BASIC EMERGENCY MEDICAL TECHNICIAN - AFFILIATED
Monday, January 22 through Thursday, June 21, 2018 (State Written Exam)

THIS WILL BE THE ONLY ORIGINAL EMT CLASS AT JCC IN 2018

CLASS DAYS/TIMES:  7:00-10:00 PM, Mondays/Thursdays AND AT LEAST 5 SATURDAYS; ☐ Saturday Class Dates (TBA).
☐ ALL CLASS DATES ARE MANDATORY – Must be able to make Saturday classes

LOCATION:  Jamestown Community College, ARSC Building, Room 344

INSTRUCTOR COORDINATOR:  Ron Hasson, NREMT-P, CIC; Coordinator of EMT Training – Jamestown Community College

Special Note for those wishing to RECERTIFY – CLASS START DATE IS THURSDAY, JANUARY 11, 2018:
Those wishing to recertify by taking the entire Basic/Original class will need to register for the Refresher EMT class first. You cannot just re-take the EMT course under state rules. Students in this category will be merged to the Basic/Original class the second week of this course. To obtain an EMT Refresher class application, contact your fire chief or call JCC at 716-338-1334.

COURSE REQUIREMENTS:

ELIGIBILITY/PRE-REQUISITES:  Upon acceptance to the Basic EMT Program, all perspective students for EMT Basic/Original (not Refresher) will be required to take JCC’s Placement test for reading/math unless acceptable proof is submitted as follows: Associates Degree or higher; proof of present or past enrollment in a college (indicating a test has already been taken). Acceptable forms of proof: unofficial transcript or copy of diploma indicating MAT 0500 or greater and a college level reading score: Accuplacer 80+.

The course’s tuition will be paid by the state for those meeting the eligibility requirements (Paid professional ambulance technicians and/or volunteer fire and ambulance personnel - those actively working with a fire department or other EMS agency in Chautauqua/Cattaraugus County have priority over other applicants and the tuition will be paid by the state).

A CPR class must be taken outside of class during the same semester as the class

Attendance:  100% attendance is required for all students. Only limited make-up sessions are allowed

Eligibility for State Certifying Exam:  Students must pass all aspects of the course to be eligible to sit for the state certifying Exam. In addition, any unpaid balances owed to Jamestown Community College must be paid in full prior to any test date (Practical Skills Exam or State Exam).

Physical Condition:  Some EMT training is strenuous. Applicants should consult their physician if conditions exist that may prevent them from full participation.

Proof of Immunizations:  Students MUST provide proof of immunization from Rubella and Rubella, a negative TB test and a qualifying physical exam to both the college health center and the hospital where they will be doing observation time. More will be explained the first class night.

ELIGIBILITY:  Applicants MUST BE:
• 18 years of age or greater during the SCHEDULED State Exam date
• Physically able to function as an EMT, meeting ADA requirements
• Able to read at least at the 11th high school grade level
• Those with criminal convictions of any type may not be allowed to be certified, pending investigation by the DOH
• Not be monetarily indebted to the college
Complete and return attached application by December 1, 2017 and completed/required registration forms by Tuesday, January 16, 2018.

Jamestown Community College – Jamestown Campus

BASIC EMERGENCY MEDICAL TECHNICIAN  EMS
Affiliated Course Application

Monday, January 22 through Thursday, June 21, 2018 (State Written Exam)

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ALL INFORMATION BELOW IS REQUIRED:

FIRST/LAST NAME______________________________ MAIDEN NAME___________________ DATE OF BIRTH_________________

STREET_____________________________________ CITY________________________ STATE_______ ZIP___________

HOME PHONE__________________ CELL PHONE________________

EMAIL ADDRESS _______________________________________________________________________

FIRE COMPANY AFFILIATION___________________________________________

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Complete and return this application by December 1, 2017 and all completed registration forms by January 16, 2018

To: Jamestown Community College
   Center for Continuing Education
   525 FALCONER ST., PO BOX 20
   JAMESTOWN, NY 14701

   Questions? Call 338-1334

REGISTRATION PACKET IS ATTACHED. Please compile all forms and requirements by January 16, 2018 and return to Continuing Education.

