Metropolitan Community College’s Paramedicine program consists of four classroom sections and three clinical/field components that are simultaneous. All program components are taken consecutively. The program provides an introduction to emergency medical care; knowledge of EMS systems; the roles, responsibilities and well-being of the paramedic; medical, legal and ethical issues; anatomy and physiology; pathophysiology of the normal cell, respiratory system, general principles of pharmacology IV access and medication administration, airway management and ventilation, therapeutic communication, patient assessment, communication and documentation, assessment and management of all medical emergencies, pediatric and geriatric emergencies, trauma emergencies, ambulance operations and incident command. Students must successfully pass each component to enter the next level.

### Application deadlines

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Application Deadline</th>
<th>Day/evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter</td>
<td>Nov. 1</td>
<td>Days</td>
</tr>
<tr>
<td>Spring</td>
<td>Feb. 1</td>
<td>Evenings and one Saturday a month</td>
</tr>
<tr>
<td>Summer</td>
<td>May 1</td>
<td>Days</td>
</tr>
<tr>
<td>Fall</td>
<td>Aug. 1</td>
<td>Days</td>
</tr>
</tbody>
</table>

Admission packet information and requirements subject to change without notice.

The Paramedicine program is accredited by the Commission on Accreditation of Allied Health Education Programs, 1361 Park St., Clearwater, FL 33756, upon the recommendation of CoAEMSP.

Schedule changes (such as dropping a course) are the responsibility of the student. The changes must follow College procedures, refund policies and deadlines at all times. Students are not always entitled to refunds for classes that are dropped, depending on when the courses are dropped. Students are responsible for any tuition and fees that are not refunded.

### Admission process

- Obtain application packet from any Student Services or online at mccneb.edu/ems.
- Complete the PSB Test for Paramedics.
- Submit completed application to the Health Careers office, South Omaha Campus, Mahoney Building, room 519 or mail to:
  Metropolitan Community College
  Health Careers
  P.O. Box 3777
  Omaha, NE 68103-0777

Successful applicants will be contacted regarding their admission status and registered by the Paramedicine director for courses in the order in which the requirements are met.

It is recommended students keep a copy of all required paperwork. Copies of paperwork will not be available after the end of the quarter.
Requirements

Prerequisites may exist for general courses. Refer to the College catalog.

General education requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010</td>
<td>English Composition I</td>
<td>4.5</td>
</tr>
<tr>
<td>MATH 1310</td>
<td>Intermediate Algebra</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Humanities/social sciences</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Major requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSP 1000</td>
<td>Cardiopulmonary Resuscitation</td>
<td>1.0</td>
</tr>
<tr>
<td>EMSP 1100</td>
<td>Emergency Medical Technician</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1120</td>
<td>Paramedic (part 1 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1122</td>
<td>Paramedic (part 2 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1123</td>
<td>Paramedic Field (part 1 of 3)</td>
<td>3.5</td>
</tr>
<tr>
<td>EMSP 1124</td>
<td>Paramedic (part 3 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1125</td>
<td>Paramedic Field (part 2 of 3)</td>
<td>3.5</td>
</tr>
<tr>
<td>EMSP 1126</td>
<td>Paramedic (part 4 of 4)</td>
<td>12.0</td>
</tr>
<tr>
<td>EMSP 1127</td>
<td>Paramedic Field (part 3 of 3)</td>
<td>3.5</td>
</tr>
</tbody>
</table>

For a complete description of courses required for an associate degree, visit with an advisor or the enrollment specialist in the Health Careers office. For questions about specific paramedic course content, call the program director at 531-MCC-4015.

Admission requirements

The following requirements must be met by the application deadline to be considered for admission:

- Submission of completed application
- Proof of age (minimum age 18)
- Copy of current driver’s license
- Copy of high school diploma, GED certificate, college diploma or official transcripts (This is a state of Nebraska requirement.)
- Must have EMT certification and provide a copy of current EMT or Advanced EMT
- Copy of current CPR certification (healthcare provider or CPR for professional rescuer)
- Copy of PSB Health Occupations Exam for Paramedics results (minimum score is 18); results will be scored in Health Careers office and student will be notified if score is below 18
- Copy of immunizations
- Minimum MCC GPA of 2.0
- Capable of the duties and requirements in the functional job description of a paramedic (signed technical standards form)
- Completion of a Nebraska background and abuse check, completion of drug screening

Final admission will be based on the outcome of the completed background check, drug screen, physical, and PSB Health Occupations Exam score.

