



OKLAHOMA CITY



Paramedicine
900 N Portland Ave.
Oklahoma City, OK 73107

osuokc.edu

EMERGENCY MEDICAL TECHNICIAN

Enrollment Guide

OSU-OKC Paramedicine
900 N. Portland Avenue
440 N Portland (Physical Address)
Oklahoma City, Oklahoma 73107

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OSU-OKC Paramedicine Program Mission Statement

To educate students in the profession of Paramedicine, thereby enabling them to provide the highest level of prehospital care, professionalism, and leadership.





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Enrollment Information Guide

A. Admission to the Program:

1. Complete the admissions process as outlined in the school catalog, or;
2. Be a current student in good standing; and
3. Provide all required documentation and vaccination records.

B. Required Documentation

1. Completed Enrollment Paperwork;
2. Two negative tuberculosis skin tests or one negative blood draw;
3. Completed COVID19 vaccination(s)
4. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or signed declination form;
5. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity;
6. Two MMR vaccinations OR positive titers showing immunity;
7. Seasonal Influenza vaccination (Not applicable to summer semesters);
8. "Clear" GroupOne criminal background check;
9. Tdap shot received within the past 10 years;
10. 9-panel urine drug screen (see below)

C. Clinical Rotation Shifts

1. The EMT course (EMSP 1148) includes required clinical component that consist of 60 clock hours, for the completion of performance objectives in local emergency departments (ERs), with local ambulance services, and/or in pediatric and geriatric facilities. There are generally a wide variety of clinical sites, dates, and shift times available for these EMT clinical rotations.
2. All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available during orientation.



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D. Urine Drug Screen

1. Students are required to complete their drug screen prior to the paramedic program orientation. Payment is required at testing and is paid directly to the testing site. **THE DRUG SCREEN LOCATION AND FORM ARE LOCATED LATER IN THIS PACKET!**
2. A “non-negative” or a “positive” drug screen will result in the student’s Administrative Withdrawal from the course. Said student may re-enroll for a future semester.
3. Any student whose urine drug screen is reported as ‘diluted,’ will be expected to repeat the urine drug screen exam at the incurred cost to the student.
4. See attached form for contact information.
5. Any student who is absent from the class or the program for 30 days or greater must re-submit a negative urine drug screen.



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Oklahoma County Health Department Information

Anyone needing a vaccination should contact their private physician to be vaccinated or go to their local city/county health department. If you have any questions, please contact your physician, or call the Oklahoma -county Health Department at (405)-425-4450. Several different clinics in the Oklahoma City area have been established by the Oklahoma City-County Health Department at the following locations:

<u>LOCATION</u>	<u>ADRESS</u>	<u>CITY</u>	<u>HOURS OF OPERATION</u>
Church of Christ	1101 E. 9th	Edmond	M-F 8:30 – 11:30AM
SE Child Help	2825 Parklawn	Midwest City	1st, 2nd, and 4th Tuesday 8:30 – 11:00AM
County Health Department	921 N.E. 23 rd	OKC	M,T,W,F 0800-1530

Vaccination/Titer Information

Midwest Regional Medical Center 3921 S.E. 29th Midwest City M-F 0800-1600

Baptist– Employee Health 3435 N. W. 56th OKC M-F 0730-1130

Southwest Medical Center 4300 S. Western Ste. 214 M-F 0730-1130

***Inquire with your physician or clinic of your choice about combination vaccinations; often combined vaccinations are cheaper but may not be covered by insurance.**

****Please note: You may receive live vaccines (MMR or varicella) and a TB skin test on the same day. However, if you receive an MMR and/or varicella vaccination one or more days prior to any TB skin test, you will be required to wait approximately 6 weeks to receive a TB skin test!**

Even if you have had or been exposed to Varicella, you would still need to have a titer drawn for verification. “History of disease” written on a shot record is not sufficient.



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TUTION AND FEES

<u>Item</u>	<u>Cost</u>
Tuition for OSU-OKC is currently	\$157.45 per credit hour.
EMT Lecture and Lab totals	8 credit hours
EMS Operations	3 credit hours
Campus General Fees: Spring/Fall	\$37.00
Summer	\$25.00
Online Course Fee (per credit hour for online courses)	(\$10.00)
EMS Lab fees	\$90*
EMS Student Liability Insurance Fee	\$16.00*
Approx. Total:	\$1,863-\$1,885

***Must be paid every semester. Students are responsible if tuition is not paid prior to scheduling clinical.**

**** All tuition and fees are subject to change. Most up to date fees are here:**

<http://www.osuokc.edu/future/costs>

ESTIMATED OUT OF POCKET EXPENSES:

