



**OKLAHOMA CITY**



**Paramedicine**  
900 N Portland Ave.  
Oklahoma City, OK 73107

[osuokc.edu](http://osuokc.edu)

# **EMERGENCY MEDICAL TECHNICIAN**

## **Enrollment Guide**

**OSU-OKC Paramedicine**  
900 N. Portland Avenue  
440 N Portland (Physical Address)  
Oklahoma City, Oklahoma 73107

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**OSU-OKC Paramedicine Program Mission Statement**

To educate students in the profession of Paramedicine, thereby enabling them to provide the highest level of prehospital care, professionalism, and leadership.





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## **Enrollment Information Guide**

### **A. Admission to the Program:**

1. Complete the admissions process as outlined in the school catalog, or;
2. Be a current student in good standing; and
3. Provide all required documentation and vaccination records.

### **B. Required Documentation**

1. Completed Enrollment Paperwork;
2. Two negative tuberculosis skin tests or one negative blood draw;
3. Completed COVID19 vaccination(s)
4. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or signed declination form;
5. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity;
6. Two MMR vaccinations OR positive titers showing immunity;
7. Seasonal Influenza vaccination (Not applicable to summer semesters);
8. "Clear" GroupOne criminal background check;
9. Tdap shot received within the past 10 years;
10. 9-panel urine drug screen (see below)

### **C. Clinical Rotation Shifts**

1. The EMT course (EMSP 1148) includes required clinical component that consist of 60 clock hours, for the completion of performance objectives in local emergency departments (ERs), with local ambulance services, and/or in pediatric and geriatric facilities. There are generally a wide variety of clinical sites, dates, and shift times available for these EMT clinical rotations.
2. All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available during orientation.



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#### **D. Urine Drug Screen**

1. Students are required to complete their drug screen prior to the paramedic program orientation. Payment is required at testing and is paid directly to the testing site. **THE DRUG SCREEN LOCATION AND FORM ARE LOCATED LATER IN THIS PACKET!**
2. A “non-negative” or a “positive” drug screen will result in the student’s Administrative Withdrawal from the course. Said student may re-enroll for a future semester.
3. Any student whose urine drug screen is reported as ‘diluted,’ will be expected to repeat the urine drug screen exam at the incurred cost to the student.
4. See attached form for contact information.
5. Any student who is absent from the class or the program for 30 days or greater must re-submit a negative urine drug screen.



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## Oklahoma County Health Department Information

Anyone needing a vaccination should contact their private physician to be vaccinated or go to their local city/county health department. If you have any questions, please contact your physician, or call the Oklahoma -county Health Department at (405)-425-4450. Several different clinics in the Oklahoma City area have been established by the Oklahoma City-County Health Department at the following locations:

<u>LOCATION</u>	<u>ADRESS</u>	<u>CITY</u>	<u>HOURS OF OPERATION</u>
Church of Christ	1101 E. 9th	Edmond	M-F 8:30 – 11:30AM
SE Child Help	2825 Parklawn	Midwest City	1st, 2nd, and 4th Tuesday 8:30 – 11:00AM
County Health Department	921 N.E. 23 <sup>rd</sup>	OKC	M,T,W,F 0800-1530

### **Vaccination/Titer Information**

Midwest Regional Medical Center 3921 S.E. 29<sup>th</sup> Midwest City M-F 0800-1600

Baptist– Employee Health 3435 N. W. 56<sup>th</sup> OKC M-F 0730-1130

Southwest Medical Center 4300 S. Western Ste. 214 M-F 0730-1130

**\*Inquire with your physician or clinic of your choice about combination vaccinations; often combined vaccinations are cheaper but may not be covered by insurance.**

**\*\*Please note: You may receive live vaccines (MMR or varicella) and a TB skin test on the same day. However, if you receive an MMR and/or varicella vaccination one or more days prior to any TB skin test, you will be required to wait approximately 6 weeks to receive a TB skin test!**

**Even if you have had or been exposed to Varicella, you would still need to have a titer drawn for verification. “History of disease” written on a shot record is not sufficient.**





# OCCHD Immunizations and TB Services

The OKC-County Health Department offers the following vaccines. We can directly bill **HealthChoice** and **BlueCross BlueShield** insurances. All other insured patients will receive a receipt that they may submit to their insurance company at a later time. Vaccines are available for free or a reduced rate for those who qualify.

