



## Workforce Education-EMT Application Packet

EMTs respond to emergency calls, perform medical services, and transport patients to medical facilities. People's lives often depend on the quick reaction and competent care provided by these workers. The Emergency Medical Technician (EMT) program is both mentally and physically challenging because of the unique environment in which EMT personnel function.

### Entrance Requirements and Prerequisites

Registration is not complete until all required documents are submitted and all fees are paid.

- ☐ 1. Workforce Education Registration (Form A)
- ☐ 2. Physical Examination/Drug Screening:  
CLCC Health Occupations Examination Report (Form B) with results from 9-Panel Drug Screen
- ☐ 3. Healthcare Background Check Documentation  
Copy of current valid Healthcare Background Check OR Contact CLCC Workforce Office at 601-643-8706 to make an appointment. For Appointment bring Fingerprint & Privacy Rights Form (Forms C & D) along with Driver's License, Social Security Number and \$50 processing fee.
- ☐ 4. Hepatitis B Documentation:  
Proof of Hepatitis B vaccination OR Signed Hepatitis B Declination (Form E)
- ☐ 5. Proof of TB Skin Test (*At least the first step must be completed prior to entering the program.*)
- ☐ 6. Immunization Record
- ☐ 7. Workforce Education Policy Compliance Form (Form F)
- ☐ 8. Testing Requirement: Minimum ACT score of 16 OR Bronze level or higher on WorkKeys Assessment
- ☐ 9. Signed Disclosure & Authorization (Form G)

### Expense Outline

\$650\* Registration Fee

\*Cost does not include uniform pants and shoes or the national registry fees.

### Funding Assistance

- Sallie Mae: (DO THIS STEP IMMEDIATELY!) Career Training Smart Option Student Loan® For professional training and trade certificate courses: <https://www.salliemae.com/student-loans/career-training-smart-option-student-loan/>
- WIOA: (DO THIS STEP IMMEDIATELY!).  
**Contact your local WIN Job Center.**  
Brookhaven: 601.823.9709  
Natchez: 601.442.0243  
Pearl: 601.936.1903

**For more information or questions contact:**

**Co-Lin WIOA Career Coach**

**Wesson Campus | Emily Flessner | 601-643-8713**

**Natchez Campus | Breanna Walker | 601-446-1240**

**Simpson County Center | Shanijua Byrd | 601-643-8707**



# COPIAH-LINCOLN COMMUNITY COLLEGE

## Workforce Registration Form



### APPLICANT INFORMATION – Print Clearly

#### PREFERRED

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### ETHNIC/RACIAL GROUP-Optional

### SEX

White/Caucasian ☐

Black/African American ☐

Hawaiian Native/Pacific Islander ☐

Asian ☐

American Indian/Alaskan Native ☐

Hispanic/Latino ☐

Female ☐

Male ☐

### LEVEL OF EDUCATION

Please indicate which of the following best describes your level of education:

Less than high school ☐

High school degree/GED ☐

Some college (no degree/Career Certification) ☐

Associate degree (2 yr. degree) ☐

Bachelor degree (4 yr. degree) ☐

Masters/Ph.D. ☐

### EMPLOYMENT STATUS

Please indicate if you are currently:

Employed ☐

Retired ☐

Unemployed ☐

### EMPLOYMENT TYPE

Please indicate if your current or most recent employment is/was:

Full time ☐

Part time ☐

Seasonal ☐

### TEMPORARY EMPLOYMENT

Please indicate if your current or most recent employment is/was temporary:

Yes ☐

No ☐

### EMPLOYER

Please provide name of your current or most recent employer: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

The information you provide on this form will remain confidential and will only be used to improve services provided by the Workforce Center.

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

Signature: \_\_\_\_\_

*Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.*

## COPIAH-LINCOLN COMMUNITY COLLEGE HEALTH OCCUPATIONS EXAMINATION REPORT

Direction to Health Care Provider: I am an applicant for a health occupations training program at Copiah-Lincoln Community College. This document authorizes you release the requested information to Copiah-Lincoln Community College.

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_  
Name of Applicant

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Past Health History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HEALTH EXAMINATION

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

Eyes: W/glasses: R \_\_\_\_\_ L \_\_\_\_\_ Without Glasses: R \_\_\_\_\_ L \_\_\_\_\_

Nose: \_\_\_\_\_ Sinuses: \_\_\_\_\_ Throat: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ B/P: \_\_\_\_\_

Skin: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_

Posture: \_\_\_\_\_ Feet: R \_\_\_\_\_ L \_\_\_\_\_ Back: \_\_\_\_\_

TB Test: Date: \_\_\_\_\_ Findings: \_\_\_\_\_

(If positive, must complete a pulmonary history survey attached.)

