



**Emergency Medical Technician - Basic Life Support  
Academic Policies and Procedures Manual**

**Suffolk County Fire, Rescue and Emergency Services**

**Emergency Medical Services Division**

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Emergency Medical Services Division  
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## *BEMS&TS Regional Office*

New York State Department of Health	Phone – 212-417-4455
Bureau of Emergency Medical Services and Trauma Systems	Fax – 212-417-4641
145 Huguenot Street, 6 <sup>th</sup> Floor, Room 603	
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## **Suffolk County Medical Control**

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Website address: [www.suffolkremsco.com](http://www.suffolkremsco.com)

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# I. GENERAL INFORMATION

## Introduction:

The Suffolk County Fire, Rescue and Emergency Services, Emergency Medical Services Division is a New York State Department of Health, Bureau of Emergency Medical Services and Trauma Systems Course Sponsor. As a Course Sponsor the Division conducts numerous training programs in Suffolk County. This Academic Policies and Procedures Manual has been developed to ensure that students, instructors and administrators adhere to the same rules and regulations.

## Expectations:

It is expected that the faculty will bring to the student knowledge of clinical experience and a desire to assist students in their learning experience. The student is expected to bring a commitment to the highest level of achievement, both in their course of study and in their patient care.

## Candidate Qualifications:

The Suffolk County EMS Division does not discriminate based on race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status.

## Forms of Technology Required for Class:

Access to a computer with reliable internet is required in order to complete online quizzes and homework. There are also mandatory FEMA classes that will need to be completed online. Reliable transportation to class is required.

## Course Registration:

1. The candidate for the **Basic Emergency Medical Technician** certification ***MUST BE*** a minimum of seventeen (17) years of age by the last day of the month in which the course ends.
2. In accordance with the provisions of the State Emergency Medical Services Code, 10 NYCRR Part 800, applicants for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department will review all criminal convictions from any federal, military, state and/or local jurisdiction to determine if such convictions fall within the scope of those specified in Part 800. If the applicant has been convicted of one (1) or more criminal offenses, the Department will consider the eight (8) factors listed under New York State Corrections Law Section 753, to determine if the applicant represents an unreasonable risk to property or the safety or welfare of the general public.

Certain Family Court or other designated governmental agency findings are also subject to review by the Department. If an applicant is unsure as to the status of any court proceeding, they **SHOULD NOT** sign the "Application for Emergency Medical Services Certification (DOH-65)."

The regulation does not prevent a candidate with a criminal conviction from attending and completing all of the requirements of an EMT course; however, it may prevent the candidate(s) from becoming certified in New York State until NYS-DOH has reviewed the circumstances of the conviction(s) and made a determination that the candidate does not demonstrate a risk or danger to patients. If NYS-DOH makes such a determination the candidate will be eligible to take the NYS Practical and Written Certification Examinations, if otherwise qualified. All candidates should be fully informed of these requirements by the Certified Instructor Coordinator (CIC) at the beginning of the course. The Suffolk County EMS Division reserves the right to request full payment of the course for students that are ineligible to sign the NYS EMS application.

Candidates **WILL NOT** be permitted to take the NYS Practical Evaluation until the background review and investigation is completed and a determination is made **in writing from the NYS-DOH Bureau of Emergency Medical Services and Trauma Systems. EMTs in a refresher course will also not be authorized to take the Challenge Practical and Written Examinations if they are unable to sign the EMS application.**

**FOR FURTHER INFORMATION GO TO THE FOLLOWING WEB SITE:**

<https://www.health.ny.gov/professionals/ems/pdf/18-01.pdf>

## **II. ACADEMIC POLICIES & PROCEDURES MANUAL**

Each student will be given access to the JB Learning site with a copy of the Academic Policies & Procedures Manual on it. This important document explains what is required to successfully complete the course the student is attending. It addresses many important questions and issues. Each student will be responsible for reading and understanding its content. Each student will be asked to sign a “Student Form” attesting to the fact that they will read its content and acknowledge that they will be bound by its content. Any questions should be directed to the Certified Instructor Coordinator (CIC).

