



# Emergency Medical Technician



## Application Procedures

## APPLICATION PROCEDURES

### APPLICATION DEADLINE FOR THE ENTIRE PACKET IS JULY 5.

The following steps **MUST** be taken when applying for admission to the EMT Program.

- I. The TSI is a screening tool for predicting student success and is used as part of the admission criteria for college readiness. This test is mandatory and is taken at applicant's expense. All Coastal Bend College campuses offer this test. Tests taken at other locations must have results directly forwarded to the Continuing Education Department at Coastal Bend College.

\*\*\*\*\* READ THIS SECTION CAREFULLY\*\*\*\*\*

#### II. *Selection Process*

Enrollment is selective and competitive. The EMT Admissions Committee will use the following considerations to make the selections.

##### **ALL APPLICANTS**

- TSI Score
- High School Diploma/GED Completion
- Criminal Background Check, if positive background check, you will not be considered for admission
- EMT Application with Cover Sheet
- Employment in Health Care or certifications in health related field
- Current physical, see page 6.
- If you are being sponsored by a Fire Department or EMS Provider, please submit a letter of recommendation from the sponsor.
- Coastal Bend College Continuing Education Registration Form
- Record of Immunizations. **Copies are required for all immunizations.** For the required immunizations, please see page 8.
- Copy of current American Heart Association CPR BLS card.
  - Students are required to have a valid AHA CPR BLS card. A course will be provided (at the student's expense) prior to the first day of the EMT Course.

#### III. *Notification*

All applicants will be notified of selection or non-selection by letter. We cannot give notification over the telephone. Those applicants who have been selected will receive an acceptance letter. To confirm that you accept entrance to the EMT program, please email us at [bbecknell@coastalbend.edu](mailto:bbecknell@coastalbend.edu).

#### IV. *Secondary Application Process*

Once applicant has been selected, the following paperwork will be due by a date included in the acceptance letter.

- Email confirmation of accepting entrance to the EMT program.

#### V. *Financial Aid*

Financial Aid may be available for those who qualify. Please submit your Free Application for Federal Student Aid (FAFSA) at [fafsa.gov](http://fafsa.gov) to qualify. For the Continuing Education scholarship application, please email [bbecknell@coastalbend.edu](mailto:bbecknell@coastalbend.edu). All balances must be paid in full prior to the start of class or the student will be unable to complete the program.

# EMT Program Application Cover Sheet

**(PLEASE PRINT)**

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Alternate #:** \_\_\_\_\_

Please email the completed application to [bbecknell@coastalbend.edu](mailto:bbecknell@coastalbend.edu) or mail it to:

Coastal Bend College Alice

704 Coyote Trail

Alice, Texas 78332

For questions about the EMT application, please email [bbecknell@coastalbend.edu](mailto:bbecknell@coastalbend.edu) or call (361) 354-2306.

For questions about the EMT program, please contact Wendy Greer, LP, EMS, HALO-Flight Academy Coordinator at [wendyg@haloflight.org](mailto:wendyg@haloflight.org)

Important Websites:

Texas Department of State Health and Services: <https://www.dshs.state.tx.us/emstraumasystems/>

National Registry of EMTs: <https://www.nremt.org/>

# APPLICATION

(Fill out in ink or type-**PLEASE PRINT**)

Applicant Name: \_\_\_\_\_ (Maiden) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_

## EDUCATION

High School / GED \_\_\_\_\_ Grade Completed \_\_\_\_\_

College (s) \_\_\_\_\_ Years Completed \_\_\_\_\_

List your last five years of employment in Healthcare. Healthcare experience is not required for the EMT program.

Name of Business	Complete Address	Supervisor Name	Position Held	Dates of Employment
1.				
2.				
3.				
4.				
5.				

I certify that the above statements are true and correct. I understand that successful completion/graduation from the EMT program qualifies me to apply to the National Registry of EMT to take the licensure examination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Order Instructions for **HALO-Flight, Inc - EMS**

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **HF46**: Background Check

### **About**

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#### **About CastleBranch**

HALO-Flight, Inc - EMS and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

### **Order Summary**

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#### **Payment Information**

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### **Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### **Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

**PHYSICAL EXAMINATION**

RETURN TO: CBC, Department of Continuing Education, 704 Coyote Trail; Alice, Texas, 78332

T: 361-354-2306 Email: bbecknell@coastalbend.edu

Date of physical: \_\_\_\_\_

1. Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

2. Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ Allergies: \_\_\_\_\_

3. Past History: Illnesses, operations, & injuries. Include dates: \_\_\_\_\_

4. Menses: Regular \_\_\_\_\_ Prolonged \_\_\_\_\_ Excessive \_\_\_\_\_ Painful \_\_\_\_\_

5. Eyes: Vision: R \_\_\_\_\_ L \_\_\_\_\_ With glasses: R \_\_\_\_\_ L \_\_\_\_\_

6. Ears: Condition: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

7. Hair/Scalp: \_\_\_\_\_

8. Nose: \_\_\_\_\_ Sinuses: \_\_\_\_\_

9. Teeth: \_\_\_\_\_ Tonsils: \_\_\_\_\_

10. Thyroid: \_\_\_\_\_ Skin: \_\_\_\_\_

11. Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

12. Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_

13. Feet: R \_\_\_\_\_ L \_\_\_\_\_ Varicose Veins: \_\_\_\_\_

14. Posture: \_\_\_\_\_ Spinal Curvature: \_\_\_\_\_ Reflexes: \_\_\_\_\_

**REMARKS AND RECOMMENDATIONS**

DEFECTS FOUND: \_\_\_\_\_ CORRECTIONS MADE OR RECOMMENDED: \_\_\_\_\_

Examining Physician OR Provider Signature

Address & Telephone Number

This is page 1 of 2 for the physical examination.

