

**2026-2027**

**Emergency Medical Services  
Program**

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If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.317.3304](tel:712.317.3304); [equity@witcc.edu](mailto:equity@witcc.edu) or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.317.3369](tel:712.317.3369); [equity@witcc.edu](mailto:equity@witcc.edu) or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Federal Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: [303.844.5695](tel:303.844.5695) FAX: 303.844.4303, TDD 800.877.8339 Email: [OCR.Denver@ed.gov](mailto:OCR.Denver@ed.gov).

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## **Accreditation**

The Emergency Medical Services Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs  
9355 - 113<sup>th</sup> St. N, #7709  
Seminole, FL 33775  
727-210-2350  
[www.caahep.org](http://www.caahep.org)

To contact CoAEMSP:

8301 Lakeview Parkway, Suite 111-312  
Rowlett, TX 75088  
214.703.8445  
[www.coaemsp.org](http://www.coaemsp.org)

# Admissions Criteria and Procedure

## Emergency Medical Technician (EMT)

- Students must be at least 17 years of age at the time of enrollment.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

## Advanced Emergency Medical Technician (AEMT)

- Students must be at least 17 years of age at the time of enrollment.
- Students must have a high school diploma or its equivalent if enrolling in an AEMT course.
- Students must be currently certified as an Iowa EMT if enrolling in an AEMT course.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

## Paramedic

- Students must be at least 17 years of age at the time of enrollment.
- Students must have a high school diploma or its equivalent if enrolling in a Paramedic course.
- Students must be currently certified, at a minimum, as an Iowa EMT if enrolling in a Paramedic course.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

## General Admissions Procedure

The general admissions procedure for all WITCC students is available in the WITCC College Catalog. Listings are as follows:

- Admissions Criteria
- Specific Courses
- Admissions Procedure
- Registration
- Student Classifications
- Financial Aid
- Scholarships

# Requirements for EMS Programs

## Emergency Medical Technician (EMT)

- Current American Heart Association BLS Provider Certification (CPR)
- Current Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- Current WITCC Health Evaluation Form with current immunization records
- Criminal and Abuse Background Checks
- Health Insurance Portability and Accountability Act (HIPPA)
- Bloodborne Pathogens (BBP)

## Advanced Emergency Medical Technician (AEMT)

- Current American Heart Association BLS Provider Certification (CPR)
- Current Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- Current WITCC Health Evaluation Form with current immunization records
- Current Iowa EMT License
- Criminal and Abuse Background Checks
- Health Insurance Portability and Accountability Act (HIPPA)
- Bloodborne Pathogens (BBP)

## Paramedic

- Current American Heart Association BLS Provider Certification (CPR)
- Current Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- Current WITCC Health Evaluation Form with current immunization records
- Current Iowa EMT or AEMT License
- Criminal and Abuse Background Checks
- **Criminal and Abuse Background Checks**  
When a student starts the program, the College will initiate the background check process, and the student must be cleared by the internal committee prior to attending clinical.
- Bloodborne Pathogens (BBP)

# Requirements Prior to Clinical Experience

Photocopies of all requirements must be uploaded to the online health compliance tracker prior to the start of clinical. Students are responsible for obtaining their own photocopies. If these requirements are not completed, students cannot be allowed to participate in clinical experiences.

\* **CPR Certification**

You are required to have a current American Heart Association BLS Provider (CPR) certification card. This course is specifically for health professionals. If you have a current card, but it will expire during the semester, you should renew it early so that your card is current during the total clinical phase of the course. For information on CPR courses offered at WITCC, contact 319-254-6772.

\* **Mandatory Reporter Training – Child and Dependent Adult Abuse**

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Health and Human Services mandatory reporter training courses. You can access the two-hour child abuse and two-hour dependent adult abuse courses on the IHHS website free of charge using the link below.

<https://hhs.iowa.gov/report-abuse-fraud/mandatory-reporters>

\* **WITCC Health Evaluation**

Completed health evaluation forms must be turned in prior to the start of clinical. Upload completed health evaluation forms to the online health compliance tracker.

