



Institute for Public Services & Safety  
Emergency Medical Services Technology  
Pataskala Campus Annex, Suite 1F  
621 West Broad Street  
Pataskala, Ohio 43062

Greetings –

COTC is pleased to announce our 2015-2016 Academic Year EMS Programs:

1. EMT classes are offered each semester in conjunction with our partners at CTEC of Licking County, Knox County Career Center, and the Ohio Fire Academy in Reynoldsburg.
  - a. <http://www.c-tec.edu/AE/index.php/emergency-medical-technician-basic>
  - b. <http://adulstedkccc.org/programs/public-safety-emt/>
  - c. [https://www.comapps.ohio.gov/sfm/fire\\_apps/fmac/course\\_reg/CourseList.aspx](https://www.comapps.ohio.gov/sfm/fire_apps/fmac/course_reg/CourseList.aspx)
2. PARAMEDIC Classes (one year) begin Autumn Semester 2015 (August) in PATASKALA (2 unit days) and Spring Semester 2016 (January) on KNOX campus, evenings.

Additionally, currently certified Ohio Paramedics can apply for credit and pursue the AAS in EMS degree at COTC.

Note: Paramedic students must take BIO-121(Human Biology) prior to beginning paramedic classes unless they have previous college credit for an equivalent A&P type course. BIO-110 (Medical Terminology) is also required but may be taken concurrently the first semester of Paramedic if student already has BIO-121 or equivalent credit.

Anyone interested in our programs should first complete a COTC college application <https://apply.cotc.edu/> and then contact Gateway @ Pataskala: 740-755-7090 or Knox: 740-392-2526 or Newark: 740-366-9222 or Coshocton: 740-622-1408 or [cotcadmissions@cotc.edu](mailto:cotcadmissions@cotc.edu) to schedule COMPASS testing or review transcripts prior to beginning the EMS Application packet that is attached.

If you have any other questions please do not hesitate to contact me.

Sincerely,

Bryan L. Spangler, MHA, NRP, EMSI, CMTE.  
EMS Program Director  
740-755-7094, office.  
740-964-0152, fax.  
[bspangle@cotc.edu](mailto:bspangle@cotc.edu)



[www.cotc.edu](http://www.cotc.edu)



## *How to apply for a COTC EMS program:*

1. Apply to COTC @ <https://apply.cotc.edu/>
  - a. Designate **AAS in EMS** as your degree if you wish to earn the two year degree that includes EMT and Paramedic. Designate **EMT Certificate** if you only wish to complete EMT (Basic) or **Advanced EMT Certificate** (Intermediate) or **Paramedic One Year OBR Certificate** if you only wish to complete paramedic classes.
  - b. Note – only applicant’s pursuing a two year degree in EMS or One Year OBR Paramedic Certificate are financial aid eligible.
2. Submit ALL OFFICIAL high school and college transcripts to COTC
  - a. **Central Ohio Technical College**  
**Records Office**  
**1179 University Drive**  
**Newark, Ohio 43055**
3. Contact a Gateway Advisor to schedule COMPASS placement testing.
  - a. Newark: 740-366-9222
  - b. Coshocton: 740-622-1408
  - c. Knox: 740-392-2526
  - d. Pataskala: 740-964-7090
  - e. [cotcadmissions@cotc.edu](mailto:cotcadmissions@cotc.edu)
4. If enrolling in EMS-120 (EMT Classes) your last step is to confirm you have registered for said class with a COTC Gateway Advisor, then to contact the partner agency for any additional details:

**CTEC of Licking County**

Earl Miller  
740-364-2298  
[emiller@c-tec.edu](mailto:emiller@c-tec.edu)

**Knox County Career Center**

Mike Cronin  
740-393-2933 x1101  
[mcronin@knoxcc.org](mailto:mcronin@knoxcc.org)

**Ohio Fire Academy**

Heidi Stone  
(614) 752-7180  
[heidi.stone@com.state.oh.us](mailto:heidi.stone@com.state.oh.us)

