass a criminal history background check, please schedule a confidential appointment with a BTC academic advisor by calling 360-752-8450.

I have been notified by Bellingham Technical College that a criminal history background check will be conducted on me.

I give permission to BELLINGHAM TECHNICAL COLLEGE to release the results of my criminal history background checks to the clinical partner agencies to which I will be assigned.

(Print) Last Name         First Name         M.I.         Past Names (Maiden) or aliases:         Date of Birth

Student Signature         Student ID (SID) Number         Date

Bellingham Technical College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All Inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Associate Director of Human Resources, Bellingham Technical College, 3028 Lindbergh Avenue, Bellingham, WA 98225, or call 360-752-8354
Disqualifiers for Clinical Training Eligibility

### Immediate Disqualifiers:
- No Social Security number or Social Security number belongs to a deceased individual or the date the Social Security number was issued precedes date of birth.
- Major misdemeanor conviction for crimes involving weapons, violence, embezzlement, dishonesty, misappropriation, fraud, or sex crimes.
- Any felony conviction (Class A, B or C).
- More than one DUI or related conviction in the past three years.
- Any misdemeanor or felony that appears on the court record and the student has not self-reported this information to the school.

### Disqualifying Crimes & Negative Actions:

**Crimes:** A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(less than 10 years)," "(less than 5 years)," or "(less than 3 years)" appears after a crime listed below, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction.

<table>
<thead>
<tr>
<th>Abandonment of a child</th>
<th>Abandonment of a dependent person</th>
<th>Abuse or neglect of a child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault 1</td>
<td>Assault 2, 3</td>
<td>Assault 4/simple assault (less than 3 years)</td>
</tr>
<tr>
<td>Assault 4/domestic violence felony</td>
<td>Assault of a child</td>
<td>Burglary 1</td>
</tr>
<tr>
<td>Assault of a child</td>
<td>Burglary 2</td>
<td>Child buying or selling</td>
</tr>
<tr>
<td>Child molestation</td>
<td>Coercion (5 or more years)</td>
<td>Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute</td>
</tr>
<tr>
<td>Communication with a minor for immoral purposes</td>
<td>Controlled substance homicide</td>
<td>Criminal mistreatment</td>
</tr>
<tr>
<td>Custodial assault</td>
<td>Custodial interference</td>
<td>Custodial sexual misconduct</td>
</tr>
<tr>
<td>Dealing in depictions of minor engaged in sexual explicit conduct</td>
<td>Domestic Violence (felonies only)</td>
<td>Drive-by shooting</td>
</tr>
<tr>
<td>Endangerment with a controlled substance</td>
<td>Extortion</td>
<td>Forgery (less than 5 years)</td>
</tr>
<tr>
<td>Homicide by abuse, watercraft, vehicular homicide (negligent homicide)</td>
<td>Identity theft (less than 5 years)</td>
<td>Incendiary devices (possess, manufacture, dispose)</td>
</tr>
<tr>
<td>Incest</td>
<td>Indecent exposure/Public indecency (felony)</td>
<td>Indecent liberties</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>Kidnapping</td>
<td>Kit</td>
</tr>
<tr>
<td>Leading organized crime (5 or more years)</td>
<td>Luring</td>
<td>Malicious explosion 1</td>
</tr>
<tr>
<td>Malicious explosion 2</td>
<td>Malicious explosion 3</td>
<td>Malicious explosion of an explosive 1</td>
</tr>
<tr>
<td>Malicious harassment</td>
<td>Malicious placement of explosive 1</td>
<td>Malicious placement of an explosive 2 (less than 5 years)</td>
</tr>
<tr>
<td>Malicious placement of imitation device 1 (less than 5 years)</td>
<td>Manslaughter</td>
<td>Murder/Aggravated murder</td>
</tr>
<tr>
<td>Possess depictions minor engaged in sexual conduct</td>
<td>Promoting pornography</td>
<td>Promoting prostitution 1</td>
</tr>
<tr>
<td>Promoting prostitution</td>
<td>Promoting suicide attempt (less than 5 years)</td>
<td>Prostitution (less than 3 years)</td>
</tr>
<tr>
<td>Rape</td>
<td>Rape of child</td>
<td>Residential burglary (5 or more years)</td>
</tr>
<tr>
<td>Robbery</td>
<td>Selling or distributing erotic material to a minor</td>
<td>Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct</td>
</tr>
</tbody>
</table>

**Negative Actions**

- Sexual exploitation of minors
- Sexual misconduct with a minor
- Sexually violating human remains
- Stalking (less than 5 years)
- Theft 1
- Theft from a Vulnerable Adult 1
- Theft from a Vulnerable Adult 2 (less than 10 years)
- Theft 2 (less than 5 years)
- Theft 3 (less than 3 years)
- Unlawful imprisonment
- Unlawful use of building for drug purposes (less than 5 years)
- Use of machine gun in a felony
- Vehicular assault

**Violation of:**
- Temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
- Temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect;
- Child abuse restraining order;
- Civil anti-harassment protection order;
- Protection/contact/restraining order
- Imposition Controlled Substance Act (manufacture/deliver/intent – less than 5 years)
- Uniform Controlled Substance Act (manufacture/deliver/intent – less than 5 years)
- Uniform Legend Drug Act (manufacture/deliver/intent – less than 5 years)
- Uniform Precursor Drug Act (manufacture/deliver/intent – less than 5 years)
- Voyeurism

**Pending Crime** – A person who has a pending crime on this list is denied unsupervised access while awaiting a decision by a court, administrative entity, or government entity. Upon conviction or acquittal by a court, this list applies.

**Sexual Motivation** – RCW 9.94A.835 – A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.

**Negative Actions** are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults, juveniles, or children.

A negative action is an administrative or civil action taken against an individual and may include:
- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Reinstatement of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding

Ineligibility to participate in clinical training due to information obtained from the criminal history background check may result in a student’s inability to complete the program requirements. Please note that it is possible for a student to be admitted to, and successfully complete the program and still be denied the following:

- **Eligibility for licensure/certification upon completion of training:** State authorities can usually provide guidelines only. Most applicants for licensure are evaluated on a case-by-case basis. In other words, students may not receive a definite “yes” or “no” concerning their criminal background issues until after they have completed training and apply for licensure or certification.

- **Future employment opportunities:** Completion of a health occupation program and licensure/certification by local agencies does not guarantee employability. Hiring facilities may still take previous background issues into consideration when choosing new employees and may conduct pre-employment background checks.
EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B) PROGRAM
PROOF OF AFFILIATION FORM

*Must be completed by affiliated agency staff.*

**Applicant Name** (please print): ____________________________

Agency/District: ____________________________

Chief/Supervisor (print name): ____________________________

Phone: ____________________________

Signature of Chief or Supervisor: ____________________________  Date: ____________