



Aims Community College Emergency Medical Services Advising Acknowledgement Form

By signing below, I acknowledge that I have been advised of the following information regarding the EMT program at Aims Community College and understand the prerequisite requirements to qualify for registration and to remain registered for EMS 1021-1024 and EMS 1070.

- ✓ I have watched in its entirety, the EMT Orientation video.
- ✓ I understand that I must submit all required prerequisite documents with these signature forms.
- ✓ I understand that I must successfully complete EMS 1021-1024 and EMS 1070 in the same semester (except for high school career academy) in order to qualify to take the National Registry (NR) exams.
- ✓ Failure to complete all 5 classes in the same semester will require that I retake all 5 classes another semester and complete them successfully in order to qualify for the National Registry exams.
- ✓ I have read and understand that I must complete all prerequisite requirements listed within this packet ("EMS 1070 Prerequisite Checklist") by the published date or I will not be given permission to register for the EMT Program.
- ✓ I understand that the cost of the prerequisite requirements (Background Check & UA, CPR, and Immunizations) are my responsibility and are above and beyond the cost of tuition and fees along with the NR and State certification requirements.
- ✓ I understand that it is my responsibility to register for all 5 EMT classes (EMS 1021-1024 & 1070) either online through My Aims account or at one of the campus registration offices.
- ✓ I have read and signed the Aims Community College Background & Disqualifying Offenses document and understand that if any of the offenses listed on the document are flagged on my background check or UA that I may be disqualified from taking the EMT program. I also understand that the cost of the background check is non-refundable.
- ✓ I understand that all communications regarding registration, onboarding requirements, prerequisite requirements, and clinical requirements from now through the entirety of class will be sent to &/or from my Aims Community College student email (@aims.edu) .
- ✓ I understand the EMT program has a clinical requirement that may require attending a clinical up to an 80 mile radius from the Windsor Campus. I also understand that the clinical rides are required to successfully complete the EMT program and that I may have limited choices in when I am assigned to attend the clinicals.
- ✓ I understand that all signature forms, Immunizations, CPR, Pathway's Advising Session must be completed by 5 pm August 9th. **No late submissions will be accepted after this deadline.**

Printed Name	Signature
DOB	Phone #
	Aims Student Email _____@aims.edu
Date	A00 Aims ID#

Semester (SP or FA): _____ Class- Windsor- (Morning, Afternoon, Evening) _____

Please indicate desired EMT-B Session above. Note: Summer courses are only offered during the day or evening



Aims ID: _____

PROGRAM ADMISSION, BACKGROUND INVESTIGATION, AND CLINICAL INFORMATION RELEASE FORM

As part of the application process for admission to the _____ program at Aims Community College (“the School”) and (“School”), I understand that the School and/or its agents will require a Background Investigation of my personal information via a Criminal Background Check and Drug Screen, which may include, but is not limited to: Statewide Criminal Record Search (County Criminal Record Search in the absence of Statewide Criminal Record Search), Federal Criminal Search, Social Security Trace, Nationwide Sex Offender Registry, Office of Inspector General (OIG), General Services Administration (GSA), Office of Foreign Assets Control (OFAC)/Specially Designated Nations List (SDN), Education Verification, Employment Verification, Professional License Verification, and an 11-panel Drug Screen. I understand that the Background Investigation will be used by the School to determine my eligibility for program admission and to participate in clinical activities in the School's Allied Health and Human Services or Public Service Programs. I also understand that I may be asked to provide additional information (including, but not limited to, immunization records, CPR certification, and other additional health screenings) and that failure to provide information as requested will be considered just cause for denial of admission to the School.

I hereby authorize, without reservation, the Background Investigation and the release of information and records related thereto by HireRight to the School. I also authorize the School to release the results of the Background Investigation, Drug Panel Screen, Immunization Records, Health Screenings, and any other relevant information in possession of the College (and any information and records related thereto for purposes related to my application for admission to the School) to any Clinical Facility, if required by them, at any time while I am enrolled for the purposes of my participation in the clinical program.

I hereby release, discharge and agree to hold harmless HireRight and the School and all of their respective employees, officers, directors, agents and assigns from and against any claims for losses or damages, and liabilities, actions or causes of action or any other charges or complaints arising out of or related to the Background Investigation or the release of information and records relating thereto.

