EMT Program Prerequisite Checklist

All prospective EMT Program students must attend an Emergency Medical Technology Information Session AND fulfill all the program prerequisites listed on this checklist to be admitted to this program. The EMT Information Sessions provide important information about program eligibility, requirements, costs and more. The schedule can be found at pima.edu/programs-courses/credit-programs-degrees/public-safety/emt/basic-emt-information.html.

To apply to this program, submit this checklist along with proof of meeting all prerequisites to Pima Community College East Campus EMT Service Center staff ONLY; NOT a PCC Student Services Center advisor or an EMT instructor. EMT Service Center staff members are available 12:30-4 p.m., Monday–Friday, in Room 413, Building E4.

Once EMT Service Center staff verify ALL program prerequisite requirements have been met, eligible students will receive a PCC Selective Admissions Change of Program Form and PCC Registration Form. By the end of the SAME business day, students must take BOTH forms to the PCC East Campus Student Services Center to have an advisor complete the registration process. Failure to do so will require students to repeat the entire approval process with no guarantee of class availability. Registration will remain open until the registration deadline or until classes reach maximum capacity.

Prerequisites: (NOTE: Include COPIES OF BOTH SIDES of all documentation that has printing on both sides.)

☐ Attend mandatory EMT Information Session

☐ Completed College Admissions Checklist (see Program Admission & Requirements on the right side of the page at www.pima.edu/program/emt/enrollment_requirements.shtml): Signed by a PCC Student Services Center advisor.

☐ Proof of Arizona Department of Health Services online account: Print a copy of the email confirmation that you receive after following these steps at the ADHS Bureau of Emergency Medical Services & Trauma System Web page, www.azdhs.gov/bems/: > Click “Online Services” > click “Activate” > (read introduction) > click “Continue Registration” (input requested information)> Click “Trainee” on Role Assignment page > scroll to and select “Pima Community College - EMS Training” (organization)> Click “Create Account” on final page to receive email confirmation after BEMS has reviewed and approved your account.) Please Note: It could take up to 48 business hours to receive confirmation email.

☐ Proof of age: You must be at least 18 years old at the start of the course; submit a copy of a government-issued identification card.

☐ Arizona Department of Public Safety Fingerprint Clearance Card: If you do not have a valid AZDPS card, apply for a Fingerprint Clearance Card at www.fieldprintarizona.com. When prompted, select regular application-volunteer or student, then Health Science Student and Clinical Assistant, and Statue: ARS 15-1881.

☐ Proof of a negative drug screening: Obtain the drug screen form and instructions at an EMT Information Session. The testing company will send the results directly to the EMT Service Center, usually within 48 business hours.

☐ Proof of personal health insurance: Card with your name on it or letter of verification; bills are NOT accepted as proof. The insurance policy must be in effect throughout the course.

☐ CPR card: The card must have AT LEAST SIX MONTHS of certification remaining prior to the start of the course. The CPR course must be taught 100% in classroom (taken in person) with no part of the course taken online. CPR cards/certification earned online or partially online will NOT be accepted. All CPR cards must be American Heart Association issued. The ONLY ACCEPTABLE CPR cards are:
   • BLS for Healthcare Providers (Pima Community College EMT 159 course.) For assistance with registration, contact 520-206-3501
   • BLS Providers (www.heart.org)
   • BLS/CPR for Healthcare Providers (www.redcross.org)
Immunization card or other proof of tuberculosis testing and vaccinations: (NOTE: Please consult with your physician regarding possible vaccination restrictions.)

☐ Measles/Rubeola, Mumps, & Rubella (MMR):
  I. Documentation of positive IgG titer. Choose this option if you had all three illnesses or you have received the vaccinations but have no documented proof.
  OR
  II. Documentation of completion of one series of MMR immunizations. One “series” of immunizations includes two immunizations for each disease on separate dates at least 28 days apart.

☐ Varicella (chickenpox, VZV, Varivax):
  I. Documentation of positive IgG titer. Choose this option if you had chicken pox or you have received the vaccinations but have no documented proof.
  OR
  II. Documentation of completion of one series of Varicella immunizations. One “series” of immunizations includes two immunizations 30 days apart.
  OR
  III. Documentation of the month and year of having the disease.

☐ Tuberculosis (TB, PPD):
  I. Documentation of completion of a negative Two-Step TB Skin Test given within 6 months prior to the start of the course. Two-Step TB Skin Test consists of an initial TB skin test and a boosted TB skin test 1-3 weeks (7-21 days) following the first test.
  -> If results are POSITIVE, see options III and IV below.
  OR
  II. Documentation of completion of a past negative Two-Step TB Skin Test and an annual testing given within 6 months prior to the start of the course.
  OR
  III. Documentation of a negative chest X-ray reading given within 6 months prior to the start of the course.
  OR
  IV. Documentation of a negative result from an IGRA test (Quantiferon, T-Spot) given within 6 months prior to the start of the course.

☐ Hepatitis B (HepB, HBV):
  I. Documentation of a positive titer. Choose this option if you have received the vaccinations but have no documented proof.
  OR
  II. Documentation of completion of one series of Hepatitis B immunizations. One “series” of Hepatitis B immunizations includes three injections, an initial injection followed by a second injection given 1 to 2 months after the first dose and a third injection 4 to 6 months after the first.
  OR
  III. Signed Declination form. Provided by EMT staff during registration.

☐ Adult type Tetanus/Diphtheria/Pertussis vaccination (Tdap):
  I. Administered NO MORE THAN 10 YEARS before the last day of the semester.

☐ Influenza Vaccine (Flu): Required for spring semester (January – May) students only.
  I. Documentation of immunization given within 6 months prior to the start of the course.
  OR
  II. Signed declination form. Provided by EMT staff during registration. This option will require that a mask be worn during hospital externships.