



OKLAHOMA CITY



Paramedicine
900 N Portland Ave.
Oklahoma City, OK 73107

osuokc.edu

PARAMEDIC

Enrollment Guide

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

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The OSU-OKC Paramedicine program is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).



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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Core Values

Our core values include but are not limited to:

- **Integrity** – Consistently honest and trustworthy
- **Compassion** – Understanding and caring about the suffering of others
- **Accountability** – Maintaining responsibility for your actions and mistakes
- **Respect** – Being polite and behaving in a manner that brings credit to the profession
- **Empathy** - Calm, compassionate, and helpful demeanor towards those in need

Program Goals

- To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”
- Maintain 1st time pass rates on the NREMT ALS cognitive and psychomotor exams above 90%
- Maintain job placement for paramedic students above 90%
- Maintain a retention rate of greater than 70% for paramedic students

Assessed Program Outcomes

- Interpret basic arrhythmias and basic 12-lead ECG.
- Understand the pharmacodynamics and pharmacokinetics of prehospital emergency medications.
- Discuss essential concepts of crew resource management.
- Successfully manage the airway of an emergency patient
- Demonstrate the ability to function as a paramedic Team Leader in an emergency setting.



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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. Have a math proficiency rating of 050 or higher. (Visit OSU-OKC testing center)
4. Be eligible to enroll in A&P BIOL 1515 if you have not already taken it.
5. Provide all required documentation and vaccination records.

Transfer of credits from another academic institution

1. The OSU-OKC campus transfer of credit policy can be found online here: <http://www.osuokc.edu/catalog2017-18/>
2. Transfer of credits for previous paramedic work would have to be reviewed by the Paramedicine Program Director and the campus Registrar. Previous paramedic institution records such as lab records, clinical records, patient competency records, course syllabi, and academic would all need to be reviewed before applying any transfer credits to the Paramedicine program. Regardless of previous work completed, any student entering the Paramedicine program at OSU-OKC would still have to meet all the terminal objectives and minimum competencies for skills, clinical hours, internships, and patient contact types.

Advanced Placement

1. The Paramedicine Program at OSU-OKC will review advanced placement requests on a case-by-case basis.

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. Current BLS for Healthcare Provider card – American Heart Association or American Red Cross
11. Current NREMT EMT Certification
12. Current Oklahoma State Department of Health issued EMT License
13. 9-panel urine drug screen (see below)



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Clinical Rotation Shifts

1. The paramedic courses include required clinical shifts totaling 600 clock hours where you will complete performance objectives in local emergency departments, hospitals, and ambulance services. There are generally a wide variety of clinical sites, dates, and shift times available for these paramedic clinical rotations.
2. All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available during orientation.

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 have been established by the Oklahoma City-County Health Department at the following locations:

| LOCATION | ADDRESS | CITY | HOURS OF OPERATION |
|--------------------------|---------------------------|--------------|--|
| 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 rd | OKC | M, T, W, F 0800-1530 |

Vaccination/Titer Information

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

Baptist– Employee Health 3435 N. W. 56th 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.



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TUTION AND FEES

| Item | Cost |
|---|---------------------------|
| Tuition for OSU-OKC is currently | \$157.45 per credit hour. |
| Campus General Fees: Spring/Fall | \$35.00 |
| Summer | \$25.00 |
| Online Course Fee (per credit hour for online/hybrid courses) | \$10.00 |
| Paramedicine Lab fees (P1, P2, P3, and P4) | \$55 |
| Paramedicine Student Liability Insurance Fee | \$16.00/yr |

***Must be paid every semester. Students are responsible if tuition is not paid prior to scheduling clinical. **The total cost of tuition and fees to sit for the NREMT Paramedic exam is approx. \$7,350 (excludes costs below). For the Paramedic Program degree (74 credit hours for the A.A.S degree) the cost is approx. \$11,800.00 (excludes costs below). Most up to date fees are here:**

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

ESTIMATED OUT OF POCKET EXPENSES:

| ITEM | COST |
|---|-------------|
| Paramedic Textbooks- <i>One time purchase P1-P4 (includes Fisdap)</i> | \$550 |
| EMS Testing Fee | \$100 |
| Textbooks for ECG, Pharmacology, ACLS, PALS | \$369 |
| EMS Operations textbooks | \$180 |
| Uniform | \$280 |
| Stethoscope | \$30 |
| CPR Card—Approximately | \$50 |
| Group One Background Check | \$45 |
| Urine Drug Screen | \$30 |
| My Clinical Exchange Fee | \$39.50 |
| Box of gloves | \$15 |

TOTAL: \$ 1,689

Approximate total “additional” fees/costs required beyond the tuition are \$1,689

Further details regarding these additional fees/costs will be provided during the first week of class. All prices are subject to change based on the publishers and distributors.



