Read Each Page Of This Packet

(each page contains important enrollment information)
Dear EMS Applicant,

Thank you for your interest in Gordon Cooper Technology Center’s EMS programs. This packet contains all the information and forms that you need to complete the application process. The requested information is critical for a student’s successful completion of our programs, because much of the information is required by the various organizations that we work with during your educational process. It is essential that you complete **ALL** of the forms and return the packet along with the required documentation before the application deadline. Only applicants with completed application packets will be enrolled into the program.

The forms and documents required for the application process can be confusing and the task of gathering the various documents can be time consuming. Applicants that wait till the last minute to complete the packet often are not accepted into the program. Allow yourself at least 4 weeks to complete the application.

Our staff and instructors are dedicated to helping you reach your career goals and the information that you provide us will ultimately determine your overall success in the program.

Several places can assist you with the required immunizations, including your personal physician and the local health department. You will find a list of a few of the area health clinics included in this packet.

If you have any questions, please contact the adult education department at (405)273-7493 or the Health Programs Coordinator at (405)214-23236.

Rusty Gilpin, BT, NRP
Health Programs Coordinator
Gordon Cooper Technology Center
Advanced EMT Course

Program Information:
The Advanced EMT Course includes 260 hours of classroom, clinical, and lab instruction. The course is offered in the spring. Upon successful completion of this course the student is eligible to sit for the National Registry and State Licensure Examination at the AEMT level. Those who complete the course are prepared to work as an entry-level AEMT for ambulance services and fire departments statewide.

Entrance Requirements:
- Students must apply for acceptance into the program prior to enrollment.
- All applicants must be 18 years or older.
- Applicants must complete an application packet and return it to the Health Programs Coordinator prior to the end of the application deadline.

Group One Background Check:
All EMS applicants are required to provide a national criminal history report. (instructions included). This process is completed online through Group One Services. Results are sent directly to the school, NOT the student. NO other background check will be accepted. Group One reports are only valid for 6 months and students may have to repeat this request prior to clinical participation. Students that have attended GCTC’s EMT class within the last 24 months may be exempt (call for more information).

Immunizations:
All EMS students are required to show proof of current immunizations (list and forms attached). Applicants are reminded to follow the required list closely. Acceptance into the program is heavily based on these documents. If you have any questions about immunizations please contact the Health Programs Coordinator.

Recommendations:
Applicants are asked to provide 2 professional recommendations. Recommendations from family members or friends will not be accepted. Former employers, teachers/instructors or anyone in the medical field not related to you are good examples of professional references. Applicants need to fill out the top portion of the recommendation form and give the form to the recommender to complete. The recommender can then mail or fax the form to the Health Programs Coordinator.

Certification Exam:
Students must be 18 years of age to sit for the NREMT examination. All applicants will be asked if they have been convicted of a felony crime. If the applicant answers yes, an evaluation will be completed by the State Division of EMS to determine if the applicant will be issued a certificate to practice.

Accreditation:
Gordon Cooper Technology Center is accredited through the North Central Association (1866 Southern Lane Decatur, GA 30033 (800)248-7701) and the Oklahoma Department of Career and Technology Education (500 West 7th Ave. Stillwater, Oklahoma 74074 (405) 377-2000).
NOTICE!

All EMS Program Applicants:

A $100 fee will be assessed and imposed upon enrollment for any student who submits incomplete immunization records (absolutely no exceptions).

Applicants will be accepted into the program prior to being assessed this fee. This fee is **NOT** due when your application is submitted for consideration, the fee is due upon acceptance and enrollment into the program. This fee is in addition to regular course tuition and fees and is non-refundable and non-transferable.

GCTC staff will not search through previous student records for these documents, it is solely the applicant’s responsibility to ensure all required immunization records are submitted with their application.
Civil Rights Policy

Gordon Cooper Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendments of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices, or procedures. These equal opportunity provisions include, but are not limited to admission, employment, financial aid, and student services.

Compliance officers may be contacted at the school: One John C. Bruton Blvd., Shawnee, OK 74804 or by phone at (405) 273-7493.