Contact

Enrollment specialist
Health Careers
P.O. Box 3777
Omaha, NE 68103-0777
531-MCC-4791

Program Questions

Peggy Dean
EMS Program Director
msdean@mccneb.edu
531-MCC-4015
Fall (days)  □  Winter (days)  □  Spring (evenings)  □  Summer (days)  □

PERSONAL (print or type)

For office use only
Student ID#    

Full legal name
(last)  (first)  (full middle)  (maiden)

Social Security, MCC student ID or I-94 number

Home address
(street)  (city)  (state)  (ZIP)

Employer (name)  (address)

Telephone
(home)  (work)  (cell)

Email

Gender  □ male  □ female  Birth date  (month)  (day)  (year)

Marital status  □ single  □ married  □ widowed  □ divorced

U.S. citizen  □ yes  □ no

If no, type of visa  □ student  □ permanent  □ other

Have you previously enrolled at MCC?  □ yes  □ no

When do you wish to enter?  □ Fall  □ Winter  □ Spring  □ Summer  year ____________

Do you have a high school diploma or GED  □

Name of granting institution

Address of granting institution
(street)  (city)  (state)  (ZIP)

Colleges previously attended
(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to Metropolitan Community College, Records, P.O. Box 3777, Omaha, NE 68103-0777.)

1. College  Address  Dates attended

2. College  Address  Dates attended

3. College  Address  Dates attended

4. College  Address  Dates attended
Furnishing the following information is not a requirement for admission and will not be used in admission discussions. The data will be used for statistical purposes only.

Are you:  ☐ Hispanic/Latino  ☐ Non-Hispanic/Latino

For those individuals who are non-Hispanic/Latino, select one or more of the following:

☐ American/Alaska Native  ☐ Asian
☐ Black or African American  ☐ Hawaiian/Pacific Islander
☐ White

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog.

I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Applicant signature ___________________________  Date ___________________________

**Nondiscrimination and Equal Opportunity Statement**

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, as amended, the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the state of Nebraska and the city of Omaha.

Contacts:
Concerning Title VI (race), Title IX (gender equity), Section 504 (disability) and Americans with Disabilities Act/Program and Services Accessibility, and Age, contact:

Dean of Student Advocacy and Accountability: 531-MCC-2334, jlangholdt@mccneb.edu (students)
Associate vice president of Human Resources: 531-MCC-2236, mmoeglin@mccneb.edu (employees)
Director of facilities: 531-MCC-2529, bseglacek@mccneb.edu (accessibility); or the United States Department of Education Assistant Secretary for Civil Rights – Office for Civil Rights (OCR):1-800-421-3481, ocr@ed.gov.

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability, sexual orientation, retaliation or for affirmative action and diversity issues, contact:

Associate vice president for Equity and Diversity: 531-MCC-2649, cgooch@mccneb.edu.

The address for all of the above individuals is as follows:

Metropolitan Community College
30th and Fort streets
P.O. Box 3777
Omaha, NE 68103-0777
PARAMEDICINE ADMISSION CHECKLIST

☐ Fall (days)  ☐ Winter (days)  ☐ Spring (evenings)  ☐ Summer (days)

Student name ___________________________________________  Student ID ________________________________

☐ Completed and signed application form
☐ Copy of PSB Test for Paramedics results (minimum score is 18)
☐ Nebraska background and abuse check
☐ Proof of education (copy of high school diploma or GED)
☐ Copy of current EMT certification (state or national)
☐ Signed Paramedicine Technical Standards Form
☐ Proof of age (minimum age of 18)
☐ Minimum MCC GPA of 2.0
☐ Copy of Academic Progress Report (unofficial transcript)
☐ Copy of CPR certification
☐ All official transcripts mailed to MCC’s Records office
☐ Copy of current driver’s license
☐ Copy of immunizations (required by the first day of class)