<u>ITEM</u>	<u>COST</u>
Books (some can be rented for cheaper)(includes Fisdap)	est.\$350.00
Uniform (estimated. This depends on sizes and options)	\$150.00
Stethoscope	\$ 30.00
CPR Card—Approximately	\$ 50.00
Group One Background Check	\$ 45.00
Urine Drug Screen	\$ 30.00
My Clinical Exchange	\$ 36.50
TOTAL:	\$ 691.50*

***All costs are an approximation in addition to fees/costs required beyond the tuition. Further details regarding these additional fees/costs will be provided during orientation.**



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Oklahoma State University – Oklahoma City Paramedicine Office Program Faculty/Staff/Adjuncts

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Pre-Enrollment Requirements Checklist for EMT Students

Compliance items in checklist below need to be completed and all documentation must be uploaded as a PDF to MyClinicalExchange by orientation.

<https://www.myclinicalexchange.com> Tutorial for MyClinicalExchange is further on in this document.

1. _____ **CHECK YOUR STUDENT EMAIL AFTER YOU ENROLL FOR IMPORTANT INFORMATION**
2. _____ **COVID19 Vaccination Completed. One shot for Moderna/Johnson and Johnson or both shots from Pfizer**
3. _____ Fisdap activation code. This is included in your textbook bundle.
4. _____ Complete Enrollment Paperwork
 - _____ Applicable Hepatitis B forms, if 3-shot vaccination series is not complete
5. Two negative Tuberculosis Skin tests, or one negative blood draw. (TB Gold or T-spot)
 - _____ Date of TB test #1
 - _____ Date of TB test #2
6. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or declination form signed within the past 12 months
 - _____ Date of Hep Shot #1
 - _____ Date of Hep Shot #2
 - _____ Date of Hep shot #3
 - _____ Or, Date of Blood Titer



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7. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity

- _____ Date of Vaccine #1
- _____ Date of Vaccine #2
- _____ Or, dates of Blood Titers

8. Two MMR vaccinations OR positive titers showing immunity to measles (rubeola), mumps, and rubella

- _____ Date of MMR Vaccine #1
- _____ Date of MMR Vaccine #2
- _____ Or, Dates of Blood Titers

9. _____ Tetanus, diphtheria, and Pertussis (Tdap)

- _____ Date of Tdap Vaccine/booster (must be within last 10 years)

10. _____ Seasonal Influenza vaccination (Not applicable to summer semesters)

11. _____ "Clear" GroupOne criminal background check visit this [link](#). Or, find the link on our website at www.osuokc.edu/ems Results come straight to us and we will upload to MyClinicalExchange for you.

12. _____ 9-panel urine drug screen completed. Results come straight to us and we will upload to MyClinicalExchange for you. Form Compliance Resource Group (CRG) is later in this same packet.



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Hepatitis B Vaccination Information

Hepatitis B Virus, when present, is found in virtually all body fluids and some secretions. It can be transmitted by puncturing the skin with a contaminated instrument or needle, allowing contaminated blood or body fluid to come in contact with an open wound or mucus membrane, through sexual contact and through contaminated blood products. The Hepatitis B Virus can cause chronic cirrhosis, liver failure, and liver cancer. Health care workers are at high risk for contracting the virus and should be vaccinated.

Hepatitis B has a long incubation period. The vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccination administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody titers.

Precautions: Vaccinations should be delayed in individuals who have any febrile illness or active infection and in individuals who are pregnant or nursing.

Adverse Reactions: The most frequently reported adverse reactions are injection site soreness, fatigue, headache, and dizziness.

Immunization schedule: The usual immunization regimen consists of three (3) injections of vaccine given according to the following schedule: #1: at elected date, #2: 30 days later, #3: 6 months after the first injection, Booster: 5 years later. Antibody test is recommended one month after third injection.

I, _____, have read and understand the above Hepatitis B vaccine information. I understand that if I have not been previously immunized for Hepatitis B, I will need to A) begin the injection series and follow the above schedule for the remaining injections and the antibody test, or B) decline in writing. I further understand that if I do not receive the Hepatitis B vaccine according to the schedule or do not sign the "Hepatitis Vaccination Refusal" form, I will be unable to schedule and attend any clinical shifts.

Student Signature

Date Signed



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Hepatitis B Vaccination Refusal (Declination Form)

I have been informed of my risk of acquiring Hepatitis B and the damage that this disease can do. I have been instructed on the value of being vaccinated for the disease. I have been informed that, as an EMS Student, I am considered high risk for being exposed to blood or body fluids that are potentially contaminated with Hepatitis B, and that vaccination is a safe and effective method of prevention.

I, _____, choose NOT to take the Hepatitis B Vaccine at this time _____
_____ OR have begun the 3-shot series, but not yet completed it _____.

Student Signature

Date Signed