Office use only: Date received \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Students must be in a state of health sufficient to meet the didactic and clinical requirements of the course. Students must be capable of the duties and requirements in the Functional Job Description of certified EMS personnel set by Texas DSHS.

**Functional Job Description of certified EMS personnel set by Texas DSHS.**

EMS personnel must have the ability to communicate verbally via telephone and radio equipment; ability to lift, carry and balance up to 125 pounds (250 pounds with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read and understand English language manuals and road maps; ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

In your opinion, this individual can complete the functional job description of certified EMS personnel set by Texas DSHS, including vision, hearing, mobility, lifting, and mental stability.

\_\_\_\_\_ Yes. If not, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Examining Physician OR Provider Signature**

\_\_\_\_\_  
**Address & Telephone Number**

This is page 2 of 2 for the physical examination.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Before being admitted to the EMT program at Coastal Bend College, a student MUST show proof of immunizations against the diseases listed below. This form must be signed by an appropriate health care provider or member of the Coastal Bend College staff.

Note: If shot records are unable to be found for any reason, all shots required must be repeated.

**Tetanus/Diphtheria/Pertussis (Td/Tdap):** One does of Tdap and Td every ten years.

DATE OF IMMUNIZATION: \_\_\_\_\_

**Measles:** Those born since January 1, 1957 must have two doses since 12 month of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_

**Mumps:** Those born since January 1, 1957 must have two doses since 12 month of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_

**Rubella:** At least two doses since 12 months of age are required.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_

**Varicella (Chicken Pox):** Unless the first dose was received prior to thirteen years of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_

**TB/PPD:** Must be current during entire program. If result positive, chest x-ray required.

DATE OF NEGATIVE RESULTS: \_\_\_\_\_

**Seasonal Flu:** One does every year.

DATE OF IMMUNIZATION: \_\_\_\_\_

**Meningococcal vaccine:** required for students that are age 21 and under and attend classes at one of the CBC sites.

**Hepatitis B Series:** All students have occupational explore UNLESS the student is exempted from receiving the Hepatitis B series for the following reasons. 1) Series previously completed. 2) Medical Reasons. 3) Refusal of vaccination (affidavit required, see Rule 97.62).

Date of 1 <sup>st</sup> Injection: _____	Date of 2 <sup>nd</sup> Injection: _____	Date of 3 <sup>rd</sup> Injection: _____
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**COVID-19 Vaccine:** All students have occupational explore UNLESS the student is exempted from receiving the COVID-19 for the following reasons. 1) Series previously completed. 2) Medical Reasons. 3) Refusal of vaccination (affidavit required, see Rule 97.62).

Name of Vaccine: _____	Date of 1 <sup>st</sup> Injection: _____	Date of 2 <sup>nd</sup> Injection: _____
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Copy of immunizations provided:  Yes  No



## **Local Health Department(s)**

### **ALICE-**

Health and Human Service  
Address: 408 Flournoy RD  
Alice, TX 78332

### **BEEVILLE-**

Health Dept. – Region 11  
Address: 1800 S Washington St.  
Beeville, Texas 78102  
Phone: (361) 362-6160

### **GOLIAD-**

Health Dept.  
Address: 329 W. Franklin St.  
Goliad, TX 77963  
Phone: (361) 645-2595

### **CORPUS CHRISTI –**

Nueces County Public Health Dept.  
Address: 1 Leopard St.,  
Corpus Christi, Texas 78401  
Phone: (361) 888-0201

### **FLORESVILLE –**

Texas Dept. of Health  
Address: 663 10<sup>th</sup> St,  
Floresville, TX 78114  
Phone: (830) 393-6225

### **GEORGE WEST-**

Live Oak County Health Department  
Address: 105 E. Thorton,  
Three Rivers, TX 78071  
Phone: (361) 786-3782

### **KARNES CITY –**

Karnes County Health Nurse  
Address: 417 S. Panna Maria Ave.,  
Karnes City, TX 78118

### **KINGSVILLE –**

Health Dept.  
Address: 3421 FM 1355  
Kingsville, TX 78363  
Phone: (361) 592-3324

### **MATHIS-**

San Patricio Health Dept. Clinic  
Address: 600 N. Frio St.  
Mathis, TX 78368  
Phone: (361) 547-3328

### **McALLEN –**

State of Texas Health & Human Services  
Address: 1304 S. 25<sup>th</sup> Street  
4501 W. HWY 83 Ste A1  
Phone: (956) 630-2278

### **LAREDO –**

City Health Department  
Address: 2600 Cedar Street  
Laredo, Texas 78040  
Phone: (956) 795-4900

### **PLEASANTON –**

WIC Atascosa Health Center  
Address: 310 W. Oaklawn RD  
Pleasanton, TX 78064

### **SAN ANTONIO-**

Health & Human Service Dept.  
Address: 3411 Horal St.  
San Antonio, TX 78227  
Phone: (210) 212-6986

### **VICTORIA-**

County Health Department  
Address: 2805 N. Navarro  
Victoria, Texas 77901  
Phone: (361) 578-6281