Compliance officers are:

Mike Matlock

Donna Stone
Advanced EMT
Entrance Requirements

The following items are required for consideration of enrollment in the EMT-Paramedic program:

Current Oklahoma State Department of Health EMT-Basic License (copy)
Current Healthcare Provider CPR Card (copy)
Oklahoma Driver’s License (copy)
Social Security Card (copy)
Copy of high school diploma or GED (or college transcript)
Copy of Compass Test Results (or college transcript)
Group One Background Check (instructions attached)

Complete (Official) immunization record that includes the following (School shot records are **NOT** accepted):

- Official proof of 2 (two) MMR vaccinations or lab results showing immunity.
- Official documentation of completed Hepatitis B series (3 doses) or signed declination form.
- Official proof of 2 (two) Varicella (chicken pox) vaccinations or lab results showing immunity. History of exposure is **NOT** acceptable proof of immunity.
- Official proof of adult Tdap (whooping cough) immunization (regardless of recent td booster).
- Official proof of current Influenza (Flu) inoculation.
- Proof of 2 (two) TST/PPD skin tests (7-10 days apart) within the last 365 days that includes the following:
  - The date the injection was **given**.
  - The time the injection was **given**.
  - The location of the injection.
  - Signature of the nurse **administering the injection**.
  - The date the injection was **read**.
  - The time the injection was **read**.
  - Positive or negative reaction with measurement (ie. .01 m.m. or .00 m.m.)
  - Signature of the nurse **reading the results**.

**** Two forms are included for your convenience****

**NOTE: AN ALLERGY TO IMMUNIZATIONS IS NOT AN ACCEPTED REASON FOR NOT OBTAINING THESE IMMUNIZATIONS (EXCEPT INFLUENZA AND Tdap). IMMUNIZATIONS ARE A REQUIRED PART OF THIS PROGRAM, NO EXEPTIONS CAN OR WILL BE MADE.**

Completed application form
Payment is required upon enrollment.

Students can sign a tuition agreement with a minimum payment of 1/2 (one-half) the total program cost. Further payments are expected bi-monthly and the balance must be paid in full by the time the class is half over.

***Dropping, leaving, quitting or being removed from the program, no matter what the reason, will likely constitute a forfeiture of all tuition paid.

*** No refunds after the second day of class regardless of attendance. No refunds on books or supplies.
Applicant Name: ________________________________  Date: __________________

The following items are required for your acceptance into the EMT-Paramedic Program. This page is provided for you to “check off” the items as you place them into your application packet. You must complete, sign and include this page along with all of the listed documents with your application forms for consideration of admission. Applicants may be given the opportunity to provide additional or corrected documentation prior to the start of class.

- Completed Application form
- Copy of EMT-Basic Oklahoma State License
- Copy of current AHA Provider CPR card
- Two Reference forms mailed, faxed or included (returning students can provide a recommendation letter from their previous Gordon Cooper instructor in place of the two references)
- Copy of valid state Driver’s License
- Copy of Social Security Card
- Copy of H.S. Diploma, transcript or GED (or college transcript)
- Copy of current college Transcript or Testing (ie. Compass, ACT, ect.) results
- Record of receiving two MMR immunizations
- Record of receiving Adult Tdap immunization (within 2 years)
- Record of receiving Influenza Inoculation
- Record of first Tuberculin Skin Test
- Record of second Tuberculin Skin Test
- Record of Chest X-Ray reading (only if positive Tuberculin Skin Test)
- Record of Hepatitis B series or completed Declination form
- Record of two Varicella Immunizations or proof of positive Titer test
- Original COMPLETED OSBI background check form (must be completed by the OSBI)

AN ALLERGY TO IMMUNIZATIONS IS NOT AN ACCEPTED REASON FOR NOT OBTAINING THESE IMMUNIZATIONS. IMMUNIZATIONS ARE A REQUIRED PART OF THIS PROGRAM, NO EXCEPTIONS CAN OR WILL BE MADE.

I ____________________________ understand that the above requested items are a mandatory requirement of the EMT-

Basic Program. Failure to include ALL of these items in my application packet WILL result in my application being rejected. I further understand that late application submissions will not allow for resubmission of missing or inaccurate documents.

___________________________________________ __________________
Student Signature  Date
EMS Programs

Gordon Cooper Technology Center

Program Admission Information
(AEMT)

Student Name: _____________________________ Date: __________________

Uniform shirt size preference: S  M  L  XL  XXL  __XL

How did you hear about our EMS Programs?
Mailing  Friend or Colleague  Former/Current Student  Other: ______________

Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
<th>Street Address</th>
<th>Apt #</th>
<th>City/State/Zip</th>
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<th>Work Phone</th>
<th>Cell Phone/Pager</th>
<th>E-Mail</th>
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<thead>
<tr>
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<th>Date of Birth</th>
<th>Driver’s License Number and Issuing State</th>
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<tr>
<th>Emergency Contact</th>
<th>Relationship</th>
<th>Phone Number</th>
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The following questions bear upon your ability to obtain an Oklahoma State Licensure or National Registration:

Yes  No  Have you ever been convicted, adjudged guilty by a court, or plead guilty or no contest to any felony or misdemeanor?

Yes  No  Have you ever been convicted, adjudged guilty by a court, or plead guilty or no contest to any misdemeanor resulting from or related the use of drugs or a sexual offence?