**NOTE: SEE BACK OF PAGE TO COMPLETE**



Immunizations: Hepatitis #1 Date: \_\_\_\_\_  
Hepatitis #2 Date: \_\_\_\_\_  
Hepatitis #3 Date: \_\_\_\_\_  
Rubella Date: \_\_\_\_\_  
(May attach copies of TB skin test and immunization records)  
Rubeola Date: \_\_\_\_\_  
Varicella Date: \_\_\_\_\_

Does the applicant have a history of drug abuse? Yes\_\_\_\_ No\_\_\_\_

Does the applicant have a history of alcohol abuse? Yes\_\_\_\_ No\_\_\_\_

Does the applicant have a history of mental or emotional illness? Yes\_\_\_\_ No\_\_\_\_

Explain any physical findings or conditions that would prevent applicant from rendering service in health occupations education.

\_\_\_\_\_  
\_\_\_\_\_

Is applicant taking any routine prescribed medications?

\_\_\_\_\_

Is applicant's health satisfactory to perform duties in the field for which application is made? Yes\_\_\_\_ No\_\_\_\_

Signed: \_\_\_\_\_ M.D/N.P. Date: \_\_\_\_\_

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



**Fingerprint Applicant Information Form for LiveScan**

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

Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

Aliases (AKA): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Place of Birth (POB): \_\_\_\_\_  
Month Day Year

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO City State Zip

Citizenship (CTZ): \_\_\_\_\_ Social Security Number (SOC): \_\_\_\_\_

Facility Name: Coipah-Lincoln Community College (Workforce Ed)Facility Address: P.O. Box 649, Wesson, MS 39191  
Street or PO City State Zip

Reason for Fingerprints:



Healthcare (43-11-13 ORI-MS920500Z)



Childcare (43-20-8 ORI-MS920080Z)

\_\_\_\_\_ Facility Code

\_\_\_\_\_  
Signature of Person Fingerprinted

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations CCFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The Mississippi State Department of Health will provide you with a copy of your Mississippi and FBI criminal history record for review and possible challenge. Should you lose or misplace the provided record, you may obtain a copy from MSDH by submitting a request for the duplicate record which includes appropriate identifying information and a \$15 money order.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

**Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## Hepatitis B Vaccine Consent Form

Copiah-Lincoln Community College seeks to provide protection of students and instructors in all situations. The Hepatitis B policy was adopted to help ensure the safety of all involved in health occupations.

NAME: \_\_\_\_\_

Hepatitis B is a viral illness that can cause serious illness and liver disease. The virus causing Hepatitis B is present in many people who are not aware of it. Those working in hospitals and other health care facilities frequently come into contact with blood products that can pass on the Hepatitis B virus to us. In an attempt to secure the well-being of our students and to avoid the spread of this disease, the school is recommending the Hepatitis B recombinant vaccine. Since the disease does cause a significant amount of severe illness, cirrhosis, potential liver cancer, and occasionally even death, Co-Lin recommends that you take the vaccine.

The vaccine is made by recombinant gene technology and there is no risk of acquiring AIDS or any other infection from taking the vaccine. Minor reactions such as soreness at the injection site can occur, but serious reactions are rare (less than 1 in 10,000 injections). Those who know they are allergic to yeast, who have a hypersensitivity reaction to a previous Hepatitis B vaccination, should not take the vaccine. If you are now pregnant or have an active infection, you should delay vaccination unless an exposure occurs. If an exposure occurs, a decision will be made on an individual basis.

Below are two options that you are offered with respect to the Hepatitis B vaccine. You may elect not to take the vaccine; you may elect to take the vaccine as an intramuscular injection.

Please select Option A or B below.

- A. I do not wish to take any vaccine to prevent me from getting Hepatitis B. I realize that Hepatitis B is a very serious illness causing severe liver damage and potential death. I also realize that the disease, if I get it, can potentially be passed on to my family and any unborn children. I understand that the vaccine has a very low risk of any kind of reaction and that the vaccine will not expose me to any risk of AIDS because it is not made from other human serum.

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

- B. Intramuscular Injection: I wish to receive the vaccine through intramuscular injection to reduce the likelihood of acquiring Hepatitis B. The injection is given in 1cc doses intramuscularly on three separate occasions. I realize that I must get all three injections before I am considered immune. I also realize that it is possible to take all three injections and still not be immune. I understand that a blood test to tell if I have immunity is not routinely given or recommended after intramuscular vaccine, but I may obtain an immunity test through my own physician or resources. I agree to take the first injection and submit proof of this on the first day of class. I agree to pay all costs associated with the vaccine.

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

## Workforce Education Training Policies

The Workforce Education Division will operate its training/courses in accord with the Copiah-Lincoln Community College Student Handbook\* available on each campus of the college.