I am aware that Clinical facilities may also choose to require an additional Background Investigation and may disqualify students from participating at a clinical site based on individual facility policies. I am aware that a disqualifying Background Investigation from a clinical agency may render me ineligible to continue in an Allied Health or Public Service program. I am also aware that all Background Investigations will be processed under the Fair Credit Reporting Act, and Aims Community College has enacted a “red flag procedure” as required by November 1, 2008. 16 CFR 681.

I certify that any information provided as for the Background Investigation application is correct to the best of my knowledge, and I acknowledge that any false statements provided will be considered just cause for denial of admission to the School. I also understand that upon request, HireRight will provide me with a copy of my report and my rights under the Fair Credit Reporting Act. Requests will be directed to:

HireRight
3349 Michelson Drive, Suite 150
Irvine, CA 92612
(800) 400-2761
www.hireright.com

Your advisor will notify you of the appropriate time to order your Background Investigation. Please complete your order online via the link provided to you by your program advisor.

Student Name (Printed): _____

Student Signature: _____

Date: _____



Aims Community College Background and Disqualifying Offenses

The purpose of a Background Investigation is to maintain a safe and productive educational and clinical environment. Students who refuse to comply with the Background Investigation process will be denied admission to any Aims Community College Allied Health Sciences or Public Services Program.

NOTE: ALL students are considered provisionally accepted until all elements pertaining to their Background Investigations are received and reviewed by the college. For most programs, these elements include a Criminal Background Check and Drug Screen.

Disqualifying Criminal Offenses: Any conviction, plea of guilty or no contest, or deferred prosecution of the following criminal offenses (Felony or Misdemeanor) that appears on any part of a Criminal Background Check *at the time an application to a program is submitted* will disqualify an applicant admission to their program and may also disqualify a student from admission to a clinical facility. Students who have successfully completed the terms of a deferred adjudication will not be disqualified from their program. Students who have a disposition of “dismissed after successful completion,” regardless of the crime, will not be disqualified from the program.

An applicant will be disqualified from an Allied Health and Human Services or Public Services Program based on the following guidelines:

- Any violent felony convictions of homicide (no time limit).
- Any registered sex offender (no time limit).
- Crimes of violence (assault, sexual offenses, arson, kidnapping, any crime against an at risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 10 years immediately preceding the submittal of application and/or prior to starting class.
- Any offense involving unlawful sexual behavior in the 10 years immediately preceding the submittal of application and/or prior to starting class.
- Any crime, the underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application and/or prior to starting class.
- Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application and/or prior to starting class.
- Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application and/or prior to starting class. Any crimes related to section 18-18-426 C.R.S. (Paraphernalia) are not considered disqualifying offenses.
- Non-negative drug screen. Students utilizing medical marijuana under sections 18-18-406.3 and 25-1.5-106 C.R.S. are not excluded from this requirement. *For all programs*, the time period for this disqualification is 6 months. Once the 6-month exclusion has expired, students will be required to obtain a second drug screen. A drug screen returned as dilute is considered non-negative. Students will be required to obtain a second drug screen at their expense. Drug screens returned as dilute a second time may result in disqualification.
- Any felony theft crimes in the 7 years immediately preceding the submittal of application and/or prior to starting class.
- Any misdemeanor theft crimes in the 5 years immediately preceding the submittal of application and/or prior to starting class.
- Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application and/or prior to starting class.
- Misdemeanor or felony crimes of moral turpitude as defined in section 18-7-101 C.R.S. in the 7 years immediately preceding the submittal of application, which include but are not limited to prostitution, sexual exploitation of a minor and criminal invasion of privacy.
- Any offense in any state other than Colorado, the elements of which are substantially similar to the elements of any of the above offenses.
- Any offence that would qualify as a disqualifying offence, which is still pending in the courts (without official legal disposition).
- More than one (1) DUI in the 7 years immediately preceding the submittal of application and/or prior to starting class.
- Any student included on the HHS/OIG List of Excluded Individuals/Entities or GSA List of Parties Excluded from Federal Programs.
- Any student included on the U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN).