ALL PAYMENTS AND OR REQUIRED TESTS AND PAPERWORK MUST BE IN PLACE 7 DAYS PRIOR TO THE FIRST DATE OF CLASS.

Note:

• The college reserves the right to exclude students who have previously been declared academically ineligible, or those who are indebted to the college. When there are more than 35 applications, enrollment may be assigned on a priority basis per guidelines established by the Chautauqua County EMS Council.
• The state Department of health covers the tuition only, of those applicants who are actively working with a certified New York State EMS Squad.
The college reserves the right, whenever it deems advisable, to change its schedule of tuition and fees; to withdraw, cancel, reschedule, or modify any course, program of study, degree, requirement or policy. Jamestown Community College is sponsored by a regional board of trustees representing Cattaraugus County, Chautauqua County, and the City of Jamestown. Jamestown Community College does not discriminate on the basis of color, sex, sexual orientation, race, creed, religion, national origin or citizenship, age, marital status, disability, family status, domestic violence victim status, arrest or conviction record, or predisposing genetic characteristics. This policy applies to access to all activities and programs under the college sponsorship as well as to application and selection for admission, employment, and all other personnel procedures within the college. This material can be made available in alternative media upon request for those with disabilities.

ATTACH THIS CHECKLIST TO YOUR COMPLETED FORMS

And return to JCC no later than January 16, 2018:

Jamestown Community College
Center for Continuing Education (EMT Original Program)
525 Falconer Street
Jamestown, NY 14701

NAME_____________________________________

_____Student Data Form

_____Certificate of Residency Form notarized

_____Immunization Record (brochure enclosed) – I’ve read the brochure and will submit records to JCC’s Health Center as indicated in the brochure.

_____Placement Test or Acceptable Proof go to http://placementtesting.sunyjcc.edu/ to register for placement testing

_____Proof Enclosed with all other forms

I’ve registered for a Placement Test on: ____________________________ (date)

ALL PLACEMENT TESTS/RETESTS MUST BE TAKEN BY FRIDAY, January 19, 2018 (OR PROOF TO WAIVE THE TEST MUST BE SUBMITTED BY THIS TIME/DATE).

_____ I fall under the NYSDOHEMS Affiliation Tuition Reimbursement and therefore my tuition will be reimbursed by the State

Name of Fire Company you are affiliated with__________________________________

_____Instructor Permission Card (if you are not eligible for the NYSDOHEMS Affiliation Tuition Reimbursement) - (Only needs to be submitted if you are a full time student enrolled in more than 18 credit hours.)

_____Tuition for Self Pay Students (If you are not eligible for the NYSDOHEMS Affiliation Tuition Reimbursement)

$198/cr. hr. plus college fees aprox. [$1567.00] (NYS resident for at least 1 year)

$386/cr. hr. plus college fees aprox. [$2952.25.00] (NYS resident less than 1 year)

Financial Aid – if you are seeking Financial Aid for this class, you MUST DO THE FOLLOWING:

Apply to JCC and be accepted into a JCC degree program; Admissions Office (COCE Building) - you must be enrolled in a degree program and be matriculated as a full time student. Otherwise this class is not eligible for financial aid. To Apply for Financial Aid (COCE Building) – complete your online FAFSA Application
If you are a full-time JCC student - all financial aid must be 100% in place prior to Friday, January 19, 2018 or payment in full will be required by noon on Friday, January 19, 2018. No exceptions.
Student Data Form  Please PRINT clearly.

1. Social Security Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ]  2. Birth Date: [ ] / [ ] / [ ]  3. Sex: [ ] Male  [ ] Female

4. Are you a U.S. citizen?  [ ] Yes  [ ] No  If no, please attach copy of visa, green card, or other appropriate documentation to this form.

