

<b>EMT Preparation (Recommended)</b>			
Course # 160719570	Dates: 7/19 – 8/9	Time: 6pm – 7:30p	Online Sessions Only
Course # 160906570	Dates: 9/6 – 9/27	Time: 6pm – 7:30pm	Online Sessions Only
<b>\$195 course fee includes all materials</b>			

March 14, 2016

Dear Student,

Thank you for your decision to enroll in the EMT Education program offered by the UCLA Center for Prehospital Care.

Our EMT program is quite demanding. As an educational team, we must be candid and inform you of the challenges with our program.

First, and foremost, we expect the best from our students. To that end, you can expect the best from your instructors. We are committed to match your energy level while you attend our program. As part of this commitment, we expect all our students to arrive on time and participate in all course activities. In fact, 100% attendance is required to be eligible for State of California EMT certification.

Our program also has a diverse student population. As a result, there are a variety of learning styles, aptitudes and student knowledge. Our goal is to get everyone to the same competency level by the end of the course.

The class pace moves very quickly. As this material must be mastered, a large time commitment is required of you. We do not recommend working or any other outside commitments during our 3 week programs; you will need a large amount of time, after course hours, for homework and studies. You can expect anywhere from 2-4 hours of study time, for each class day.

Two subject areas many students struggle with in an **Emergency Medical Technician** (EMT) program are Medical Terminology and the Human Body topics, especially Cardiology and Neurology. This course comprehensively covers (at the basic EMS provider level): Anatomy and Surface Anatomy; Cardiology; Pulmonology; and Neurology; all with an emphasis on Medical Terminology. For this course, we will be utilizing an adaptive eText and live online class sessions to learn, interact with Faculty & students, and reinforce these foundational topics. Additionally, by participating in this course, you will be introduced to the study strategies we find most successful for our UCLA EMT students. I hope this letter has helped and please, do not hesitate to contact us if you have any questions or concerns.

Sincerely,  
**Barry Jensen**  
EMT Program Director

## DOCUMENTATION AND MEDICAL REQUIREMENTS FOR EMT STUDENTS

Welcome and thank you for your interest in the UCLA Center for Prehospital Care EMT Program! This information sheet is provided to help you meet the documentation and medical requirements for the EMT program. These requirements are developed by the Department of Health and Human Services/ Centers for Disease Control and Prevention. In addition to needing the below medical requirements to for your EMT program, our clinical/field affiliates will require the same immunizations in order for you to participate in their program. Finally, employers in the patient health care industry will request these medical requirements as well.

### Questions

If there are issues gathering the prerequisites, or any other questions, please contact Pilar Beck at [Pbeck@mednet.ucla.edu](mailto:Pbeck@mednet.ucla.edu) 310-312-9310. You may be referred to speak to the program coordinator as appropriate.

### Medical Services

Your physician's office should be able to provide everything you need to complete your EMT program prerequisites. For other locations in Los Angeles County please visit the Department of Health Services web site at: [www.ladhs.org/clinics/](http://www.ladhs.org/clinics/)

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_ CLASS NUMBER: \_\_\_\_\_

**ALL requirements must be completed and turned in to your Course Coordinator on the first day of class.**

Staple this sheet on top of the items being submitted. You may also return completed packets to our EMT Administrative Assistant, Pilar Beck. **Late, e-mailed or faxed requirements will not be accepted.**

Student Requirements	Coordinator Initials
1. Current American Heart Association (AHA) BLS Healthcare Provider Card or Current American Red Cross (ARC) Professional Rescuer Card. (Copy <b>front and back</b> of card.)	
2. Proof of health insurance. (Copy <b>front and back</b> of card.)	
3. Proof of Hepatitis B Vaccine (start of 3 shot series AND signed Hepatitis B waiver form included in this packet).	
4. Proof of current measles/mumps/rubella (MMR) immunization or titer.	
5. Proof of current varicella (chicken pox or VZV) immunization or titer. A signed and dated note from a physician is acceptable.	
6. Proof of negative TB skin test, Quantiferon-Gold blood test, or a negative chest x-ray administered within 3 months (2 years for x-ray) prior to the start of the class.	
7. Page six of this packet stamped and dated note from a physician within 6 months prior to the start of class specifying that you can participate in the clinical portion of the EMT program without physical limitations. You <b>MUST</b> use the form on page six.	
8. Proof of receiving the Flu Vaccine and complete the CPC Flu Vaccine Requirement form. <b>Required between November 1 and March 31.</b>	

