



Please select the type of student you are:

- Traditional MCC EMR class on campus
- Start term: Spring Summer Fall Winter
- Preferred Section: _____, _____, _____ list preferred sections in order
(Section is Required: two digits showing a number/letter or two letters)

Secondary Partnership Students:

- Name of High School _____
- High School Student/EMR at High School
(application due dates will vary)
- High School Student/Career Academy EMR
(return application to MCC Secondary Partnerships Office by July 1)

Student name: _____

Emergency Medical Responder

The Metropolitan Community College Emergency Medical Responder course (EMSP 1020) is designed to instruct students to the level of Emergency Medical Responder, who serve as a vital link in the chain of a health care team. EMRs have also been referred to as first responders, as they may arrive first to a medical situation and have to quickly assess the patient and determine life-saving treatments or assist other Emergency Medical Service professionals such as EMTs, paramedics or doctors. This curriculum includes skills necessary for the individual to provide emergency medical care with a limited amount of equipment. Successful completion of the program will allow the student to sit for the certifying exam.

The Emergency Medical Responder course consists of 5.5 credit hours and has one prerequisite class - EMSP 1000 - Cardiopulmonary Resuscitation for Healthcare Providers (CPR).

Contacts

Health Professions
South Omaha Campus
Mahoney Building, room 519
531-MCC-4631

Secondary Partnerships
Fort Omaha Campus
Building 21, room 106
531-MCC-2213

(High School Career Academy or EMR at High School students will work through Secondary Partnerships for enrollment.)

Program questions

Craig Jacobus
EMS program director
chjacobus@mccneb.edu

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

All course grades must be completed with a C or higher.

Students may be registered for a class before background check results are returned. Final admission is based on ability to pass a background check.

Admission process

Complete all sections of the application and attach a copy of a current CPR certification card. American Heart Association or American Red Cross Basic Life Support (BLS) CPR cards are accepted. If you do not have one of the approved cards, you will need to complete the CPR certification course (EMSP 1000) prior to enrollment in EMSP 1020.

High School Student/Career Academy: submit **completed** paperwork by July 1:

- Email – secondarypartnerships@mccneb.edu
- Mail – Metropolitan Community College
Secondary Partnerships
P.O. Box 3777
Omaha, NE 68103-0777

High School Student/EMR at High School: same information as above, but the application due dates will vary.

If you have questions concerning the application process, feel free to email secondarypartnerships@mccneb.edu or call 531-MCC-2213.

.....
Traditional Student: submit completed paperwork two weeks prior to the course start date by:

- Mail – Metropolitan Community College
Health Professions
P.O. Box 3777
Omaha, NE 68103-0777
- Drop off at any Student Services office
- Faxed to Health Professions at 402-403-3120
- Placed in the drop-box outside of the Health Professions office (Mahoney, room 519)

If you have questions concerning the application process, visit the Health Professions office on the South Omaha Campus (Mahoney, room 519) or call 531-MCC-4631.



Personal (print or type)

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

Social Security, MCC student ID or I-94 number _____

Complete address _____

Telephone _____
(home) (work) (cell)

Email _____

Gender: male female prefer not to answer

Birth date (must be 17 years) _____
(month) (day) (year)

U.S. citizen: yes no

If no, type of visa: student permanent other

Current high school student

Name of high school _____

Anticipated Graduation Month/Year _____

PARENT/GUARDIAN: I give permission for my student to participate in college courses through Metropolitan Community College. I understand I am responsible for all tuition and fees less any scholarships or payments made by the high school or other third parties.

Signature of Parent or Legal Guardian _____ Date _____
(If student is a minor)

Signature of Student _____ Date _____



Completing 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 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 _____ Printed name _____

Date _____

Nondiscrimination and Equal Opportunity Statement

Metropolitan Community College does not discriminate based on age, race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, gender expression, marital status, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law; nor in regulation of admission or access to its programs and activities; nor 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, the Age Discrimination Act of 1975 and related Executive Orders 11246 and 11375, and all amendments to the above.