If the Background Investigation reveals information that could be relevant to the application, the designated individual or committee within Aims Community College may request additional information from the applicant. The potential Disqualifying Offense shall be reviewed on a case by case basis. Aims Community College reserves the right to remove a student from any Allied Health Sciences or Public Services Program of study in the event a Disqualifying Offense appears on any of the above mentioned checks. Students may be subject to random or For Cause drug screens. Refusal to comply with such a request will result in immediate removal from the Allied Health Sciences or Public Services Program of study. Annual checks for HHS/OIG List of Excluded Individuals/Entities and GSA List of Parties Excluded from Federal Programs may be required to meet requirements of certain clinical facilities.

NOTE: Clinical facilities may also choose to require additional background checks, drug screens and/or fingerprinting, and may disqualify students from participating at a clinical site based on individual facility policies independent of any action by Aims Community College; and that a disqualifying background check from a clinical agency may render me ineligible to continue in an Allied Health Sciences or Public Services Program. Any additional drug screening may be at additional cost to the student.

All Background Investigations will be processed under the Fair Credit Reporting Act, and Aims Community College has enacted a “red flag procedure” as required by November 1, 2008. 16 CFR 681. The applicable applicant/employee will be notified and informed in the event of an unacceptable background report. By signing the form below, I accept the responsibility for understanding the above content.

Student Name (Printed): _____

Student Signature: _____

Date: _____

EMS Prerequisite Checklist

1. **American Heart Association BLS for Healthcare Providers (BLS Provider) ONLY:**
 - Certification must be valid through the last day of the semester
 - No other certifications will be accepted.
 - [Aims BLS Class Schedule](#)
 - [AHA Class Search](#)

2. **Immunizations: All records must have student's name and the date each vaccine was received.**
 - **Tuberculosis (TB) Blood test** - One blood test (**QuantiFERON or T-spot**)
 - A negative chest X-ray must be provided ONLY if you have had a POSITIVE test in the past
 - Test must have been completed within the past nine (9) months (as of semesters first day) and valid through the last day of the semester
 - **PPD skin test is not accepted**

3. **MMR (Measles/Rubeola, Mumps, Rubella)**
 - Documentation of completion of one series of MMR immunizations two (2) OR
 - Documentation of positive IgG titer for MMR – Choose this if you have had all three (3) illnesses OR have no documented proof of receiving vaccinations
 - If any titer results are **NEGATIVE** or **EQUIVOCAL**, you must get two (2) MMR vaccinations with documented proof no later than the deadline published by the EMS Department
 - **28 days required between the first (1) and second (2) vaccination**

4. **Varicella (chicken pox)**
 - Documentation of completion of one series of Varicella immunizations two (2) OR
 - Documentation of positive IgG titer for Varicella – Choose this if you have had chicken pox OR have no documented proof of receiving vaccinations
 - If any titer results are **NEGATIVE** or **EQUIVOCAL**, you must get two (2) Varicella vaccinations with documented proof no later than the deadline published by the EMS Department
 - **30 days required between the first (1) and second (2) vaccination**

5. **Hepatitis B**
 - Evidence of immunity, evidence of three (3) vaccination
 - If any titer results are **NEGATIVE** or **EQUIVOCAL**, you must get two (2) Hepatitis B vaccinations with documented proof no later than the deadline published by the EMS Department
 - **Must have received at least two (2) vaccination to receive a waiver**
 - **30 days required between the first (1) and second (2) vaccination then six months between the first and third (3) (final) vaccination**

6. **Tdap (Tetanus/Diphtheria/Pertussis)**
 - A one-time adult dose of Tdap (age 19 or older), followed by a Tdap booster every ten (10) years
 - Vaccination must be within the past ten (10) years as of the last day of the semester

7. **Flu shot**
 - Seasonal flu shot to cover entire semester - Cannot be received before October 1st of the current calendar year for fall semester.
 - Due October 15th for Fall semester and High School Career Academy

8. **Background check and drug screen:**
 - Students will receive an email at their Aims student email account (**@aims.edu**) containing a link for completing their background check/drug screening ONLY after other prerequisites have been completed and submitted.
 - A valid SSN card is required for a background check to be completed. No exceptions.

9. **Current State of Colorado EMT-B certification (IV course) only**