The prices below become effective on August 2021:

Adult/Adolescent	Cost per Dose
Hepatitis A • 2 dose series	\$66.00
Hepatitis B • 3 dose series	\$44.00
Hepatitis A/B (Twinrix) • 3 dose series	\$94.00
Human Papillomavirus (HPV)	\$239.00
Influenza	no cost
Influenza High Dose (65+ older)	no cost
Meningococcal:	
Menactra	\$134.00
Menveo	\$114.00
Meningococcal B:	
Bexsero	\$170.00
Measles, Mumps, Rubella (MMR)	\$83.00
Pneumonia:	
Pneumovax 13	\$199.00
Pneumovax 20	\$220.00
Pneumovax 23	\$110.00
Polio	\$35.00
Rabies (Imovax) • 3 dose series	\$347.00
Tetanus, Diphtheria (Td)	\$32.00
Tetanus, Diphtheria, Pertussus (Tdap)	\$25.00
TB Skin Test	\$20.00
TB Blood Test (QFT)	\$40.00
Chicken Pox (Varicella) • 2 dose series	\$143.00
Shingles (Shingrix) • 2 dose series	\$162.00

Pediatric Immunizations	Cost per Dose
Diphtheria, Tetanus, Pertussis (DTAP)	\$25.00
Diphtheria, Tetanus, Pertussis, IPV, & Hib (Pentacel)	\$99.00
Diphtheria, Tetanus, Pertussis, IPV, & Hep B (Pediarix)	\$67.00
Diphtheria, Tetanus, Pertussis, Polio, & Hep B (Kinrix)	\$47.00
Hepatitis A	\$66.00
Hepatitis B	\$44.00
Hib	\$27.00
Measles, Mumps, Rubella, & Varicella (MMRV) (ProQuad)	\$236.00
Rotavirus (RotaTeq)	\$88.00
Rabavert	\$307

Overseas Immunizations	Cost per Dose
Japanese Encephalitis (Ixiaro)	\$303.00
Typhoid	\$76.00
Yellow Fever	\$161.00
Yellow Fever Book Replacement	\$5.00

Overseas immunizations are available by appointment only and there is a \$40 administrative fee. Please call (405) 419-4090 to see availabilities.

Payment is due at time of services. Immunizations based on availability. Price does not include \$20 administration fee. To make an appointment, please call one of our three clinics: [OCCHD.org/clinics](http://OCCHD.org/clinics).



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**TUTION AND FEES**

<u>Item</u>	<u>Cost</u>
Tuition for OSU-OKC is currently	\$157.45 per credit hour.
EMT Lecture and Lab totals	8 credit hours
EMS Operations	3 credit hours
Campus General Fees:	
Spring/Fall	\$37.00
Summer	\$25.00
Online Course Fee (per credit hour for online courses)	(\$10.00)
EMS Lab fees	\$90*
EMS Student Liability Insurance Fee	\$16.00*
<b>Approx. Total:</b>	<b>\$1,863-\$1,885</b>

**\*Must be paid every semester. Students are responsible if tuition is not paid prior to scheduling clinical.**

**\*\* All tuition and fees are subject to change. Most up to date fees are here:**

<http://www.osuokc.edu/future/costs>

**ESTIMATED OUT OF POCKET EXPENSES:**

<u>ITEM</u>	<u>COST</u>
Books (some can be rented for cheaper)(includes Fisdap)	est.\$350.00
Uniform (estimated. This depends on sizes and options)	\$150.00
Stethoscope	\$ 30.00
CPR Card—Approximately	\$ 50.00
Group One Background Check	\$ 45.00
Urine Drug Screen	\$ 30.00
My Clinical Exchange	\$ 36.50
<b>TOTAL:</b>	<b>\$ 691.50*</b>