5. EMS-190 (EMT Practicum Experience) and Paramedic Students should notify EMS Program Director via email [bspangle@cotc.edu](mailto:bspangle@cotc.edu) of your intentions to enroll and in what class and then complete application packet to EMS Program:
  - a. Physical Exam/Immunization Record – must be signed by your healthcare provider and include documentation of all immunizations as TB test results. You may attach documentation but must have HCP sign off on physical health to complete program. Exam is good for 12 months after completion.
  - b. Certifications – Use the provided form to record copies of your driver’s license, as well as any applicable EMT certifications or CPR certifications.
  - c. Mandatory drug screen – must pass a drug screen within 6 months of beginning program. Licking Memorial Company Care is the preferred provider and instructions are provided. If you select another provider the ORIGINAL SEALED results must be sent directly to COTC Records.
  - d. FBI National Background check – complete through the Newark Campus Security Office. Cost is \$35, pay at fees & deposits and take receipt to security office for background check. You may have completed through another authorized law enforcement agency but again must have the ORIGINAL SEALED results sent directly to COTC Records.
  - e. Shirt order forms – submit with application as well as bring a copy and your check for payment to the first day of classes.
  - f. EMS-190 credit form – If you are an experienced EMT requesting credit for EMS-190 prior to Paramedic as part of the AAS EMS program please submit said form to COTC Records with your application.
6. Sign up for classes: Paramedic – first semester classes are EMS-200, EMS-280, and EMS-290.
  - Paramedic students must complete pre-requisite course BIO-121 (Human Biology) prior to starting paramedic along with BIO-110 (Medical Terminology).



Institute for Public Safety

## Paramedic Program Checklist

### Application to:

I am applying for the AAS in EMS degree and intend to complete all the applicable requirements?

Yes \_\_\_\_\_ or No \_\_\_\_\_

(if no, you only wish to complete the requirements for the EMS certificate program you enroll in. AAS degree students will need to complete both the EMT and Paramedic certificates as well as associated general education courses.)

### Paramedic Cohort applying for entrance to: (check one)

- Autumn 2015 – One year cohort meets on 2 unit days on Pataskala Campus (Application Deadline: August 3, 2015)
- Spring 2015 – One year cohort meets evenings on Knox Campus (Application Deadline: December 14, 2015)

*If you are applying for the AAS degree, and are already certified as an EMT or AEMT, you will be waived from EMS-120 by providing a copy of your current Ohio certification card. You will need to submit a signed letter from your EMS Chief or Medical Director documenting one year (12 months) of full time EMS employment or if part time/volunteer a minimum of 50 EMS runs as an EMT to receive credit for EMS-190 and be admitted into the Paramedic Program (EMS-200, 3<sup>rd</sup> semester of degree).*

### Documentation Requirements

#### Completed online or with gateway Advisor:

- Application to COTC – Complete COTC Admissions Application form online and pay \$20 application fee. Former COTC students submit a Reactivation form at no charge.
- COTC Placement Assessments - Complete placements and any necessary pre-college courses, if applicable, or receive proof of COTC Placement Waiver eligibility.
- Pre-college Coursework – C grade (2.00) or better in GENR-091 and MATH-080 or appropriate score on COMPASS placement
- Transcripts - ALL official transcripts from high school with graduation date indicated or GED documentation, and all current or up-to-date college transcripts with GPA indicated sent directly to the Gateway Student Records Office.

#### Completed before application deadline and results sent directly to COTC:

- Background Check – (FBI) Documentation of *National FBI Background check* dated within 6 months of start of program (available at Newark Campus Security Office or original results must be mailed directly to EMS Program Office from conducting agency).
- Pass Drug Screening – forms and various sites available, results sent directly to COTC, applicant pays testing site fee directly.

#### Completed and sent prior to application deadline:

- Health History/Immunization Record
- Copies of valid Ohio EMT certification (for Advanced or Paramedic applicants), Driver's License, and AHA CPR for Healthcare Provider certification
- Uniform order form – (Student must wear a *COTC EMS polo shirt* to all clinical sites. Student is also to be in COTC uniform shirt, black/blue pants, black shoes, watch w/second hand, COTC ID nametag, and stethoscope for class as well and may choose to order additional polo's or t-shirts/sweatshirts/job shirts to wear to class.)
- EMS-190 Credit Form – Only if requesting experience credit for EMS-190 (EMT practicum experience) in pursuit of the AAS and directly entering the Paramedic Cohort.
- Signed EMS Checklist Form – this form (two pages) turned into any COTC Campus Gateway or:  
Central Ohio Technical College  
Records Office  
Hopewell Hall - Gateway  
1179 University Drive  
Newark, OH 43055  
or electronically via signed PDF to [cotcrecords@cotc.edu](mailto:cotcrecords@cotc.edu)

(continued on next page)

**College-Level Course Requirements – prior to enrolling in EMS-200/starting Paramedic Certificate or 3<sup>rd</sup> semester of AAS.**

(Must have proof of completion with "C" grade or better)

- Human Biology – BIO-121 *or* college equivalent. (1<sup>st</sup> semester of AAS degree – has a pre-req of high school biology or BIO-010)
- Medical Terminology – BIO-110 *or* college equivalent. (2<sup>nd</sup> semester of AAS degree)
- Pre-college Coursework – GENR-091 and MATH-080 *or* college equivalent/appropriate COMPASS placement out of all pre-college reading, writing, and math coursework.