\* **Vaccinations**

You must provide proof of your vaccinations with dates – just listing “current vaccinations” will not satisfy the requirements. If you are unsure of your immunization status, you should have your vaccinations updated.

\* **Iowa EMS License**

For the AEMT program you must have a current Iowa EMT License.

For the Paramedic program you must have a current Iowa EMT or AEMT License.

You can log into the AMANDA Portal to download a copy of your current license.

\* **Criminal and Abuse Background Checks**

When a student starts the program, the College will initiate the background check process, and the student must be cleared by the internal committee prior to attending clinical.

\* **Vector Online Training**

Students will complete Health Insurance Portability and Accountability Act (HIPPA) and Bloodborne Pathogens (BBP) through WITCC online Vector Training site.

# **Criminal Background - General Information**

## **Pre-Clinical**

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

## **Post Graduation Exams**

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

## **Employment in Health Care Professions**

Employers have varied hiring policies based on their review of an applicant's criminal background history.

Graduates/students need to be aware that:

- \* Clearance for clinical while a student
- \* Graduation from the program
- \* Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015  
Revised January 2024

## Emergency Medical Technician Program Curriculum

*Certificate*

Catalog Number	Course Title	Credit Hours
EMS 217	Emergency Medical Technician	7

## Advanced Emergency Medical Technician Program Curriculum

*Certificate*

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 217	Emergency Medical Technician	7
EMS 312	Advanced Emergency Medical Technician	7

### Program Goal

To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

## Paramedic Program Curriculum

*Diploma*

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 540	NSC Paramedic I	13
EMS 541	Clinical I	3
EMS 810	Advanced Cardiovascular Life Support	1
EMS 820	Prehospital Trauma Life Support	1
EMS 545	NSC Paramedic II	13
EMS 546	Clinical II	3
EMS 815	Pediatric Advanced Life Support	1
EMS 825	Advanced Medical Life Support	1
EMS 547	Field Internship	1
MAT 772	Applied Math	3
ENG 105	Composition I	3

### Program Goal

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

## Paramedic Program Curriculum

AAS

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 217	Emergency Medical Technician	7
BIO 168	Human Anatomy and Physiology I	4
MAT 772	Applied Math	3
BIO 173	Human Anatomy and Physiology II	4
PSY 111	Introduction to Psychology	3
SPC 122	Interpersonal Communication	3
ENG 1105	Composition I	3
EMS 540	NSC Paramedic I	13
EMS 541	Clinical I	3
EMS 810	Advanced Cardiovascular Life Support	1
EMS 820	Prehospital Trauma Life Support	1
EMS 545	NSC Paramedic II	13
EMS 546	Clinical II	3
EMS 815	Pediatric Advanced Life Support	1
EMS 825	Advanced Medical Life Support	1
EMS 547	Field Internship	1

### Program Goal

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

# Paramedic Functional Job Analysis / Technical Standards

## Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies ( i.e. proper size of intravenous needles ) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life- threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

## Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well-being must not be jeopardized.

## Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex, and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgements while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

*Source: USDOT 1998 National Standard Paramedic Curriculum*

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies</li> <li>• to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/ keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

## **Career Development and Counseling**

Career planning services and resources including “Career Coach”, an interactive career decision making software, are available to all students through the WITCC website. Career Navigators/Admissions Representatives are also assigned to each degree-seeking student and are available to assist students with a variety of non-academic needs including referral to career planning workshops and other relevant resources.

## **Academic Advising**

Academic advising assists students in realizing the maximum educational benefits by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

An advisor will be assigned within the first two weeks following enrollment in your course. Students will continue to have the same advisor throughout the program.

## **Role of Student in Advising**

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advanced appointments with advisors for efficiency in scheduling. Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet all requirements for graduation.

## **Injury Incident**

A student who incurs an injury during clinical or preceptor should report it to the clinical facility immediately, and then notify their WITCC instructor, as soon as possible.

## **Occupational Hazards**

It is the intent of the clinical/field facilities and WITCC to keep you, the student, and the patients you care for as free from occupational hazards as possible. It is your responsibility to follow the guidelines that have been established. Any scheduled training, testing, or other documentation must be completed prior to clinical/field experience. Students must turn in their health evaluation information to the health compliance tracker.