**\*All costs are an approximation in addition to fees/costs required beyond the tuition. Further details regarding these additional fees/costs will be provided during orientation.**



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## Oklahoma State University – Oklahoma City Paramedicine Office Program Faculty/Staff/Adjuncts

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## **Pre-Enrollment Requirements Checklist for EMT Students**

**Compliance items in checklist below need to be completed and all documentation must be uploaded as a PDF to MyClinicalExchange by orientation.**

<https://www.myclinicalexchange.com> Tutorial for MyClinicalExchange is further on in this document.

1. \_\_\_\_\_ **CHECK YOUR STUDENT EMAIL AFTER YOU ENROLL FOR IMPORTANT INFORMATION**
2. \_\_\_\_\_ **COVID19 Vaccination Completed. One shot for Moderna/Johnson and Johnson or both shots from Pfizer**
3. \_\_\_\_\_ Fisdap activation code. This is included in your textbook bundle.
4. \_\_\_\_\_ Complete Enrollment Paperwork
  - \_\_\_\_\_ Applicable Hepatitis B forms, if 3-shot vaccination series is not complete
5. Two negative Tuberculosis Skin tests, or one negative blood draw. (TB Gold or T-spot)
  - \_\_\_\_\_ Date of TB test #1
  - \_\_\_\_\_ Date of TB test #2
6. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or declination form signed within the past 12 months
  - \_\_\_\_\_ Date of Hep Shot #1
  - \_\_\_\_\_ Date of Hep Shot #2
  - \_\_\_\_\_ Date of Hep shot #3
  - \_\_\_\_\_ Or, Date of Blood Titer



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7. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity

- \_\_\_\_\_ Date of Vaccine #1
- \_\_\_\_\_ Date of Vaccine #2
- \_\_\_\_\_ Or, dates of Blood Titers

8. Two MMR vaccinations OR positive titers showing immunity to measles (rubeola), mumps, and rubella

- \_\_\_\_\_ Date of MMR Vaccine #1
- \_\_\_\_\_ Date of MMR Vaccine #2
- \_\_\_\_\_ Or, Dates of Blood Titers

9. \_\_\_\_\_ Tetanus, diphtheria, and Pertussis (Tdap)

- \_\_\_\_\_ Date of Tdap Vaccine/booster (must be within last 10 years)

10. \_\_\_\_\_ Seasonal Influenza vaccination (Not applicable to summer semesters)

11. \_\_\_\_\_ "Clear" GroupOne criminal background check visit this [link](#). Or, find the link on our website at [www.osuokc.edu/ems](http://www.osuokc.edu/ems) Results come straight to us and we will upload to MyClinicalExchange for you.

12. \_\_\_\_\_ 9-panel urine drug screen completed. Results come straight to us and we will upload to MyClinicalExchange for you. Form Compliance Resource Group (CRG) is later in this same packet.



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## **Hepatitis B Vaccination Information**

Hepatitis B Virus, when present, is found in virtually all body fluids and some secretions. It can be transmitted by puncturing the skin with a contaminated instrument or needle, allowing contaminated blood or body fluid to come in contact with an open wound or mucus membrane, through sexual contact and through contaminated blood products. The Hepatitis B Virus can cause chronic cirrhosis, liver failure, and liver cancer. Health care workers are at high risk for contracting the virus and should be vaccinated.

Hepatitis B has a long incubation period. The vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccination administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody titers.

Precautions: Vaccinations should be delayed in individuals who have any febrile illness or active infection and in individuals who are pregnant or nursing.

Adverse Reactions: The most frequently reported adverse reactions are injection site soreness, fatigue, headache, and dizziness.

Immunization schedule: The usual immunization regimen consists of three (3) injections of vaccine given according to the following schedule: #1: at elected date, #2: 30 days later, #3: 6 months after the first injection, Booster: 5 years later. Antibody test is recommended one month after third injection.