Yes  No  Has any EMS medical board or agency denied you certification/licensure or admission to a certification/licensure examination?

Yes  No  Have you ever received a reprimand, been placed on probation, or had you EMS certification/licensure suspended or revoked by a state issuing board or agency?

Explain all ‘yes’ answers in detail:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
EMS Experience

Current level of certification/licensure: EMT A/EMT-I

Certification #: _____________ State: _______ Expiration Date: _______

EMS Affiliation

Department: _______________ Length of Service: ___________ Address: _______________

City/State: _______________ Supervisor: ___________ Phone: _______________

Please list any other EMS related certificates:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Location</th>
<th>Expiration</th>
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Educational Background

High School: ________________________________

Did you graduate from High School? Yes No

Graduation Date: _______________

GED: ____________________________

College, Trade or Technical School

<table>
<thead>
<tr>
<th>Name of College or School</th>
<th>Dates attended</th>
<th>Degree(s) or Certification(s) earned</th>
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<td>From</td>
<td>To</td>
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Uniform polo shirt size preference: S M L XL XXL __XL

I __________________________________________, certify that to the best of my knowledge, the information provided on this form is correct. I understand that misrepresentation and/or omission of fact or documentation requested may be grounds for rejection or dismissal from the program.

☐ I give my permission for Gordon Cooper Technology Center to use my name and/or photographic or video image for school/program promotional purposes.

______________________________________________ _______________________
Signature of applicant Date

Office use only

MMR 1 PPD 1 Hep. B
MMR 2 PPD 2 OSBI Check
PPD 1 Varicella 1 Group One (EMT-P)
PPD 2 Varicella 2 Release Form

Student received copy of Student Handbook (EMT-P)
Signed Program Commitment
Signed Equipment Form
Signed Liability Form
Things to Know About COMPASS™

What Is COMPASS?
COMPASS is an untimed, computerized test that helps your college evaluate your skills and place you into appropriate courses. COMPASS offers tests in reading, writing, math, writing essay, and English as a Second Language (ESL). You will receive your COMPASS test results immediately upon completion of testing, and your score report will include placement messages informing you what courses you should take and how to register.

How Are COMPASS Scores Used?
COMPASS is not used like a traditional test. There is generally no "passing score." Rather, COMPASS scores indicate areas in which you are strong and areas in which you may need help. Thus, COMPASS can identify problems in major subject areas before they disrupt your educational progress, giving you the opportunity to prepare more effectively for needed courses. You and your institution can use scores from COMPASS tests to prepare a course of study that will be appropriate, relevant, and meaningful for you.

How Can I Arrange to Take the COMPASS Tests?
Most institutions give COMPASS during orientation to incoming freshmen who have already applied and been admitted to the school. Some institutions may require you to take one or more of the COMPASS tests before enrolling in a particular program or course. Talk to your advisor, counselor, or Office of Student Services to determine the requirements and recommendations of your institution.

Want to test at Gordon Cooper?
Call (405)273-7493 to schedule an appointment.
OKLAHOMA STATE BUREAU OF INVESTIGATION
Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

DATE ____________________________
Request Submitted via:
Fax ☐ Mail ☐ In Person ☐
Requests will be returned in the manner received.
Mail requests should include postage-paid reply envelope.
Fax requests must include payment by credit card and a
dedicated Fax Phone Line for return of completed search.
(____________)

ACCEPTABLE FORMS OF PAYMENT:
☐ CASH ☐ CASHIER’S CHECK / MONEY ORDER
☐ BUSINESS CHECK No Personal Checks Accepted. ☐ CREDIT CARD
CREDIT CARD # _______________ EXPIRATION DATE __________ SECURITY CODE __________
CARD HOLDER __________________________________________
Please print the name of the individual card holder as it appears on the credit card.
CARD HOLDER SIGNATURE (REQUIRED) ______________________

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)
REQUESTOR’S NAME __________________________________________
STREET ADDRESS __________________________________________
CITY __________________________________ STATE __________ Zip __________
PHONE NUMBER (____) _______ E-MAIL ADDRESS __________________________
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.
PURPOSE OF REQUEST ______________________________________

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)
Forms with corrections done with white out or by striking through the fields in this section will not be processed.
NAME ____________________________ LAST __________ FIRST __________ MIDDLE __________
ALIAS/MAIDEN NAME(S) ____________________________
DATE OF BIRTH ______________________ (MM/DD/YYYY). If date of birth is unavailable, include exact age of subject.
RACE _______ SEX _______ SOCIAL SECURITY NUMBER __________________________

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History
[Blank]

Oklahoma Department of Corrections
Sex Offender
[Blank]

Oklahoma Department of Corrections
Violent Offender
[Blank]

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.
Hepatitis B Declination Form

Name: ______________________________________

Program: __________________________________

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I further understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

☐ I decline hepatitis B vaccine.