**Certification of Truth Statement**

I affirm that the information provided on this application, and any other information that I have submitted or will submit to Central Ohio Technical College in connection with the EMS admission process is complete and accurate. Because I want to be considered for selection into the EMS Program, I understand that each requirement must be completed and each document received or postmarked by the deadline date. I understand the submission of incomplete or inaccurate information, or falsifying information is sufficient cause for revocation of admission to the EMS program.

\_\_\_\_\_  
Full Name (PLEASE PRINT)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Email address (COTC Preferred)

\_\_\_\_\_  
Home or Work Telephone

\_\_\_\_\_  
Email address (Other)

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Home address

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMS Agencies affiliated with: \_\_\_Paid FT    \_\_\_Paid PT    \_\_\_Volunteer    Years of Experience: \_\_\_\_\_

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

\_\_\_\_\_  
Highest education completed:

\_\_\_ High School    \_\_\_ Associate    \_\_\_ Bachelors    \_\_\_ Masters    Name of School: \_\_\_\_\_

\_\_\_\_\_  
Reason for taking EMT classes:

\_\_\_\_\_  
Reason for choosing COTC:

Student Name \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

**Central Ohio Technical College**  
**Institute for Public Services & Safety**  
**Emergency Medical Service Technology**

Physical Examination Form for Clinicals

**To be completed by your Physician with signature and date.**

EMS Students: Please have your Health Care Provider perform an examination and complete the statement below.

I have examined \_\_\_\_\_ on \_\_\_\_\_ and have determined that there are no health related reasons which would prohibit this student from participating in the Central Ohio Technical College EMS Programs.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Printed w/title M.D. D.O.): \_\_\_\_\_

Address, Phone No.: \_\_\_\_\_

Certified Nurse Practitioner: \_\_\_\_\_

Allergies to Latex? Yes \_\_\_\_\_ No \_\_\_\_\_

**Two Step Mantoux TB Test**

- A Two Step Mantoux Test is **REQUIRED**
- **The student must provide the documentation for the TB skin testing.**
- The TB test is good for one year. If it expires during the program you will be required to be retested.

**Tuberculosis: Documentation of 2 Step Mantoux test.**

**Tuberculosis Step 1:**

Date given \_\_\_\_\_

Date read \_\_\_\_\_

Results: \_\_\_\_\_ mm Negative Positive

Initials and Qualifications of Reader: \_\_\_\_\_

**Tuberculosis Step 2:**

Date given \_\_\_\_\_

Date read \_\_\_\_\_

Results: \_\_\_\_\_ mm Negative Positive

Initials and Qualifications of Reader: \_\_\_\_\_

Student Name \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

**For known positive TB skin testing:**

- A chest x-ray report showing no evidence of active disease is required.
  - The results of the CXR must be included with this packet.
- The student will also complete a TB screening questionnaire – this form may be obtained from the EMS Clinical Coordinator.
- Each clinical site may also require documentation, etc. after a positive TB test.

**Immunizations**

Physicians: Please fill out the immunizations dates that your office administered or are contained in your medical record. Otherwise, cross out and the student must provide documentation to the EMS program.

**MEASLES (RUBEOLA):**

- Must have documentation of 2 immunizations.
- Or must have documentation of immune status/titer.

Immunizations:

Date #1 \_\_\_\_\_

Date #2 \_\_\_\_\_

Immune Status/Titer Results: Date: \_\_\_\_\_

Immune (Circle one)

Not immune

**MUMPS**

- Must have documentation of 2 immunizations.
- Or must have documentation of immune status/titer.

Immunizations:

Date #1 \_\_\_\_\_

Date #2 \_\_\_\_\_

Immune Status/Titer Results: Date \_\_\_\_\_

Immune (Circle one)

Not immune

**RUBELLA:**

- Must have documentation of 2 immunizations.
- Or must have documentation of immune status/titer.