I, \_\_\_\_\_, have read and understand the above Hepatitis B vaccine information. I understand that if I have not been previously immunized for Hepatitis B, I will need to A) begin the injection series and follow the above schedule for the remaining injections and the antibody test, or B) decline in writing. I further understand that if I do not receive the Hepatitis B vaccine according to the schedule or do not sign the "Hepatitis Vaccination Refusal" form, I will be unable to schedule and attend any clinical shifts.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed



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## **Hepatitis B Vaccination Refusal (Declination Form)**

I have been informed of my risk of acquiring Hepatitis B and the damage that this disease can do. I have been instructed on the value of being vaccinated for the disease. I have been informed that, as an EMS Student, I am considered high risk for being exposed to blood or body fluids that are potentially contaminated with Hepatitis B, and that vaccination is a safe and effective method of prevention.

I, \_\_\_\_\_, choose NOT to take the Hepatitis B Vaccine at this time \_\_\_\_\_  
\_\_\_\_\_ OR have begun the 3-shot series, but not yet completed it \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed



Compliance  
Resource Group

## AUTHORIZATION FOR SERVICES

300 N. MERIDIAN, STE. 105 – OKLAHOMA CITY, OK 73107  
405.943.6465 FAX 405.943.6460

Hours of Operation: Mon. – Fri. 8:00am – 5:00pm

**\*\*\*DONOR MUST BRING PHOTO IDENTIFICATION\*\*\***

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**EMPLOYER NAME:** OSU – OKC

**PROGRAM (circle):** NURSING    **CARDIOVASCULAR**    DIETITIC    EMS

**STUDENT PRINTED NAME:** \_\_\_\_\_

**STUDENT SOC. SEC. / ID#:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

OFFICE USE ONLY

**\*USE ALERE COC**

**\*\*COLLECT \$30 FROM  
STUDENT**

**REASON FOR TEST**

**OTHER**

**DRUG TESTING SERVICES**

**OSU/OKC NON-DOT DRUG SCREEN (ALERE COC)**

**INSTRUCTIONS**

- Please have a photo ID ready to present when you arrive for your collection.
- You will be providing a urine sample for a drug test – please drink enough fluids to ensure you can provide a sample when you arrive for your drug screen collection.
- The cost of the drug screen is \$30 and must be paid in cash prior to taking the test.
- We do not need a list of Rx medications at this time. If something shows up on your test you will be contacted by a physician to discuss Rx medications prior to your test results being reported to OSU-OKC.
- By paying for and submitting to testing, you authorize CRG Laboratories to release result of your test to OSU-OKC.



# Registering for and Signing Into mCE

Dear myClinicalExchange Student,

Welcome to the mCE program where we are making your clinical rotations more organized, more efficient and easy to manage! This letter is divided into two parts: **Registration Directions** which are followed by **Instructions on How to Log In**.

## Registration Directions

Navigate to <https://myclinicaexchange.com>. We recommend that you follow this link or copy/paste it into your web browser. In the upper right corner, click the **Student** button and then select **Registration**. You will be navigated to a registration page like this one.

The screenshot shows the myClinicalExchange registration interface. On the left, a form titled "New Registration" is highlighted with a red border. It includes dropdown menus for "State" (set to Colorado) and "Institution" (set to --- Select ---), and a text input for "Email". A "Continue" button is located at the bottom right of this form. To the right, separated by an "(OR)" label, is a "Validate Email Code" form with text inputs for "Email" and "Validation Code", and buttons for "Validate & Continue" and "Resend code". The top of the page features the myClinicalExchange logo and the text "Welcome Student Registration".