### For Office Use Only

Policy Cert: \_\_\_\_\_ (initial)

Mask Fit Test: \_\_\_\_\_ (Initial)

Research Waiver: \_\_\_\_\_ (initial)

Clinical Req (Box 37) \_\_\_\_\_ (Initial)

Photo Release: \_\_\_\_\_ (initial)

SRRS Entry by: \_\_\_\_\_ (Initial)

## FLU VACCINE REQUIREMENT

For the period of 11/1 – 3/31, UCLA EMT students *must* be in compliance with the LA County Public Health [order](#) for all persons in patient care areas to either have the flu vaccine or wear a mask.

### MANDATORY FLU VACCINE SURVEY

If you have received your flu vaccine OR even if you are not going to get vaccinated please complete the **mandatory** flu survey. **The on-line survey is needed in addition to submitting this form to your program.**

To access the survey click here: <https://hshr.mednet.ucla.edu/s/flusurvey/2013fluvacsurveyid.asp>

- If you don't have a UCLA undergraduate/graduate student or employee ID, click the link provided on that page for those without and employee ID or temporary ID.
- For the "Affiliation," click on your program: CPC EMT Student

### FLU VACCINE VERIFICATION

I understand that due to my participation in clinicals as a student in the UCLA EMT Program during any time from 11/1 to 3/31, I have been asked to be vaccinated against the flu.

However, I decline this vaccination at this time for the following reason (**mark at least one choice**):

I have already received a flu vaccination. I have a record or know the date and location done of that vaccination. (Please submit documentation verifying the vaccination)

I have already received a flu vaccination. I do not have record or cannot recall when I received the vaccination.

I am declining because I choose not to have the flu vaccination. **I understand that without the vaccine, I am required to wear a mask while in contact with patients or working in patient care areas during my clinicals and internships for the program.** This includes patient rooms, exam room, emergency department bay areas, etc. I understand that by declining the vaccine, I continue to be at risk of acquiring the flu. I am aware that I may change my mind about the vaccine at a later date. I can obtain the flu vaccination in the future while enrolled as a student and will then submit the documentation to the program.

Other: \_\_\_\_\_

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Signature

Date

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Print Name

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UCLA Center for Prehospital Care

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Department

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✓ **UCLA does not make copies of student records. It is the responsibility of the student to maintain their files.**

## HEPATITIS B VACCINE VERIFICATION

### EMT

I understand that due to my participation as a student in the UCLA EMT Course, I may be at risk for exposure to blood or potentially infectious materials and acquiring the Hepatitis B Virus (HBV) infection. I have been asked to be vaccinated with the Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can obtain the vaccination series and will submit documentation of such to the Program while I am enrolled as a student.

I decline the Hepatitis B Vaccination Series due to the following reason(s):

**(Please mark at least one choice)**

- I am declining because I choose not to have the Hepatitis B vaccination series. I am aware that I may change my mind at a later date.
- I have completed the entire series (3) of Hepatitis B vaccinations. I have a record or know the date and location of those vaccinations.  
(Please submit documentation verifying completion of 3-shot series or titer).
- I have already completed the entire series of 3 Hepatitis B vaccinations. I do not have a record or cannot recall when I received the vaccinations.
- I have a positive titer for Hepatitis B virus.  
(Please submit documentation verifying titer).
- Other

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Signature

Date

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Print Name

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**UCLA Center for Prehospital Care**

Department

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**MEDICAL EVALUATION QUESTIONNAIRE FOR OSHA RESPIRATOR/MASK FIT TESTING**

This questionnaire is to help your physician determine whether you can perform the mask fit (respirator) test in class. The evaluation **must be repeated** if you have a physical change (e.g., significant weight change) in between the original evaluation and the start of class. We encourage you to obtain this clearance at the same time you do your physical. **Completing the Mask Fit Testing in class requires men to shave their facial hair as it may prohibit a mask (respirator) from fitting properly.**

**Questionnaire directions for students:**

1. Complete the questionnaire.
2. Give the questionnaire and form to your physician or authorized healthcare provider for review/evaluation.
3. The physician will retain the questionnaire for your medical file, and will return the physical & mask fit clearance form.