Any significant exposure must be reported immediately to the clinical site and to WITCC.

## Weather Guidelines

In case of severe weather, consult your local broadcasting media. Both television and radio stations will announce when classes are canceled. Students may sign up for weather alerts on MyWIT.

## Excused Absences

Military duty, jury duty, or if you are subpoenaed are considered excused absences.

## Eligibility for Licensure

WITCC EMS students that successfully complete their respective program are eligible to complete the NREMT examination. Successful completion requires a passing grade of 78% (C) or better and completion of all course requirements (cognitive (knowledge), psychomotor (skills), and affective (behavior) domains). This includes any required clinical components outside of the classroom.

## Examination and Certification Costs

Emergency Medical Services graduates must pass the national exam and be licensed by the state to practice as an EMS professional. There will be fees associated with the national examination as well as state licensure.

**Examination and licensure are the responsibility of the student.** Links below provide most up to date cost.

National Registry of Emergency Medical Technicians (NREMT)

<https://www.nremt.org>

EMR: <https://www.nremt.org/Document/EMR-Full-Education-Program-Pathway>

EMT: <https://www.nremt.org/Document/EMT-Full-Education-Program>

AEMT: <https://www.nremt.org/Document/AEMT-Full-Education-Program>

Paramedic: <https://www.nremt.org/Document/Paramedic-Full-Education-Program-Pathway>

Iowa Health & Human Services (IHHS)

<https://hhs.iowa.gov/emergency-medical-services-trauma/emergency-medical-services>

AMANDA Portal: <https://amanda-portal.idph.state.ia.us/adpereh/portal/#!/dashboards/index>

FieldPrint Iowa for Iowa License

<https://fieldprintiowa.com/individuals>

- Background Check and Fingerprints
- No others will be accepted

To obtain information regarding licensure boards of other states, use the following link.

<https://www.nremt.org/Resources/State-EMS-offices>



**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SERVICES PROGRAMS  
STUDENT – INSTRUCTOR CONFERENCE RECORD**

**Student Name** \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUMMARY OF CONFERENCE**

\_\_\_\_\_ **Academic (GPA)**    \_\_\_\_\_ **Laboratory**    \_\_\_\_\_ **Clinical**    \_\_\_\_\_ **Personal**  
**WITCC Instructor Summary of Conference:**

**Plan of Action and/or Referrals:**  
**Student/WITCC Instructor Plan of Action and/or Referrals:**

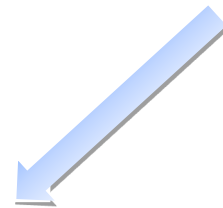
**Student Comments: (Use back of sheet if needed):**

\_\_\_\_\_  
**Instructor Signature (if necessary)    Date**

\_\_\_\_\_  
**Signature of Student    Date**

***Academic Review Procedure  
Program/Course Appeal Process  
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



***Step 1: Informal Process:***

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

**Step 2: Formal Process:** (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form”-detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
  - Schedule meeting with student within five (5) instructional days of receiving written notification.
  - Documentation will be completed on the “Student Conference Form”
  - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

**Step 3: Formal Process:** (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
  - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
  - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
  - Associate Dean or designated program administrator will review all documentation.
  - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

**Step 4: Formal Process:** (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
  - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
  - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
  - Committee will convene meeting within five (5) instructional days of request.
  - Committee will review documentation and receive testimony from all parties.
  - Committee will render a decision and/or resolution within five (5) days
  - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

**Step 5: Formal Process:** (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018  
Approved Academic Council 11/24/2015  
Revised January 2024

**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SCIENCE PROGRAMS  
STUDENT APPEAL PROCESS FORM**

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of the issue (policy or procedure) must address the following (attach the following):**

- \* State which policy or procedure you are appealing.
- \* Clearly and concisely state/describe the resolution you are seeking.
- \* When did you first become aware of the issue?
- \* Identify any extenuating circumstances related to the issue.
- \* What steps have you already taken to address the issue?
- \* Identify resources or supports that may help you improve or correct the issue.