5. Race classification: [ ] American Indian or Alaska Native  [ ] Asian  [ ] Black or African American  [ ] Native Hawaiian or other Pacific Islander  [ ] White  [ ] Unknown  Are you Hispanic or Latino?  [ ] Yes  [ ] No  If yes, please indicate background: [ ] Dominican  [ ] Mexican  [ ] Puerto Rican  [ ] Central American  [ ] South American  [ ] Other Hispanic/Latino

6. Legal name:
   Last name
   First name
   Middle name

7. If you have ever used a different name, please provide it.

8. Permanent Address:
   Street
   P.O. Box
   City
   State
   Zip code +4
   Phone
   Area code

9. Temporary Address:
   Street
   P.O. Box
   City
   State
   Zip code +4
   Last date temporary address can be used.
   Phone
   Area code
   Month
   Day
   Year

10. Emergency Contact:
    Full Name
    Phone

11. Choose the item that best describes your reason for taking classes at JCC (please check only one):
   [ ] Learn new skills or upgrade existing skills without earning a degree/certificate
   [ ] Transfer to another SUNY college after earning a degree/certificate
   [ ] Transfer to a non-SUNY college after earning a degree/certificate
   [ ] Transfer to a SUNY college without earning a degree/certificate
   [ ] Transfer to a non-SUNY college without earning a degree/certificate
   [ ] Obtain a GED through the accumulation of college credits
   [ ] Obtain a GED through other means
   [ ] Earn a degree/certificate and seek employment rather than pursue further post-secondary education
   [ ] Other

12. Are you planning to complete your entire degree online?  [ ] Yes  [ ] No

13. Type of high school diploma you earned or will earn:  [ ] Local  [ ] Regents  [ ] General Equivalency Diploma (GED)  [ ] None
    Date you received or will receive high school diploma or GED:  [ ] / [ ] / [ ]
    State in which high school diploma received:  [ ] New York State  [ ] Other

14. Highest degree earned:
   [ ] No Degree
   [ ] Associate in Applied Science  [ ] Associate in Science  [ ] Bachelor's
   [ ] Associate in Arts  [ ] Associate in Occupational Studies  [ ] Certificate Program  [ ] Master's
   [ ] Doctorate  [ ] Other degrees or informal courses

15. Optional (check all impairments that apply):
   [ ] Mobility impaired
   [ ] Emotionally impaired
   [ ] Hearing impaired
   [ ] Learning disabled
   [ ] Visually impaired
   [ ] Other

16. Optional:
   Are you a single parent?  [ ] Yes  [ ] No
   Are you a displaced homemaker?  [ ] Yes  [ ] No
   Do you have a limited English language proficiency?  [ ] Yes  [ ] No

The college is periodically requested to provide names and addresses of students to outside organizations such as other colleges and employers. If you prefer that your name and address not be included, please notify the registrar's office.

17. Email address to reach student regarding any questions on this form:
Certificate of Residence  Do not fax this form!

New York state residents: If you do not complete and return this form, you must pay out-of-state tuition. If you are paying out-of-state tuition, you DO NOT have to complete this form.

Please follow directions carefully:
- Provide all information requested. Form must be signed, notarized, and submitted to the JCC business office.
- Legal address should list street, road, or route number. RDs and box numbers are not sufficient.
- All Chautauqua County residents must provide township of residence.
- Name of property owner is required by your county treasurer.
- Students must account for at least one year of residency in New York State. Accounts that do not have this form on file will be assessed non-resident status.
- New York state law requires students to file a new certificate of residency every year.

For tuition purposes, New York residency means that you have lived in this state as a permanent resident for 12 months prior to the start of the semester. If you have not lived in New York state for 12 consecutive months, contact the business office as soon as possible. New York State Education Law 6305 requires the college to have a current certificate of residence on record for your student account every academic year. Please complete this form no earlier than 60 days prior to the start of the semester. You can have your signature notarized at your campus business office in person with proof of identification.