Signature: _______________________________     Date: _____________________
Gordon Cooper  
Technology Center  
PPD/TST Form

Name: ____________________________

Date: __________ Time: __________

Location (circle): Left or Right Forearm or Trapezius

Medication used: __________
Lot #: __________

Signature: ________________

Reading

Date: __________ Time: __________

Reactive ______ Non-Reactive ______

Signature: ________________
Health Program Immunization Information

Below is a list of locations where you may go to obtain the immunizations for the EMS program. These are only suggestions and Gordon Cooper Technology Center does not endorse one location over the other.

AM/PM Clinic
(405)275-4931
Cost per immunization:
TST/PPD - $25.00
No MMR immunizations

(405) 273-2157
Cost per Immunization:
Free MMR’s
No TST’s
(Please call before coming in)

Lincoln Co. Health Dept.
(405) 258-2640
Cost per immunization:
TST – FREE*
MMR – FREE
8:30am to 11am M-F

Unity North Hospital
Infection Control Dept.
(405) 214-1569
Cost per immunization:
TST/PPD - $10.00
MMR - $45.00
(OR)
MMR Lab Work $49.00

Fast Care Medical
(405) 395-9660
Cost per immunization:
TST/PPD– $15.00

Eric’s Pharmacy
(405) 275-9640

In order to have your TST/PPD results read on time, it must be given no later than Wednesday of the same week.

☐ TST is given first – give MMR when skin test is read. If TST is not current, you will need two skin tests, at least two weeks apart.
☐ Delay TST 4-6 weeks if MMR is given first
☐ TST tests only given on M-W.

Dcs
03/13/08
Recommendation for Admission

Applicant’s Name: ______________________________________ Application #_____

Because of the Family Education Rights and Privacy Act of 1974, this recommendation may be available, at his/her request, provided that the applicant has not waived the right of access and signed in the appropriate place. Failure to check the appropriate box and signing the appropriate location renders access voided.

I understand that this letter of recommendation will be used only for the purpose of admission, that I have the right to access or may waive my right to access. And that failure to check a box and sign renders access void.

I hereby waive my right of access to this letter of recommendation
I do not waive my right of access to this letter of recommendation

Applicant’s Signature: ________________________________ Date: ____________________

Recommendation

Name of Recommender: ________________________________ Date: ________________

Address: __________________________________________ Phone: ________________

Occupation: _________________________________________ Relationship: __________

How long have you known the applicant? ________________

Please answer the following questions relating to the applicant. Use the reverse side for further comments.

To what degree does the applicant have self-confidence and motivation?
   Above average
   Average
   Below average

To what degree does the applicant demonstrate interpersonal communications and the ability to lead others?
   Above average
   Average
   Below average

Do you consider the applicant trustworthy and of good moral character?
   Yes
   No

What are some of the applicant’s strengths?
What are some of the applicant’s weaknesses?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Do you have any reservations in recommending this applicant for admission to the EMS training program?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

May we contact you for further information on the applicant?

   Yes
   No

Recommender’s Name (printed): ________________________________________________

Recommender’s Signature: ____________________________________________________

Thank you for taking the time to complete the recommendation form. Please return this form to:

Gordon Cooper Technology Center
Attn: Health Programs Coordinator
One John C. Bruton Blvd.
Shawnee, OK 74804
Phone: (405) 273-7493
Fax (405) 273-6354
Recommendation for Admission

Applicant’s Name: ________________________________  Application #_____  

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I hereby waive my right of access to this letter of recommendation  
I do not waive my right of access to this letter of recommendation  

Applicant’s Signature: ________________________________  Date: __________________ 

Recommendation  

Name of Recommender: ________________________________  Date: ____________ 

Address: ___________________________________________  Phone: ____________ 

Occupation: ________________________________  Relationship: _______ 

How long have you known the applicant? ____________ 

Please answer the following questions relating to the applicant. Use the reverse side for further comments.

To what degree does the applicant have self-confidence and motivation?  
   Above average  
   Average  
   Below average  

To what degree does the applicant demonstrate interpersonal communications and the ability to lead others?  
   Above average  
   Average  
   Below average  

Do you consider the applicant trustworthy and of good moral character?  
   Yes  
   No  

What are some of the applicant’s strengths?
What are some of the applicant’s weaknesses?

Do you have any reservations in recommending this applicant for admission to the EMS training program?

May we contact you for further information on the applicant?
   Yes
   No

Recommender’s Name (printed): ________________________________

Recommender’s Signature: ________________________________

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