☐ Varicella vaccination or titer; documentation by physician; if unknown, must complete titer
☐ Current Tetanus within past 10 years
☐ MMR immunization or titer; if born after 1956, must show evidence of having received two MMRs
☐ Hepatitis B vaccine or titer; if vaccine, must have at least started the series, and the series must be followed per current standard

☐ Provide proof of a current (within the past 12 months) Mantoux PPD Skin Test (Tuberculosis Test).
   Results must be current through the last day of Paramedicine program. If TB test is positive, student must have a note from the physician stating the disease is not active at this time.
   (If student has received the BCG Vaccine they will need a chest X-ray instead of a Mantoux PPD Skin Test.)

Final admission is based on the ability to pass a drug screen and background check and the ability to complete the duties and requirements in the functional job description of a paramedic.

Applications need to be submitted to the Health Careers enrollment specialist or the program director, South Omaha Campus, Mahoney Building, room 519, or mailed to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE 68103-0777.

Students must be registered by the Health Careers office.

Applicant signature ___________________________________________  Date ________________________________
All Paramedicine program students are required to meet definite standards for the profession and for practical application. The following are specific requirements of all students:

- Ability to stand, sit, walk, push and squat
- Ability to lift and/or carry 125 pounds
- Ability to reach in forward, lateral and overhead motions
- Ability to climb stairs
- Ability to distinguish distance, colors, objects and people
- Ability to demonstrate depth perception
- Ability to hear conversation, monitor equipment, perform auscultation, use telephone and distinguish background noise
- Ability to distinguish sharp/dull and hot/cold
- Ability to perform fine and gross motor skills with both hands
- Ability to think clearly and calmly in stressful situations
- Ability to communicate effectively, verbally and in writing, using appropriate grammar, spelling and vocabulary
- Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

______________________________________
Applicant signature

__________________________
Date
METROPOLITAN COMMUNITY COLLEGE AND AFFILIATES AUTHORIZATION AND DISCLOSURE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS.

In connection with my application for student clinical assignment/experience, I understand that a background investigation may be requested, which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, past behaviors, background and mode of living. I understand that Metropolitan Community College may seek and request information from public and private sources about employment, workers’ compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials and references.

I understand that Metropolitan Community College may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment/experience or employment or continued aforementioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of the aforementioned.

This document permits the release of any information to Metropolitan Community College or their agent, Secured Data Services. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, Metropolitan Community College or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

APPLICANT INFORMATION
The following information is required for identification to conduct the background investigation:

Print name ____________________________  (last)  ____________________________  (first)  ____________________________  (middle)
Other/previous names ____________________________
Society Security number ____________________________
Current street address ____________________________  (street)  ____________________________  (city)  ____________________________  (state)  ____________________________  (ZIP)
Prior addresses within the last 10 years (list street, city, state and ZIP)

For identification purposes only
Birth date ___ / ___ / ___  Sex ____________________________
My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment/experience or continuation of such.

Have you ever been convicted of a crime? No _____ Yes _____ (If yes, explain below)

SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION
The above information is given voluntarily, and I understand that omission, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed __________  Applicant signature __________________________________________

Reports requested
The consumer and investigative consumer reports requests may include but are not limited to the following:
(college checks all that apply)
_____ County criminal history  _____ Nebraska Abuse Registry (attach separate form)
_____ USHHS list of excluded individuals and entities

Requested by name/department/phone Stacey Ocander/Metropolitan Community College Health and Public Services/531-MCC-4789
Secured Data Services, P.O. Box 1554, Fremont, NE 68026-1554. Voice: 531-MCC-8260. Fax: 402-721-5706.