If you live in Chautauqua County, Allegany County, Cattaraugus County, and Erie County, complete the top portion of the form and return your notarized application to JCC, PO Box 20, Jamestown, NY 14702-0020. The college will have your certificate certified through the business office. If you live in other counties in New York state, access JCC’s website, www.sunyjcc.edu, for instructions from your county treasurer’s office. Forward the original certified affidavit issued to you from your county treasurer’s office to JCC’s business office. The original signed form must be mailed to JCC.

Thank you for completing the proof of residency requirement which may now make you eligible for the lower New York state resident tuition rate. Please contact the college business office if you have questions: Cattaraugus County Campus: 716.376.7504, Jamestown Campus: 716.338.1003, or North County Center: 716.363.6500.

CERTIFICATE OF RESIDENCE

Affidavit (or Affirmation) for Certificate of Residence Pursuant to Section 6305 of the Education Law in connection with attendance at a community college.

today’s date_________________________ social security number_________________________

student’s name_________________________ last_________ first_________ initial_________

parent or guardian_______________________ last_________ first_________ initial_________

student’s permanent legal address_________

street or road (include number)_________ post office/city ______ township_________

county_________ state_________ zipcode_________

name of property owner_______________________

student’s home phone_______________________ student’s business phone_______________________

How long have you lived at the above address? ______ year(s), ______ months Citizenship: ______

If you have not lived at the above address stated on this form for one year, list previous address(es):

street or road (include number)_________ post office/city ______ township_________

county_________ state_________ years / months_________

name of property owner_______________________

street or road (include number)_________ post office/city ______ township_________

county_________ state_________ years / months_________

name of property owner_______________________

I hereby certify the above address is my permanent legal address, and that I have been a resident of New York state for one (1) year and of the county named above for the last six (6) months preceding my enrollment at Jamestown Community College, Jamestown, NY.

student’s signature_______________________

stamp of notary public: date_______________________ signature of notary public_______________________

This is to certify that ________________________________ is presently residing in the City or Town (specify) of ________________________________ and has resided in the State of New York for a period of at least one year and in the County of ________________________________ for at least six months immediately preceding the date hereof.

dated at ________________________________, New York this ____________ day of ____________ 20_________

town or city clerk’s signature_______________________

OFFICE USE ONLY

County_________ Town_________ Months_________ Semester_________ Reg. #_________
Immunizations required for Basic EMT Students

All questions are to be directed to the JCC Health Center at 716-338-1013 or 716-338-1077

Hospitals and EMT Class require:

- Physical within the past year
- 2 MMR’s or 2 Measles, 1 Mumps, 1 Rubella or positive titers
- PPD test negative within 6 mos

JCC requires:
MENINGITIS

Please check one box and sign below:

☐ I have (students under age of 18: My child has)
☐ had the meningococcal meningitis immunization within the past 10 years.

Date received________________________

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risk of not receiving the vaccine. I have decided that I (my child) WILL NOT receive a meningitis vaccination at this time.

Signed________________________

Date________________________

PLEASE PRINT:

Student's name________________________

Student's date of birth________________________

J-Number________________________

( ) Student's phone number

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MA-12/2013

MEASLES + MUMPS + RUBELLA

Detach and return to
JCC Health Center
(complete both sides of form)

Name________________________

J-Number________________________

Last year in high school________________________

Birthdate

Measles

#1 __________________________

month day year

#2 __________________________

month day year

OR date of disease________________________

Mumps

#1 __________________________

month day year

OR date of disease________________________

Rubella

________________________

month day year

OR

MMR

#1 __________________________

month day year

#2 __________________________

month day year

You must provide a copy of your immunization records - OR a physician's signature________________________

date________________________

Enclose a copy of your immunization record and mail to:
JCC Health Center
327 Fanny Witt Rd
Jamestown, NY 14702-0020