Metropolitan Community College affirms a policy of equal education, employment opportunities and nondiscrimination in providing services to the public. We are committed to ensuring our websites and facilities are accessible and usable to everyone. To read our full policy statement, visit mccneb.edu/Nondiscrimination.



Note: All items below are required to complete registration.

- Copy of current driver's license or birth certificate
- Completed and signed application form
- Signed and dated Technical Standards form
- High school transcripts
- Completed and signed (parent signature required if under 19 years old) Background Check form
- Copy of a current CPR certification card. American Heart Association or American Red Cross Basic Life Support (BLS) CPR cards are accepted. If you do not have one of the approved cards, you will need to complete the CPR certification course (EMSP 1000) prior to enrollment in EMSP 1020.
- Proof of proficiency in English by providing one of the following:
 - High school transcript with successful completion of two years of English
 - Accuplacer score of 226 or higher
 - ACT score of 12 or above
 - Asset Writing score 10 or above
 - Writing Sample Essay score of 12 or above
- Proof of proficiency in Math by providing one of the following:
 - ACCUPLACER/Companion and ALEKS test score. (Scores may be used within two years from the date taken.)
 - Successful completion of MATH 0960 or MATH 0931
 - High school transcript with successful completion of two years of high school math (Basic algebra)
Visit mccneb.edu/TestingLocations for testing information.
- Copy of immunizations must be submitted with completed application
 - 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 EMR class. If the student has received the BCG vaccine, they will need to have a chest X-ray instead of a TB test. If TB test is positive, the student must have a note from the physician stating the disease is not active at this time.

**COVID/Flu vaccines are only needed if clinical-affiliated partner agreements require them.
(Not required for Secondary Partnerships students.)**

- COVID vaccine
 - Dose 1 _____ Date _____
 - Dose 2 _____ Date _____
 - Booster _____ Date _____
- Annual Flu vaccine



Final admission is based on the ability to pass a background check and the ability to complete the duties and requirements in the functional job description of an Emergency Medical Responder.

All high school students taking EMR at their high school or as part of an MCC Career Academy will be registered by the Secondary Partnerships office. Completed applications can be emailed to secondarypartnerships@mccneb.edu or mailed to Metropolitan Community College, Secondary Partnerships, P.O. Box 3777, Omaha, NE 68103-0777.

Traditional students will be registered by the Health Professions office. Completed applications can be mailed to Metropolitan Community College, Health Professions, P.O. Box 3777, Omaha NE 68103-0777; faxed to 402-403-3120; or put in the drop-box outside of the Health Professions office in the Mahoney building (room 519). They can also be dropped off to any Student Service location.

Applicant signature _____ Printed name _____

Date _____



**EMERGENCY MEDICAL
RESPONDER
TECHNICAL STANDARDS
VALIDATION**

All health care students are required to meet definite standards for the profession and for practical performance. Prior to acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements. **Your ability to meet these requirements is required to complete the registration process.**

- 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, both verbally and written, 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 _____ Printed name _____

Date _____

Parent or Legal Guardian _____ Date _____
(if student is minor)

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/or 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 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/maiden names _____

Social Security Number _____

Current address _____
Street City State Zip

Prior addresses within the last 10 years. List address, city, state and ZIP code

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(s)? No Yes (If yes, explain below)

Signature authorization and information certification: The above information is given voluntarily and I understand that omitting, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed _____ Student signature _____

Parent/Legal Guardian signature (if a minor) _____

For office use only:

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

NE Abuse Registry (attach separate form) USHHS List of Excluded Individuals and Entities

Requested by name/dept/phone Hal Strough, Ph.D., dean of Health Professions/Metropolitan Community College/531-MCC-4789
Secured Data Services: P.O. Box 1554, Fremont, NE 68026-1554. Voice: 402-721-8260. Fax: 402-721-5706.