**The following items are of particular concern in Workforce Training Courses and merit special mention to students:**

1. There will be no cell phone use in the classroom or laboratory. ***See Cell Phones and Pagers section of the Student Handbook. \****
2. Students must be properly dressed prior to the beginning of training/class. There will be no changing of clothing during the training class or laboratory period.
3. Where applicable, students must have a backpack, duffle bag or other container to keep personal training tools, equipment and other gear. (Example: Welding helmet, goggles, hand tools) Tools and other items are not to be borrowed from other students. All personal items are to be removed from the training site after each day's training.
4. Textbooks and laboratory manuals are to be brought to each training period unless instructed otherwise.
5. There will be no eating or drinking in the classroom. Some laboratory situations may allow drinks (water, soda) in plastic containers. This is determined by the instructor. Your training area must be cleaned of any trash upon completion of the training/class period.
6. Refreshment and restroom breaks will be scheduled for extended training/class periods. Break areas will be designated by the instructor. Students must not go to their vehicle without permission from the instructor. Students are to abide by the time allotted for break.
7. Students must inform the instructors should an emergency arise which requires them to leave the training/course area.
8. There will be no tolerance for disruption of the

educational process in the training/class area (classroom or laboratory). This includes but is not limited to conversations during training/class period, profane language, horseplay or other physical activity, reading unrelated materials, sleeping or any other activity deemed disruptive by the instructor. ***Also see Personal Conversation section of the Student Handbook. \****

9. **Smoking and other tobacco use is prohibited. This is a tobacco free campus.**

### Class Attendance

The mission of the Copiah-Lincoln Community College Workforce Education Division is to prepare students for the work force by teaching technical skills and employability skills. In view of this goal, the following attendance policy has been adopted to aid the student in developing appropriate and professional employability skills in the area of attendance.

Policy Statement: Regular class attendance is very important to college success; therefore, students are expected to attend class unless it is absolutely necessary to be absent. Students are expected to make up all work missed due to absences. **Note:** A penalty may be assessed for work not made up at the discretion of the instructor for the class missed. Each instructor will be responsible for explaining his/her policy to students at the beginning of the training/course. No absence is considered free. Students will be responsible to provide a justifiable reason for each absence. Substantiation should be provided in written form. For example, a doctor's excuse, obituary, legal documents, etc.

### Absences

The cut-out point in Workforce training/courses which meet **three times** a week is **four absences**. Three absences are allowed for classroom meetings. One absence is allowed for clinical rotations.

### Number of Class Meetings

<u>Per Week</u>	<u>Cut Out Point</u>
One	2
Two	2
Three	3
Four	4



**Tardies**

A tardy is defined as missing up to ten (10) minutes of class. Two tardies constitute one absence. A student is counted absent if more than ten minutes late to class or absent anytime for more than ten minutes. Workforce students who are absent or tardy more than ten (10) minutes from a daily lab period will be counted absent for that lab period.

A student who is tardy **must** notify the instructor of their presence in class at the end of the class.

\*The Copiah-Lincoln Community College Student Handbook may be downloaded at this link:

<http://www.colin.edu/students/publications-and-policies>

**Refund Policy**

Refunds will be issued only within the fiscal year (July through June) the class was held.

Refund requests should be made in writing. Request should include the name of participant, name of class, reason for refund, payment method, location and date of class, contact information, and mailing address.

Written refund requests are not required in the event the class is cancelled due to a necessary action by Copiah-Lincoln Community College.

Class fees containing test vouchers, curriculum materials, meals, or any time sensitive materials could be subject to a partial refund at the discretion of the facilitator.

In the event any class/program specific rules conflict with these general rules, the class specific rules shall control. Co-Lin Workforce reserves the right to interpret and apply all rules applicable to its classes and its interpretation and application shall be final.

This training program, sponsored by Copiah-Lincoln Community College Workforce Education, is not eligible for college credit. Completion of this course will prepare students to sit for the National Healthcareer Association Certification Exam. Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.

## Workforce Education Policy Compliance Form

I, \_\_\_\_\_, have read and understand the Workforce Education Training Policies.

I have read and understand the Workforce Education Refund Policies. I understand that in the event I do not complete this training for any reason or am dismissed from this program, no refunds will be allowed.

I certify that all the information submitted in this application is accurate and true to the best of my knowledge.

I understand that a Background/Fingerprint Check will be performed prior to my clinical rotation and a date will be set by the program coordinator. This check is required before entering the facility for rotation. I understand that **failure to comply** will result in dismissal from the program and no refund will be awarded.

Signature: \_\_\_\_\_

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

# DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

## COPIAH-LINCOLN COMMUNITY COLLEGE

### EMT

In connection with my suitability for admissions to a program with **Copiah-Lincoln Community College**, (herein "Client") or if admitted, I understand that prior to or at any time after my admissions commences a consumer report may be requested for admissions purposes from Priority Research, Inc., (herein: "Priority Research") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PRIORITY RESEARCH DEEMED PERTINENT TO MY ADMISSIONS CONSIDERATION.**

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my admissions is denied because of information obtained by my prospective school from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Priority Research's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Priority Research will provide a written explanation of any coded information contained in my file. I understand that Priority Research is a Consumer Reporting Agency and it is Priority Research's policy to not be involved in or make admission decisions or recommendation.

Priority Research's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Priority Research does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that any consumer report or investigative consumer report requested will be used strictly for admissions purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for admissions to a truck-driving program. I further understand and consent to the furnishing of workers' compensation information, after conditional admissions, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any admissions to a truck-driving program will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for admissions, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

**The following must be filled out completely and signed for your application to be considered (Please Print)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ E.MAIL ADDRESS \_\_\_\_\_

For ID purposes please provide FULL DOB: \_\_\_\_\_ Please List Other Names Used \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report \_\_\_\_\_