## **III. AMERICANS WITH DISABILITIES ACT (ADA)**

The Department offers reasonable and appropriate accommodations for its certification examinations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA). The Department will review each request on an individual basis and make its decisions relative to appropriate accommodations based on the following guidelines:

1. An individual requesting an accommodation under ADA must present adequate documentation demonstrating that their condition substantially limits one (1) or more major life activities.
2. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination’s effectiveness in assessing the essential functions of pre-hospital care, which the examinations are designed to measure.
3. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations, must be qualified to do so.
4. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Department staff and consultants only to the extent necessary to evaluate and/or provide the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

There will be **NO** accommodations made for the New York State Practical Skills Evaluation. Requests for ADA accommodations can be sent to [EMS.ADA.testing@health.ny.gov](mailto:EMS.ADA.testing@health.ny.gov) or electronically through the ADA portal at <https://apps.health.ny.gov/pubpal/builder/survey/adarequest>.

Requests should include the following information:

- a. Individual’s first and last name.
  - b. Individual’s mailing address.
  - c. Individual’s telephone number and email address.
  - d. Course number the individual is enrolled in (obtain from instructor).
  - e. What accommodations the individual is requesting.
  - f. Any documentation from professionals who have conducted assessments or who have rendered diagnoses to support the accommodation request.
- In many cases, this can be in the form of an Individualized Education Program (IEP), a formal psycho-educational evaluation.

All requests for reasonable accommodations must be received by the Department no later than eight (8) weeks prior to the end date of the class in which the individual is enrolled. Ideally, the request should be made at the start of the course or as soon as possible. Individuals requesting an accommodation will be notified in writing of the Department's decision to either grant, deny or modify the requested accommodation.

## IV. VERIFICATION OF MEMBERSHIP FORM

A copy of the New York State Bureau of EMS "Verification of Membership in an EMS Agency" form is included with the course application. Self-Pay students will be required to put their name down and sign the bottom portion of the form. If the student is in a New York State Certified EMS agency then they will fill out the top section of this form, sign the bottom portion, then have the bottom half filled out by an officer of their agency authorized to attest to the fact that they are a member of the sponsoring agency. This form **MUST** be returned, properly completed, signed by the student and the authorized official (Chief, Training Officer, Captain, Lieutenant, Director or Commissioner) of the agency **when the student registers for the course** they would like to attend. **If students fail to adhere to this policy then they will be ineligible to attend the course.**

### **Non EMS Personnel – Any person who is not a member of a New York State Certified EMS agency.**

- A. If you are **NOT** a member of a NYS Certified EMS agency, the following Non EMS Personnel payment will apply:
  - EMT-Basic Original Course - \$1,175.00
  - EMT-Basic Refresher Course - \$625.00
- B. A student is entitled to full reimbursement if they withdraw from a course within the first week and **ONLY** if the books are returned in original condition **including an unredeemed website code**. No student will be reimbursed after the first week of the course. Cost for the books \$125 if code was redeemed. The Suffolk County EMS Division will clear the code for future as long as it is within one (1) year of the codes initial activation.
- C. **Any student that leaves the sponsoring agency voluntarily or involuntarily before the course ends will be responsible for the total cost of the course, unless the student is able to be sponsored by another NYS Certified EMS agency within the time line established by the Suffolk County EMS Division.**
- D. **The candidate must use the same agency code for the New York State Application for Emergency Medical Services Certification form and the Verification of Membership in an EMS Agency form. If a student changes their sponsoring agency during the course they need to contact the Suffolk County EMS Division immediately and resubmit a new Verification of Membership in an EMS Agency form. This form MUST be returned immediately, properly completed, signed by the student and the official of the new agency.**
- E. **Any student that has been enrolled in two (2) courses without successfully completing the course will be required to pay the full cost (Non EMS Personnel, not including the cost of the books if books are the same, the code is less than one (1) year from activation and the new course ends before the one (1) year) of the course prior to enrolling in a third course. \*\*\*The student may appeal by submitting written documentation of reasons for withdrawal from prior courses.\*\*\* The above information applies to "Non EMS Personnel" students too.**
- F. **Original courses are intended for students that have never been certified as a New York State EMT at the level of the course they have registered for. Students that have been certified at the level in question are not eligible for State reimbursement. Students wishing to stay in an original course will be required to pay the full price of the original course. Students who have been a New York State EMT in the past are only required, by New York State, to take a refresher course.**