Immunizations:

Date #1 \_\_\_\_\_

Date #2 \_\_\_\_\_

Immune Status/Titer Results: Date \_\_\_\_\_

Immune (Circle one)

Not immune

Student Name \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

**CHICKEN POX (VARICELLA):**

- Must have accurate year of disease by history.
- If unknown or no history of disease, must have documentation of immune status/titer.

Year of Disease: \_\_\_\_\_

Immune Status/Titer Results: Date: \_\_\_\_\_

Immune (circle one)

Not immune

**HEPATITIS B:**

- Must have documentation of 3 immunizations.
- OR provide evidence the student has started the series.
- OR must have documentation of immune status/titer.

Immunizations:

Date #1 \_\_\_\_\_

Date #2 \_\_\_\_\_

Date #3 \_\_\_\_\_

Immune Status/Titer Results: Date \_\_\_\_\_

Immune (Circle one)

Not immune

**Tdap**

Tdap is a requirement. Documentation must be provided.

Tdap: Date: \_\_\_\_\_

**Flu**

Seasonal flu vaccine is a requirement. Documentation must be provided.

- Clinical affiliates require that students be current on seasonal flu vaccines.
- Students MAY have to obtain a second flu vaccine depending on course start/end dates and clinical affiliate requirements.

Required Seasonal Flu Vaccine: Date: \_\_\_\_\_

**\*\*EMS Students will need to make two copies of all their health information. One set will be kept by the College and one set will be kept by the student. Your health information will be kept securely and treated as private. The student will not be able to begin clinicals until all of the documentation above is provided.**

**Central Ohio Technical College  
Institute for Public Safety  
Emergency Medical Services**

**EMS Program – Entry Certifications**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Valid Driver's License:**



**Valid Ohio EMT or AEMT certification (must have):**



**National Registry Card (optional) :**



**Front and back of current valid AHA CPR for HealthCare Provider Card:**



# Central Ohio Technical College

## **Institute for Public Safety**

### **EMS Program**

#### **Drug Screening Policy**

Applicants to the Emergency Medical Services (EMS) Programs are required to test negative for drug and/or alcohol abuse before entering the Program. All test results, positive or negative, will be sent to the Director of the Institute for Public Safety. **All costs for testing are the student's responsibility.**

Any student/applicant who tests positive for drugs not medically prescribed for that student/applicant **will not** be permitted to enter the clinical setting or register for a practicum course. The admission and reapplication status of any non-paramedic student/applicant testing positive will be at the discretion of the Director of the Institute for Public Safety. Applicants/students in the paramedic program will be removed from the paramedic program and will not be permitted to apply/reapply to any COTC paramedic program.

Any applicant seeking admission to a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen will be removed from the course/program and at the discretion of the Director of the Institute for Public Safety may not be permitted to reapply to any public safety course/program.

#### **Currently Enrolled Students**

Any EMS instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggests impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to: poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be required to withdraw from the current quarter, will not be permitted to enter/return to the sequence of the paramedic courses and will not be permitted to apply/reapply to the paramedic program. At the discretion of the Director of the Institute for Public Safety other public safety students testing positive will be considered on a case by case basis.

Any student currently enrolled in a public safety course/program who knowingly and intentionally attempts to provide a substitute or adulterated specimen will be removed from the course/program and at the discretion of the Director of the Institute for Public Safety may not be permitted to reapply to any public safety courses/programs.

Approved: 6/2006

Revised: 12/2011

Drug Screenings may be conducted by any licensed laboratory screening center but the original results must be sent directly to:

COTC Records  
1179 University Drive  
Newark, OH 43055

Licking Memorial Health Care offers drug screening:

#### **Licking Memorial Company Care**

**Tamarack IV Building**

**1865 Tamarack Road**

**Newark, OH 43055**

**740.348.4972**

**Hours: 0730-1700 Monday – Friday**

- You do not need an appointment but do need to arrive at or before 1630 to ensure that there is enough time to complete the screening.
- This is **NOT** located at the main hospital complex.