Revised: Feb. 2018
Revised: Feb. 2018

All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. For information on how to register your organization go to: http://dhhs.ne.gov/CFSCentralRegistry

**ORGANIZATION INFORMATION**

Registered Organization ID Number

1434

Registered Organization Name

Metropolitan Community College, Health & Public Services

**APPLICANT INFORMATION**

First Name

Middle Name

Last Name

Date of Birth

Age

Social Security Number

Current Address

City

State

Zip Code

Applicant’s E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):
Please release the following information to the Organization listed above: (Check all that apply):

☑ Nebraska Child Abuse and Neglect Central Registry (CAN Registry)
   1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:
      a. Date of the alleged child abuse or neglect; and
      (i.e., Agency Substantiated or Court Substantiated).

☑ Nebraska Adult Protective Services Registry (APS Registry)
   1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:
      a. Date of the alleged adult abuse or neglect; and
      (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant ___________________________ Date __________

(NOTE: If Applicant is less than 19 years of age the notarized signature of Applicant's Legal Guardian is also required below in Section C).

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF ___________________________ ss.
COUNTY OF ___________________________ ss.

The foregoing instrument was acknowledged before me this ___________ day of ____________, 20_________, by:

(Printed Name of Applicant).

*Affix Official Notary seal here*

Notary Public ___________________________

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identity of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee ___________________________ Date __________

Printed Name of Organization Employee ___________________________

Signature of Applicant's Legal Guardian ___________________________

Date __________

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Section C - Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF ___________________________ ss.
COUNTY OF ___________________________ ss.

The foregoing instrument was acknowledged before me this ___________ day of ____________, 20_________, by:

(Printed name of Applicant's Legal Guardian).

*Affix Official Notary seal here*

Notary Public ___________________________

Registered Organization ID Number

1434
The PSB Health Occupations Aptitude Examination is selectively normed on applicants for admission to all of the various healthcare career choices and can predict an individual’s readiness and capability for successful completion of the educational program designed to prepare qualified health care personnel. The examination addresses required prerequisite and acquired educational achievements commensurate with the objectives of the preparation program. It comprises five separate tests that measure abilities, skills, knowledge and attitudes important for success in the program and career choice.

The Health Occupations Aptitude Examination consists of eight sections:

**Part I – Academic Aptitude**

Academic aptitude as measured by the total (combined subtests), might be thought of as a type of ability to learn. The test content is specifically adapted for appraising the combination of innate and acquired abilities that are needed for work of an academic nature. The academic aptitude total emphasizes familiar experiences and concepts while requiring careful reasoning and the capacity to comprehend and draw conclusions.

**Verbal:** The Verbal aspect consists of vocabulary-related test questions. Empirical evidence has shown this type of test item to be highly related to academic success.

**Arithmetic:** The numerical aspect consists of items drawing largely from arithmetic. To some degree, it involves skill with arithmetical concepts along with computational speed. The content of the numerical items is that to which practically all eighth grade students have been exposed.

**Nonverbal:** The nonverbal aspect consists of test items calling for a comprehension of form relationships. Measurement is in terms of the ability to manipulate “things” mentally, to reason out differences in pictured objects, and to deal with concrete materials through visualization. Recognition of relationships and of differences has been shown by research to be basic to learning aptitude.

**Part II – Spelling**

The spelling test measures skill with a tool essential to written expression or communication. It also reflects educational achievement in basic tools of learning.

**Part III – Reading Comprehension**

This test measures ability to understand direct statements, interpret written content, see the authors intent, observe organization of ideas, and to extract information from written material with respect to ideas and purposes; thus to read and comprehend what is read.

**Part IV – Information in the Natural Sciences**

Measurement with this test concerns accumulation of information in the natural sciences, i.e., biology, chemistry, health, safety, etc., at a fundamental level. The relationship of knowledge in the area of the natural sciences to the course of study of the allied health educational program is an obvious one.

**Part V – Vocational Adjustment Index**

The person’s characteristic lifestyle is reflected in his or her distinctive educational and occupational adjustment. Feelings, attitudes, opinions and other personality characteristics and behavioral traits, which may be quite acceptable in many situations, may not be those desirable for the prospective healthcare professional either as a student or as a practitioner.

**Cost:** $25   **Time limit:** 2.5 hours