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

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Pre-Enrollment Requirements Checklist for Paramedic 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 Johnson & Johnson or both shots from Pfizer and Moderna**
3. _____ Purchase Fisdap activation code. This is in your class email or you can purchase from bookstore.
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



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- _____ Or, Date of Blood Titer
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 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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13. _____ Current BLS for Healthcare Provider CPR card (Must include skills portion.
Cannot be an online-only course.)
14. _____ Completion of, or enrollment in, BIOL 1515 Anatomy & Physiology
15. _____ Copy of National Registry Certification on file
16. _____ Copy of Oklahoma EMT license on file

For any and all questions regarding vaccines, background checks, drug tests, or any other compliance information from the above checklist, please contact:

Katrina Stroud
Clinical Coordinator
AH 1240
kmpayne@okstate.edu
405-945-3352



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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



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CPR Classes may be held at the beginning of each semester here at OSU-OKC. To register, please contact:

Charity Kitchens

Office Assistant

Center for Safety and Emergency Preparedness

(405)945-3208

charity.kitchens@okstate.edu

All cards must be American Heart Association approved BLS for Healthcare Providers, or American Red Cross CPR for the Professional Rescuer. Cannot be online-only course and must include a skills portion.

If you need a CPR class but are unable to take the one offered through OSU-OKC, you may take a class elsewhere. You are responsible for finding another class so long as it meets the specifications listed above.

You may also try www.heartlandcpr.com



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,

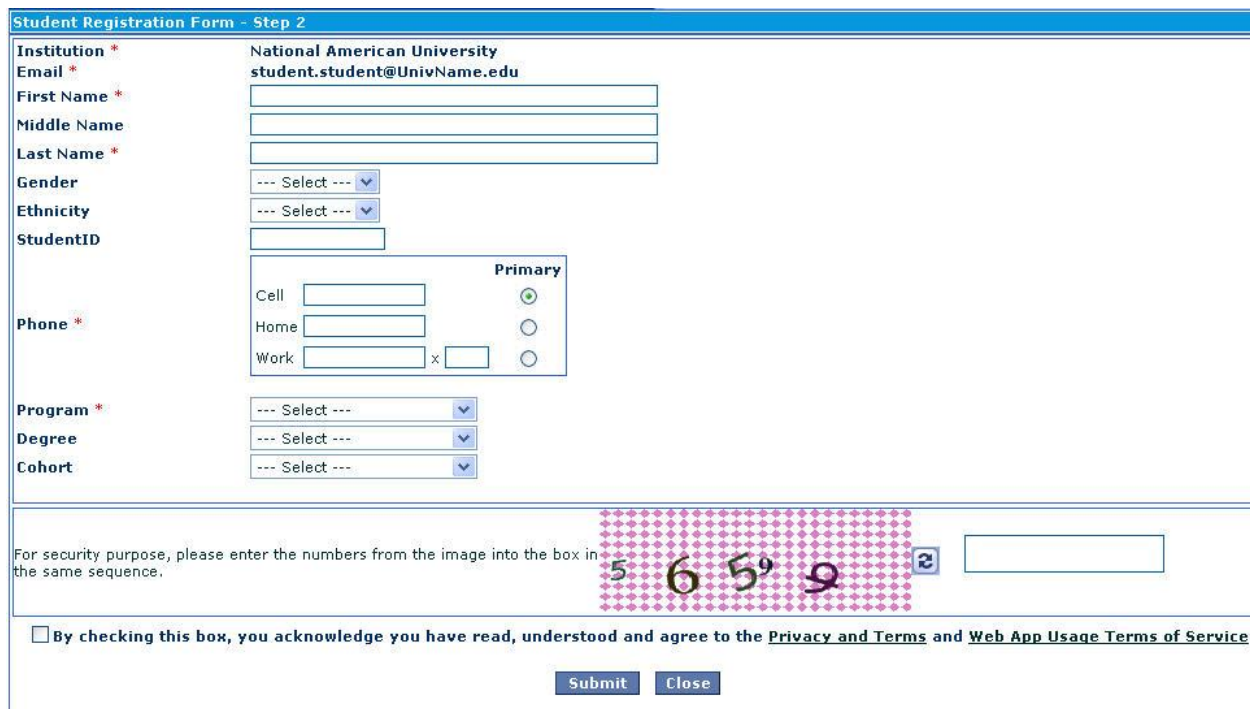
Welcome to the mCE program where we are making your clinical rotations more organized, more efficient and easy to manage! This letter is divided into two parts: **Registration Directions** which are followed by **Instructions on How to Log In**.