You are required to confirm that you can read (circle one): Yes / No

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Your age (to nearest year):** \_\_\_\_\_ **4. Sex:** Male/Female

**Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs. **Your title:** Student **Phone Number** \_\_\_\_\_

Check the type of respirator you will use (you can check more than one category):

a.  N, R, or P disposable respirator (filter-mask, non-cartridge type only).  
*(Note: requires men to shave facial hair, e.g., beard or stubble.)*

b.  Other type (e.g., half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator (circle one): Yes/No, If "yes," what type(s):\_\_\_\_\_

**Section 2. (Mandatory) Questions 1 through 9 below must be answered by every student who has been selected to use any type of respirator (please CIRCLE "yes" or "no" for your answers). Your physician or authorized healthcare provider should ask the student these questions to determine eligibility and retain this answer sheet for their medical files.**

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

- Seizures (fits): Yes/No
- Diabetes (sugar disease): Yes/No
- Allergic reactions that interfere with your breathing: Yes/No
- Claustrophobia (fear of closed-in places): Yes/No
- Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

- Asbestosis: Yes/No
- Asthma: Yes/No
- Chronic bronchitis: Yes/No
- Emphysema: Yes/No
- Pneumonia: Yes/No
- Tuberculosis: Yes/No
- silicosis: Yes/No
- Pneumothorax (collapsed lung): Yes/No
- Lung cancer: Yes/No
- Broken ribs: Yes/No
- Any chest injuries or surgeries: Yes/No
- Any other lung problem that you've been told about: Yes/No

**✓ This form is to be retained by your physician.**

**4.** Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

**5.** Have you **ever had** any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've been told about: Yes/No

**6.** Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

**7.** Do you **currently** take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

**8.** If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

**9.** Would you like to talk to the health care professional who will review this questionnaire about your answers to these questions? Yes/No

✓ **This form is to be retained by your physician.**

## Physical & Mask Fit Testing Clearance Form

(To be completed by physician or authorized provider)

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

### Physical Requirements for EMT Students

*Physical Demands on EMT Students:* Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times. Hand-Eye and motor coordination is necessary. The work can involve light lifting (from 10 to 20 pounds maximum) to very heavy lifting (50 pounds frequently, no maximum) and can involve climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing.

- Please check this box if the above named student is medically clear to participate in the skills and clinical portions of the EMT program as outlined above.
- Please check this box if the above named student is medically clear to participate in the mask fit testing for the EMT program without limitations.

Printed name of provider: \_\_\_\_\_

*Please affix provider's stamp in this area for verification:*

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there are limitations, please list them here:

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**✓ To be turned in to EMT Program Coordinator.**

**✓ UCLA does not make copies of student records. It is the responsibility of the student to maintain their files.**

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***INTERESTED IN EARNING ACADEMIC CREDIT WHILE ATTENDING AN EMT COURSE?***

**Why Sign Up?**

- Earn 7.0 units of college credit from West Los Angeles College.
- Apply them to a degree with your other units.
- Transfer them to a California State or private university towards a bachelor's degree.
- Already have a degree? Use credits to earn a degree in your current field of interest.
- Want to become a paramedic or fire fighter? Earn a higher rate of pay with your units.