Fill out all the information on the left side only. The system will prompt you to enter your University-Issued e-mail address. You must use a proper e-mail address as the system will send you a Validation Code in the next step. (You may use a personal e-mail address if your University does not issue university-based e-mail addresses.) Then click **Continue**. On the next page, you will see:

The screenshot displays the "Student Registration Form - Step 2". The form fields are as follows: Institution (National American University), Email (student.student@UnivName.edu), First Name, Middle Name, Last Name, Gender (--- Select ---), Ethnicity (--- Select ---), StudentID, Phone (with radio buttons for Cell, Home, and Work), Program (--- Select ---), Degree (--- Select ---), and Cohort (--- Select ---). At the bottom, there is a security question area with a CAPTCHA image showing the numbers 5, 6, 5, 9, 2 and a text input box. Below the CAPTCHA is a checkbox for terms and conditions, and "Submit" and "Close" buttons.

Anything with a red asterisk is required. Read the [Privacy and Terms](#) and [Web App Usage Terms of Service](#) before checking the box on the bottom left and clicking **Submit**.

The system will return you to the first Registration page (first picture above) AND send a Validation code to the e-mail address you provided. If you do NOT receive the validation e-mail, click **Resend Code** (right side of the page). You will also want to check these troubleshooting tips.

### Troubleshooting Tips

- 1.) **What e-mail address are you using?** Please make sure to use your University-Issued e-mail address AND that the domain is spelled properly.
- 2.) **Have you checked your junk mail folder?** The e-mail will be from [donot-reply@myclinicalexchange.com](mailto:donot-reply@myclinicalexchange.com). Please mark e-mails from the domain "myclinicalexchange.com" as a "Safe Sender" so that future correspondence comes immediately to your inbox.
- 3.) **Are you are using Internet Explorer, v8 or lower?** If so, you will either need to update Internet Explorer to v9 or higher. Alternatively, try again in Chrome, Safari or Firefox.
- 4.) If you are still experiencing issues, you can e-mail [support@myclinicalexchange.com](mailto:support@myclinicalexchange.com). Please provide your name, the University you attend, and a brief description of the issue you're experiencing.

Once you receive the Validation Code, enter the e-mail address you JUST registered with and the Validation Code in the boxes on the right side. Click **Validate & Continue** and you will be navigated to the payment page.

The screenshot displays the myClinicalExchange Student Registration interface. At the top, the logo and 'Welcome Student Registration' are visible. Below, there are two main sections. The left section, titled 'New Registration', contains dropdown menus for 'State' (set to Colorado) and 'Institution' (set to --- Select ---), and a text input for 'Email'. A 'Continue' button is at the bottom right of this section. The right section, titled 'Validate Email Code', is enclosed in a red rectangular box. It features text input fields for 'Email' and 'Validation Code', with 'Validate & Continue' and 'Resend code' buttons below. A '(OR)' label is placed between the two sections.

THIS SPACE INTENTIONALLY LEFT BLANK. CONTINUE TO NEXT PAGE.

Review the pricing on the left. If you have a PayPal account, choose the option at the top, log in and pay via your PayPal account.

**Your order summary**

Descriptions	Amount
myClinicalExchange Item price: \$36.50 Quantity: 1	\$36.50
<b>Item total</b>	<b>\$36.50</b>
<b>Total \$36.50 USD</b>	

**Choose a way to pay**  
PayPal securely processes payments for ClientSolv.

**Have a PayPal account?**  
Log in to your account to pay

**Don't have a PayPal account?**  
Pay as a guest now, sign up for PayPal later

Country: United States

First name: Amber

Last name: Castagna

Address line 1: [ ]

Address line 2 (optional): [ ]

City/State: [ ] [ ]

ZIP code: [ ]

Phone type: Mobile

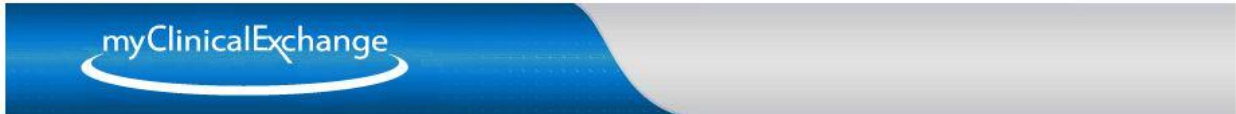
Phone number: 555-555-1234

Email: amber.castagna@school.edu

**Continue**

Payments processed by **PayPal**

If you do not have a PayPal Account, fill in all the information in the lower box and click "Continue". You are navigated to the payment page.