**Cost: \$38.00 – student is responsible for the cost**

**Directions to Licking Memorial Company Care  
Tamarack IV  
1865 Tamarack Road, Newark, Ohio**

**From Columbus**

- Take State Route (SR) 161 East to Granville
- SR 161 turns into SR 16
- Turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)
- Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
- Follow SR 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)

**From Cleveland**

- Take I-71 South to State Route (SR) 13 South
- Take SR 13 South approximately 50 miles to SR 16 West in Newark
- Take SR 16 West approximately 4 miles to the Cherry Valley Road stoplight and turn left
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)

**From Akron/Canton**

- Take I-77 South to State Route (SR) 36 West (Exit #65)
- SR 36 West will turn into SR 16 West
- Turn left (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)

**From Zanesville**

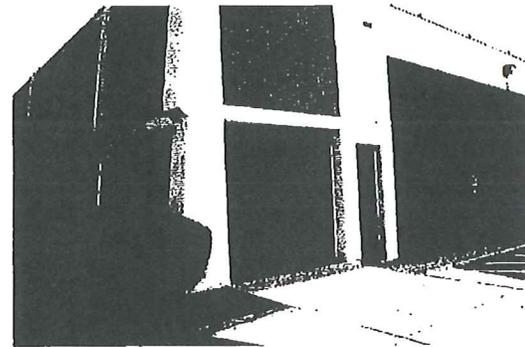
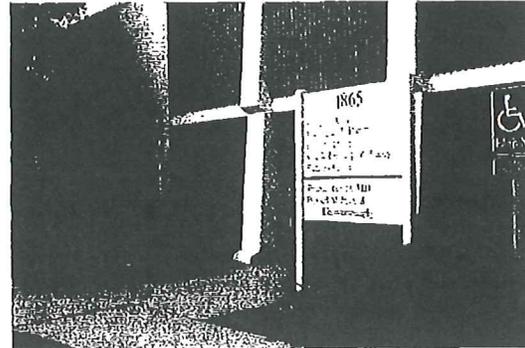
- Take State Route (SR) 146 West and turn left onto SR 16 West
- Continue through Newark and turn left (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)

**From Lancaster**

- Follow State Route (SR) 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road

**From Cincinnati**

- Take I-71 North to I-270 North (East) to I-70 East
- Take I-70 East to Granville/Lancaster State Route (SR) 37 Exit
- Turn left onto SR 37 North toward Granville
- Exit East onto SR 16, continue 2 miles and turn right (South) at the Cherry Valley Road stoplight
- Go straight, across West Main Street
- Cherry Valley Road turns into Tamarack Road  
(1865 Tamarack Road is on the right-hand side)
- (1865 Tamarack Road is on the right-hand side)



# SHIRT ORDER FORM-COTC EMS PROGRAM

\*\*\*\*Bring first Day of Class

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SCHOOL BRANCH \_\_\_\_\_

(PLEASE PRINT)

(Knox, Pataskala, Coshocton)

CELL PHONE # (      ) \_\_\_\_\_ EMAIL \_\_\_\_\_

**POLO SHIRT** SMALL - XL \$19.00 2XL - 5XL \$21.00 (LADIES SIZES STOP AT 2XL)

SIZE \_\_\_\_\_ QUANTITY \_\_\_\_\_ MEN'S  WOMEN'S

COLOR- NAVY  TOTAL \$ \_\_\_\_\_

**SWEATSHIRT** SMALL - XL \$19.00 2XL - 4XL \$21.00

SIZE \_\_\_\_\_ QUANTITY \_\_\_\_\_

COLOR- NAVY  TOTAL \$ \_\_\_\_\_

**JOB SHIRT** SMALL - XL \$52.00 2XL- \$54.00 3XL- \$56.00 4XL- \$58.00 5XL-\$60.00

SIZE \_\_\_\_\_ QUANTITY \_\_\_\_\_

COLOR- NAVY  TOTAL \$ \_\_\_\_\_

**SILK SCREENED T-SHIRT** ALL SIZES \$14.00

SIZE \_\_\_\_\_ QUANTITY \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

CASH, CHECKS AND CREDIT CARDS ACCEPTED. MAKE CHECKS PAYABLE TO "BLACK DOG APPAREL". 7.25 % STATE SALES TAX WILL BE CHARGED. PAYMENT MUST BE MADE IN FULL BEFORE RECEIVING YOUR ORDER.

**Students paying with Credit Card will be contacted via text message for additional needed information.**

**PAID** CASH  CHECK  # \_\_\_\_\_ ORDER SUB TOTAL \$ \_\_\_\_\_

CC  TAX 7.25% \$ \_\_\_\_\_

**OWES** AMOUNT DUE \_\_\_\_\_ GRAND TOTAL \$ \_\_\_\_\_