**Resolution (check one):**

- Issue resolved
- Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- Issue not resolved; student advised to move to next step – Health Science Review Committee.
- Issue not resolved; student advised of the College Academic Review Procedure.

**\*Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has prepared the documentation and consulted with the instructor.

**\*Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

# Uniform Dress Code

## Clinical/Field Experience/Capstone Field Internship

Students will be in EMS school uniform for all class activities, including lecture, lab, and clinical/field experience/capstone field internship shifts. Failure to adhere to the bullet points listed below shall be subject to disciplinary action up to and including dismissal from the program.

- **Apparel:** students shall wear uniform pants (black, blue, or khaki cargo-type EMS pants) and EMS polo required by the program. Shirts must be tucked in. Shorts are not approved attire and cannot be worn during any clinical/field experience shift. Clothing must be clean, free of wrinkles, and kept in good shape. Black belts will be worn. Black boots or shoes (flat and closed toe) that are clean and in good repair. Footwear should have gripping sole for good footing. No hats will be worn in class/lab or at clinical/field experience/capstone field internship shifts.
- **EMS Student Badge:** students must visibly display their WITCC EMS student badge during all clinical/field experience/capstone field internship shifts.
- **Hygiene:** students shall practice good personal hygiene habits throughout the course. No cologne or perfume is to be worn during clinical/field experience/capstone field internship time.
- **Haircuts/hairstyles:** students' hair shall be neat, clean, and secured away from the face. All hair that extends past the bottom of the uniform collar must be pulled back and secured in a ponytail or bun fashion.
- **Facial Hair:** mustaches, goatees, and beards will be neat, clean, and trimmed, allowing for a seal with an N95 mask.
- **Fingernails:** fingernails shall be short and clean. Clear nail polish is preferred. No brightly colored nail polish. Polish should not be worn or chipped. No acrylic nails.
- **Jewelry:** Only stud type earrings are allowed during clinical/field experience/capstone field internship shifts. No other visible piercing will be authorized. Nothing will be worn on the eyebrow, nose, tongue, lip, or cheek. A ring may be worn on no more than one finger. No bracelets or neck chains. A watch with a second hand should be worn.
  - Other items not mentioned are subject to approval.
- **Tattoos:** tattoos should be covered while in clinical/field experience/capstone field internship shifts. If any visible tattoo is deemed inappropriate, the student may be asked to cover them.

Students are responsible for transportation to and from clinical sites.

I have read and understand the dress code and will abide by these guidelines.

---

Student Name

---

Date



# Western Iowa Tech Community College

## Plastinated Body Code of Conduct

Western Iowa Tech Community College's anatomical specimen (plastinated body) was an 81-year-old male who died of multiple system failure. This person willfully and legally donated his body prior to death for the purpose of educating future generations. Persons donating their body for this purpose receive no financial compensation. In the US, this type of donation is governed by the Uniform Anatomical Gift Act, which was first drafted in 1968 and most recently revised or amended in 2009. With that in mind, the study of WITCC's anatomical specimen must be treated as follows:

1. The specimen must be treated with care, respect and purpose due any living human being. The formerly living person has the right to privacy and confidentiality as would be extended to any live medical patient. Inappropriate or unprofessional comments or behavior will not be tolerated.
2. Conversations surrounding the specimen must reflect the nature of the gift. Students must behave professionally at all times.
3. Out of respect for the specimen's family, under no circumstances may the specimen be photographed in any way. Treat the specimen in a manner that you would wish your own body, or that of a family member, to be treated. Photographing and videotaping the specimen can be construed as abusing a corpse.
4. Neither the plastinated body nor any parts thereof are to be positioned or displayed in an inappropriate, comical or obscene manner.
5. Be certain that the plastinated body is covered up after use.

I have read and understand the above Code of Conduct and agree to abide by it in its entirety.  
I realize that failure to do so may require WITCC to impose a penalty.

Student: \_\_\_\_\_

Witness: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_





## EMS Student Registration Form

Must be completed by the student.