Your order summary	
Descriptions	Amount
myClinicalExchange Item price: \$36.50 Quantity: 1	\$36.50
<b>Item total</b>	<b>\$36.50</b>
<b>Total \$36.50 USD</b>	





  

### Choose a way to pay

**Payment Method**

Credit or Debit Card

Card number

Payment Types    

Expiration date mm / yy  /

CSC

[What is this?](#)

PayPal - get more time to pay

- Bill Me Later is an instant credit line added to your PayPal account
- Apply and get a decision in seconds

**Get more time to pay on this purchase**  
[See terms](#)

**Billing Address** [Change](#)  
Amber Castagna  
13266 Saturn Dr.  
Englewood, CO  
80111

**Contact Information** [Change](#)  
3033001024  
amber.castagna@school.edu

[Review and Continue](#)

Fill in your credit card information. Click **Review and Continue** at the bottom of the page to review your final purchase.

After reviewing click the final submit button. A confirmation page will appear showing that you have paid and giving you a receipt number. Keep this for your records.

You are now registered for myClinicalExchange and can be scheduled into a rotation. When you have been scheduled for a Rotation, you will receive an e-mail from the myClinicalExchange system asking you to log on.

## Logging into myClinicalExchange

When you receive this notification, navigate back to <https://myclinicaexchange.com>

- 1.) Click on "Student Login" in the middle, right side of the page.
- 2.) Under the Login area, click on the "[Need help, click here](#)" link.
- 3.) From the options, select "[I forgot my password](#)"
- 4.) mCE will prompt you for your Username which is the e-mail address you just registered with.
- 5.) Click **Email Password** (Do NOT select "Change Password". You cannot change a password until you have set your security questions which you will do as part of the log in process.)
- 6.) Please check your inbox for an e-mail from [donot-reply@myclinicaexchange.com](mailto:donot-reply@myclinicaexchange.com) assigning you a password.
  - a. If you do not see an e-mail from this address, please check your junk folder. You will want to designate [donot-reply@myclinicaexchange.com](mailto:donot-reply@myclinicaexchange.com) as a "Safe Sender" so that further e-mails from myClinicalExchange come directly to your inbox.
  - b. If you still do not see the e-mail or if you are receiving an error message from the system when you try to get your password, please see the troubleshooting tips on page 5.

Once you log in please do the following:

- 7.) Click your name in the upper right corner to reset your password with a password of your choice.
- 8.) Your Home Screen will display your University Compliance Checklist at the top with a link to "Click here to view/edit".
  - a. You can, at the very least, view your compliance information. Take note if anything is set to expire soon so that you can get it updated with your University.
  - b. You may also be allowed to submit edits on your Compliance Checklist. If that is the case, please refer to the FAQ link (top left of the page) for instructions on how to update the compliance checklist OR navigate to YouTube to access the Help Videos [https://www.youtube.com/results?search\\_query=myclinicaexchange](https://www.youtube.com/results?search_query=myclinicaexchange).
- 9.) Any rotations that you have been scheduled for are listed on the right side of the page.
  - c. Click the Rotation # to the left to see more details about your Rotation.
- 10.) **On the left is your Alert Center.** If you have pending items for a Rotation, an alert will display here. **Click the alert to begin filling out and submitting various items for your Rotation.**
  - d. **Survey Alert** – you need to fill out a Survey in response to your recent Rotation. This link will not appear until the end of the Rotation.
  - e. **Pending Paperwork** – these are the required documents from your Rotational Hospital. You may be required to give electronic consent and/or upload supporting documents back into the platform. If you do not have a scanner OR if you do not know how to do this, please refer to the FAQ link (top left of the page) and look for the FAQ titled, "I don't have a scanner."
  - f. **Orientation** – the Hospital has one or more modules for you to view in mCE.
  - g. **Test/Exam** – the Hospital is pushing you an exam to complete BEFORE the start of your Rotation.



