

Kankakee Community College
EMT-B (PMED-1018)
Registration Check Sheet

This certificate course prepares individuals to take the state examination required for an entry-level position as an EMT-Basic (EMT-B). The EMT-B course serves as the foundation for continued studies as an Emergency Medical Technician and as a Paramedic.

Prerequisite Requirements. These items must be completed prior to registering for the course.

- Reading and Writing: One of the following
 - ACCUPLACER Next Gen Reading score \geq 228
 - SAT Reading score \geq 480 or ACT English score \geq 19
 - ENGL 1413 or ENGL 1613 with a grade of C or better
 - High school GPA of 2.7 in the last 2 years

- Current CPR card that states American Heart Association BLS Provider or American Red Cross Professional Rescuer: Adult, Child, Infant and AED

Background & Physical requirements. These items must be completed prior to the course start date.

The items listed below are required and must be completed and turned in to the Health Careers Division Office, Room W102. Failure to submit the results by the deadline date will result in your withdrawal from the course. These requirements are at your expense. Payment is required at the time of service. Detailed cost information is available at www.kcc.edu. Financial Aid is available for those who qualify to cover the expense of the background check.

Background check form

Physical exam

Drug screen

Immunizations:

Titers: Measles, Mumps, Rubella, Varicella

2-step TB test

Tetanus

Hepatitis B series or waiver

Signature

I understand by signing this form that I agree to all policies listed in the Background and Physical Information. I am responsible for submitting the documentation to the Health Careers Division Office prior to the course start date or I can be withdrawn from the course. I understand that if I am administratively withdrawn from a health career program for failing to meet or maintain a program or course requirement, I remain financially responsible for all tuition and fees incurred.

By signing below, I provide my voluntary and irrevocable consent for a criminal background check and drug screen to be conducted and for the results of such to be released to Kankakee Community College, who in turn may share said information with the clinical facility with whom I am being assigned for a clinical education experience.

Print name: _____ Date: _____

Signature: _____ Student ID no: _____