**PRINT LEGIBLY**

Full (legal) Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Western Iowa Tech Community College  
Emergency Medical Services  
4647 Stone Ave.  
PO Box 5199  
Sioux City, IA 51102-5199  
712-317-3263





**Western Iowa Tech  
Community College**

## **Western Iowa Tech Community College**

### **Emergency Medical Services Student**

#### **Student Release Form**

I understand that through my participation in Emergency Medical training activities by Western Iowa Tech Community College, I may be at risk of acquiring an infectious disease or other transmitted disease, such as AIDS or Hepatitis B, due to my exposure to infectious materials and may be at risk of sustaining physical injury resulting from practical experiences.

I hereby release and hold harmless Western Iowa Tech Community College and its agents, directors, employees, and any other person or agency providing clinical or field experience, from all liability to the undersigned, my personal representatives, assigns, and heirs for any and all loss, damage, harm, claims, or demands on account of injury, loss or death resulting from or relating to my participation in the course listed below. As a result of signing this release, I understand that I will be responsible for the payment of any charges for resulting medical care or treatment I may require.

I further understand that I am not to perform any duties without the expressed authorization of the supervisor in charge. I agree to abide by all hospital/field rules and policies concerning health education classes and practical experience. I further understand that I will be held accountable for my actions as an Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic.

Student Name: \_\_\_\_\_ Course Enrolled In: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Western Iowa Tech Community College  
Emergency Medical Services Program  
PO Box 5199  
Sioux City, IA 51102-5199  
712-317-3263  
EMS@WITCC.EDU



# Confidentiality Agreement

## Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

*I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.*

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

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

Date: \_\_\_\_\_

# Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

Additional expenses will be the student's responsibility.

**Students may be required to provide the following information to external affiliated agencies:**

- Clinical Health Evaluation & Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.
- HIPAA and Bloodborne Pathogen (OSHA) trainings completed through Vector

The student should maintain copies of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

**Upload documents to health compliance tracker.**

Revised December 2025

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## NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

**I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.**

Print name: \_\_\_\_\_ Student ID: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date

Revised January 2023



# Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed 2/2022





# STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number \_\_\_\_\_  
(if applicable):

Mail or Fax completed forms to:  
**Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
**215 E. 7<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 725-6066**  
**(515) 725-6080 Fax**

Send results to:

**Name** \_\_\_\_\_  
 Western Iowa Tech Community College

**Address** \_\_\_\_\_  
 4647 Stone Ave. PO BOX 5199  
 \_\_\_\_\_  
 Sioux City, IA 51106

**Phone** \_\_\_\_\_  
 712-274-6400 EXT. 1405

**Fax** \_\_\_\_\_  
 712-274-6471

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.  
**\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\***

**Release Authorization:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

<p style="text-align: center;"><b><u>Iowa Criminal History Record Check Results</u></b></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	(DCI use only)
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**Release Authorization Information:**

Iowa law does not require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, without a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

**General Information:**

The information requested is based on name and exact date of birth only. Without fingerprints, a positive identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment is not generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence is a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



Iowa Department of Human Services  
**Authorization for Release of  
 Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry       Dependent Adult Abuse Registry       Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address       Fax       Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name	Telephone Number
		Western Iowa Tech Community College	712-317-3159
Address			Fax Number
4647 Stone Avenue			712-274-6471
City	State	Zip Code	Email
Sioux City	Iowa	51102	hr@witcc.edu

List the name and address of the person whose information is being requested:

Name (last, first, middle)	Birth Date	Social Security Number
Address	City	County
	State	Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

Allied Health Student

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor	Date
------------------------	------

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
---	------

Comments



# WITCC Clinical Health Evaluation



## Student Complete:

Name: \_\_\_\_\_  
Last Name (Please Print) First Name Middle Initial

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Care Provider Complete the Following:

**Immunizations:** **Electronic Proof of Student's Vaccination Record is Required, or Equivalent Titres.**

\*Titre results must prove immunity and include numerical value – not just “positive, negative, or immune”.