11.) If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

We wish you a successful year and trust you will find mCE a simple and helpful tool in your academic career!



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Oklahoma City, OK 73107  
(405) 945-6778  
<http://www.osuokc.edu>

# OSU-OKC Paramedicine Program Uniform Policy

“A How To Guide”

# **Black Paramedicine Uniform: Required for all EMT/Paramedic Students**



# Black Paramedicine Uniform

- **OSU-OKC patch on right sleeve**
- **EMT (no basic) patch on left sleeve (paramedic students)**
- **Name plate over right shirt pocket flap**
- **Student ID badge on left shirt pocket flap**
- **All uniforms must be neatly pressed and free of wrinkles**
- **Purchase uniforms from SpecialOps Uniforms, 505 N Portland Ave, 405-946-3504**



# Black EMS Uniform

- **Black Paramedicine shirt with black epaulette covers with orange piping with “EMT Student” or “Paramedic Student” embroidered in orange**
- **5.11 Tactile Dark Navy EMS pants (men’s or women’s) No other pants allowed**
- **Black leather or tactical belt**
- **Black, polishable boots that cover the ankle**
- **Trauma shears**
- **Pen Light**
- **Stethoscope**
- **All Paramedicine students are required to purchase their own gloves for lab**





# **Black Uniform Shirt with Safety Vest:**

## **Required for all EMT/Paramedic students**

- **For all Paramedicine clinicals you need to have an ANSI approved safety vest.**
- **This vest must be worn on all scenes worked in the roadway (for example a motor vehicle collision).**
- **The vest can have no writing on it.**
- **Can be purchased anywhere**



# Cold Weather Gear

**NREMT Patch**



**OSU-OKC Patch**

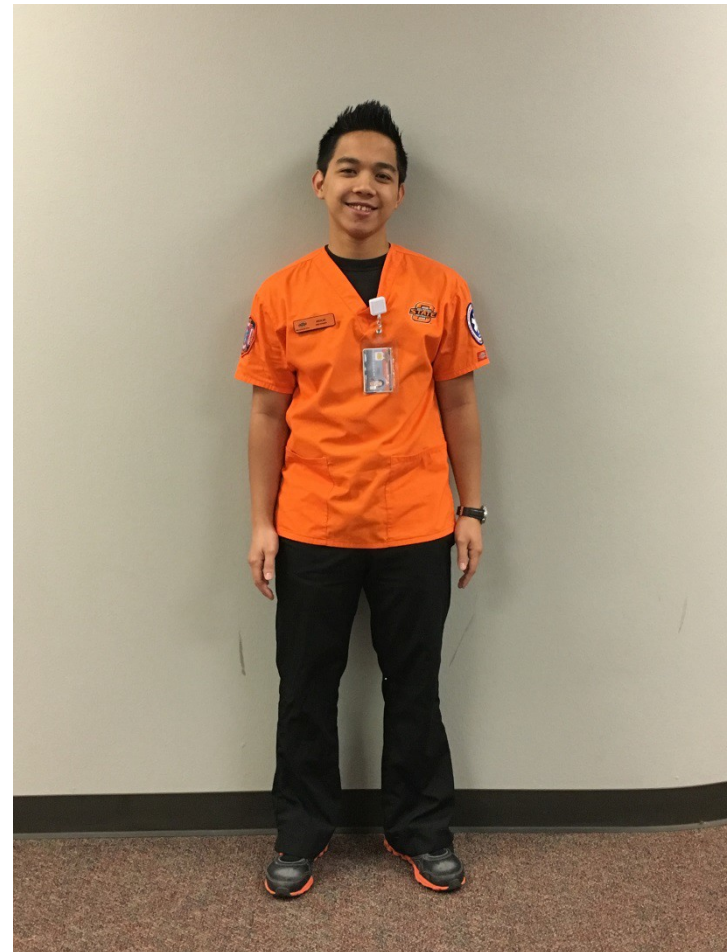


**Solid black or navy  
blue jacket**

# For Paramedic Students Only:

## Paramedic Scrubs

- Paramedic students are required to wear scrubs to all hospital clinicals
- The orange scrub top needs to have the OSU-OKC (the top is black as of 2023)
- Paramedicine patch on the right sleeve and your EMT patch on the left sleeve (no basic).
- The student is required to wear plain black scrub bottoms and tennis shoes.
- The student name plate needs to be worn over the right chest and the student ID needs to be visible.