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.



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:



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. 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. 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 shows the myClinicalExchange website interface. At the top, the logo 'myClinicalExchange' is on the left, and 'Welcome Student Registration' is on the right. Below the logo is a 'New Registration' form with fields for 'State' (Colorado), 'Institution' (--- Select ---), and 'Email'. To the right of this form is a '(OR)' label, followed by a 'Validate Email Code' form. This second form has fields for 'Email' and 'Validation Code', and buttons for 'Validate & Continue' and 'Resend code'. A red rectangular box highlights the 'Validate Email Code' form.

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.

| Descriptions | Amount |
|--|----------------|
| myClinicalExchange Item price: \$36.50 Quantity: 1 | \$36.50 |
| Item total | \$36.50 |
| Total \$36.50 USD | |

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

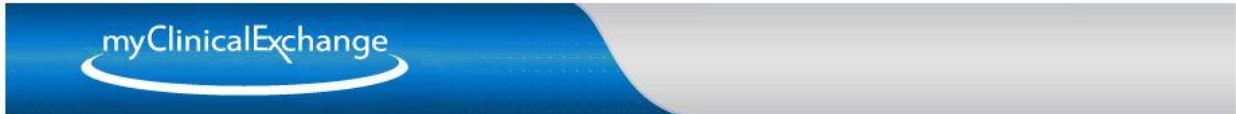
Phone number: 555-555-1234

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 |
| Item total | \$36.50 |
| Total \$36.50 USD | |

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://myclinicalexchange.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@myclinicalexchange.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@myclinicalexchange.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=myclinicalexchange.
- 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!



Oklahoma State University-Oklahoma City
Human Services Division
Paramedicine
900 N. Portland Ave
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

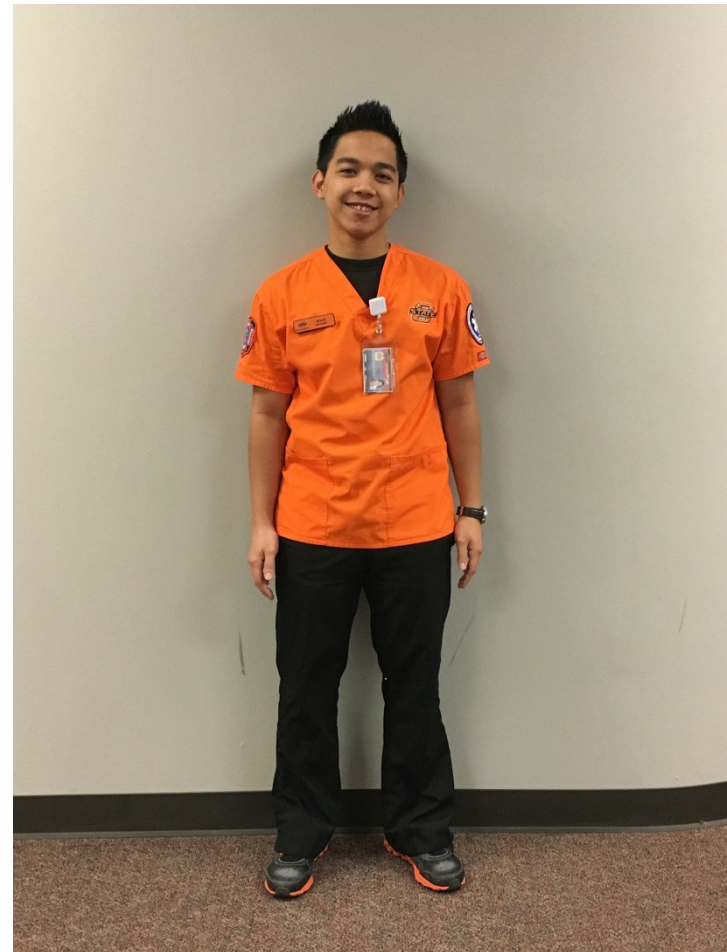


**Solid black or navy
blue jacket**

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