- **MMR** – Completed series (2 vaccinations) or titre
- **Tdap** – Vaccination within the last 10 years
- **Varicella** – Completed series (2 vaccinations) or titre
- **Hep B** – Completed series (3 vaccinations), titre, or signed Declination to Accept form
- **Influenza** – Seasonal vaccination due October thru April annually
- **Tuberculosis** – Completed initial 2 Step Skin Test, QuantiFERON, or for past positive test – documentation of a Chest X-Ray or treatment received is required.

#1 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

Read date/time: \_\_\_\_\_ PPD result (state reaction in mm): \_\_\_\_\_ Professional Signature: \_\_\_\_\_

#2 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

Read date/time: \_\_\_\_\_ PPD result (state reaction in mm): \_\_\_\_\_ Professional Signature: \_\_\_\_\_

**OR** Proof of a negative QuantiFERON test **OR** Chest X-ray (Provide these documents separately)

## Core Performance Standards:

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named student may have difficulty meeting any of the standards outlined.

**At this time, this individual is capable of meeting the performance standards:**

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree. The following limitations are present: \_\_\_\_\_

\_\_\_\_\_ Additional evaluation suggested: \_\_\_\_\_

Questions:

1 - **Have recommendations for limited physical activity been made?** Yes  No

If “Yes”, for how long and why? \_\_\_\_\_

2 - **Do you recommend this individual for full participation in clinical?** Yes  No

If “No,” please comment: \_\_\_\_\_

3 - **Date of Last Physical Exam:** \_\_\_\_\_ (current upon program entry or as needed by program)  
mm/dd/yyyy

Health Care Provider Name (please print): \_\_\_\_\_

Health Care Provider Signature (MD, DO, ARNP, PA): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
<b>Cognitive-Perception</b>	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
<b>Critical Thinking</b>	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
<b>Interpersonal</b>	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
<b>Communication</b>	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
<b>Technology Literacy</b>	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies to coordinate confidential patient care</li> </ul>
<b>Mobility</b>	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
<b>Motor Skills</b>	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
<b>Hearing</b>	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
<b>Visual</b>	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
<b>Tactile</b>	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
<b>Activity Tolerance</b>	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
<b>Environmental</b>	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

## **Student Information**

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

## **Health Care Provider Completes The Following:**

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

### **Flu:**

- Required to be uploaded during flu season, October through April (optional for Dental Assisting students)

**Measles/Mumps/Rubella (MMR)** – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

**Tetanus/Diphtheria/Pertussis (Tdap)** – A Tdap is current for 10 years.

**Chickenpox** – You will need to provide one of the following:

- two vaccination dates
- positive titre

**Hepatitis B (Hep B)** – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

**Tuberculosis** - All students must complete baseline TB screening upon entrance to program, prior to the start of clinical.

- **Baseline TB Screening consists of:** Testing using the two-step TB Skin Test (TST) or single IGRA (QuantiFERON or T-Spot test) blood test. *Note: the blood test is required if you may have received BCG (Bacillus Calmette-Guérin) vaccine in the past.*
  - If the first TST is negative, the second is recommended at least one week after the first was read, but cannot exceed 12 months following the first test being read. *Note: Step 1 and Step 2 must both be completed prior to the start of clinical.*
  - For a NEW positive, medical evaluation with a healthcare provider is required. For history of a positive TB test: chest X-Ray dated after the positive test, and proof of treatment (if applicable) should be provided.
- A TB Symptom Eval is **required of all students** annually. This includes students with negative baseline TB screening, as well as those with history of positive test.
- Failure to adhere to TB requirements would prevent you from attending clinical/preceptor, therefore inability to complete program.

\*Note: COVID vaccination is not required. However, vaccination status information could be requested by program coordinator for specific clinical sites.

**Students: Please upload completed health forms to the electronic health tracking compliance system.**



## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

### Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

**UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER**

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You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

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## Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and I do not wish to receive the vaccine.

\_\_\_\_\_  
Name of Person Declining Vaccine (Please Print)

\_\_\_\_\_  
Signature of Person Declining Vaccine

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

**UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER**



# Western Iowa Tech Community College

## Signature Sheet of Understanding

I have reviewed and understand the Emergency Medical Services Admission Information Booklet and agree to abide by these policies.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_