**EMERGENCY MEDICAL TECHNICIAN CERTIFICATE****Degree Sheet***2023-2024 Catalog*

Technical Occupational Specialty			11 Credit Hours	Credit Hours	Prerequisites
EMSP	1143	EMS Operations		3	None
EMSP	1148	Emergency Medical Technician		8	Advisor Approval

**Total to Graduate 11**

*The courses in this certificate program are embedded within the Fire Protection A.A.S. & Paramedicine A.A.S. degrees*

This program has not been approved by the Dept. of Education to be eligible for federal student aid

**ADDITIONAL GRADUATION REQUIREMENTS:**

- 2.0 Graduation/Retention GPA
- 3 credit hours earned in residence at OSU-OKC
- To graduate with this certificate, students must successfully pass the National Certification exam.
- Students must complete the prerequisite course with a grade of 'C' or better to advance to the next course in the required sequence

**NOTES LEGEND:**

FA= Fall, SP=Spring, SU=Summer  
 [R] Reading Proficiency/Placement  
 [W] Writing Proficiency/Placement  
 [M] Math Proficiency/Placement

# PARAMEDICINE A.A.S.

## Associate in Applied Science

### Degree Sheet

2023-2024 Catalog

General Education Courses			23 Credit Hours	Credit Hours	Prerequisites
BIOL	1212	Human Anatomy Lab		2	[R] ICSM 0113, Pre/Coreq: BIOL 1515
BIOL	1515	Human Anatomy and Physiology		5	[R] ICSM 0113
ENGL	1113	English Composition I		3	[R] [W]
Select One:				3	
ENGL	1213	English Composition II			ENGL 1113
ENGL	2333	Introduction to Technical Report Writing			ENGL 1113
SPCH	1113	Introduction to Speech Communication			[R] [W]
Select One:				3	[R] [W]
HIST	1483	U.S. History to 1865			
HIST	1493	U.S. History since 1865			
<i>Select any 3 credit hour College Level Math course</i>					
MATH				3	Varies
POLS	1113	American Government		3	[R] [W]
PSIO	2311	Human Physiology Lab		1	Pre/Coreq: BIOL 1515

### Technical Occupational Specialty 51 Credit Hours

EMSP	1143	EMS Operations		3	None	♦
EMSP	1148	Emergency Medical Technician		8	Advisor Approval	♦
EMSP	1234	Pharmacology		4	BIOL 1515	
EMSP	1246	Paramedic Care I		6	EMSP 1148, Department Head Approval Pre/Coreq: BIOL 1515	
EMSP	1263	ECG Interpretation		3	Pre/Coreq: BIOL 1515	
EMSP	1348	Paramedic Care II		8	EMSP 1246	
EMSP	2549	Paramedic Care III		9	EMSP 1234, EMSP 1263, EMSP 1348	
EMSP	2559	Paramedic Care IV		9	EMSP 2549	
EMSP	1721	Emergency Vehicle Operations		1	EMSP 1148	

**Total to Graduate 74**

**ADDITIONAL GRADUATION REQUIREMENTS:**

- 2.0 Graduation/Retention GPA
- 15 credit hours earned in residence at OSU-OKC
- Students must complete the prerequisite course with a grade of 'C' or better to advance to the next course in the required sequence

**NOTES LEGEND:**

- ♦ Courses are part of an embedded certificate
- FA= Fall, SP=Spring, SU=Summer
- [R] Reading Proficiency/Placement
- [W] Writing Proficiency/Placement
- [M] Math Proficiency/Placement