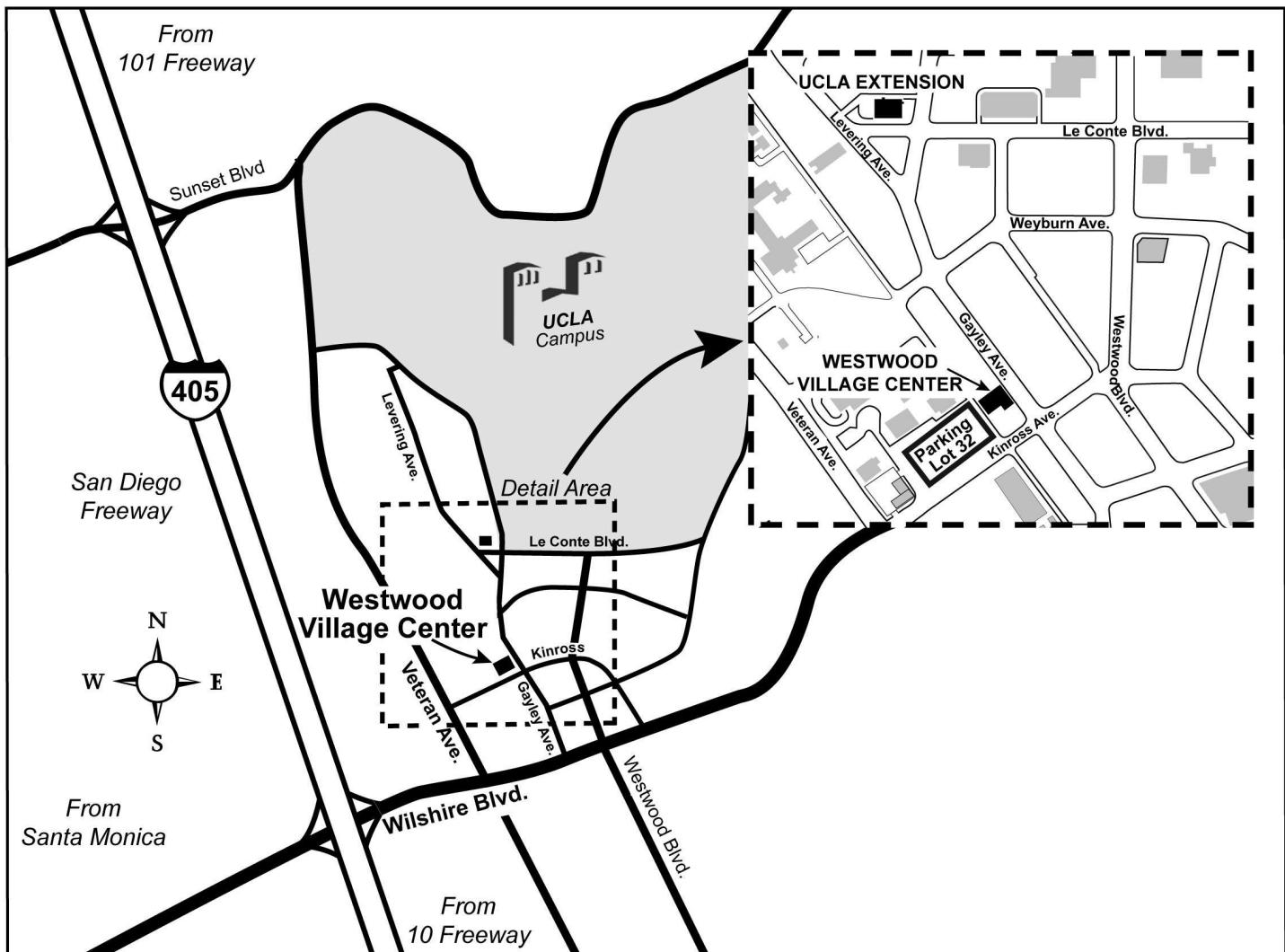
**How to Apply**

- If you did not select the West Los Angeles College Credit during your initial enrollment in any of our EMT courses and you are still interested in receiving college credit please contact Pilar Beck the EMT Administration Assistant
- You may contact her at 310.312.9310, or at [pbeck@mednet.ucla.edu](mailto:pbeck@mednet.ucla.edu), with any questions regarding the application process
- You must contact the EMT Administration Assistant by the first day of class

There is no cost to register as a student at WLAC. However, to earn the 7 units of college credit there is an additional \$45 fee due the first day of your EMT program effective September 1, 2014. All major credit cards and debit cards are accepted. Effective July 1, 2013, payments by credit card are subject to a 2.75% convenience fee. We **do not** accept cash or personal checks.

# Directions to Westwood Village Center

Westwood Village Center – 1083 Gayley Ave. Blvd., Los Angeles, CA 90024



## From the 405 North & 405 South

From the 405 exit Wilshire Blvd. East Merge left. Turn left on Gayley and proceed to 1083 Gayley Ave., the Westwood Village Center.

Daily parking permits may be obtained through the kiosks located at Tiverton Pl. and at Westwood Plaza for \$11 per day.

For **Night** and **Weekend** Courses **ONLY**, **Parking Permits** may be purchased on a quarterly basis. Contact the Registration Coordinator for details at 310 267-5959. Students may also park in any of the UCLA Westwood Village parking lots.

\*Please note that daily or quarterly parking permits **prices vary and are subject to change without notice**.