## V. ATTIRE & HYGIENE

Classroom attire will be clean, neat, modest and appropriate clothing suitable for the weather conditions for that particular time of year. Remember that at the practical skills sessions you will be working on the floor of the classroom and expensive clothing should not be worn. Changes to this policy will be at the discretion of the CIC. Department or agency uniforms are not appropriate. Remember, students and faculty often need to work in close proximity during EMS training courses therefore personal hygiene and general cleanliness is essential.

## VI. ATTENDANCE AND LATENESS REQUIREMENTS

Attendance will be taken at every class session. This includes a student sign-in sheet. It is the responsibility of the student to be recorded as present. Lateness disrupts the continuity of the class. Unauthorized absences will not be tolerated and will be grounds for dismissal from the course.\* Chronic lateness, more than four (4) times, is unacceptable and may be grounds for the student to be dropped from the course. In addition, students that need to leave early will also be expected to make up all work that is missed. Students that have left early more than four (4) times may also be dropped from the course. The student must inform the CIC at the beginning of the individual class of their request. New York State mandates that successful completion of this course requires attendance at all sessions. If you know you are going to be absent contact your CIC **BEFORE** the scheduled time of the class. The student will be expected to make up the missed class by attending the same class at another Suffolk County EMS Division course running concurrently. Failure to do so in a reasonable amount of time (before the end of the section, including the section exam) may be grounds for being dropped from the course.

It is also the responsibility of the student to make up any missed materials due to lateness. The student must make these arrangements with the CIC of the course.

**\*Unauthorized Absence** – The student is unable to make up the missed session(s) in another Suffolk County EMS Division course running concurrently. The student will be responsible to complete a homework assignment provided by the CIC. The student will receive a learning contract with a deadline for the homework assignment. Each student will only be allowed to miss no more than nine (9) hours of unauthorized absences in an EMT original course. **(All EMT refresher students and Hybrid students must attend all required classes / sessions.)** If the student fails to submit the assignment or if the assignment falls below the accepted minimum standard, the student may be terminated from the course. **Note:** Not during declared Public Health Emergencies.

**\*Authorized Absence** – The CIC of the course arranges for the student to make up the entire class / session at another course running concurrently, sponsored by the Suffolk County EMS Division. The student is required to complete all assignments for that class / session and secure a signature from the CIC of the course where the student attended the class. The class / session must be made-up before the section exam for that portion of the course. A secondary option for authorized absence is for the student to complete an online make-up class. This is a specific set of coursework (consisting of online presentations, quizzes and certificates of completion) that the student must also complete and present to their CIC before the section exam for that portion of the course. The student may use a maximum of nine (9) hours for online make-up classwork in an original EMT course, only applies to didactic (lecture) classes missed in regular courses, and must be pre-approved by the Suffolk County EMS Division Course Sponsor Administrator. Skills labs are not to be made up in this manner. Failure to make up the class / session missed through either of these options will result in the student receiving an unauthorized absence. **Note:** Not during declared Public Health Emergencies.

**\* If a student does not follow this policy and attends another course without proper notification, the class will not count as an authorized absence.**

## VII. CLASS CANCELLATION

All class cancellations will be the responsibility of the Suffolk County EMS Division in conjunction with the course CIC. At the time of cancellation, the Division **MUST** be notified. The Suffolk County EMS Division will post all courses that are canceled, or delayed, on the Suffolk REMSCO website homepage. The Division will also make arrangements for Firecom and Medcom to make periodic broadcasts of cancellations.

## VIII. PROFESSIONAL CONDUCT

The faculty for every EMS training program will make every effort to maintain an environment conducive to learning. This requires that there be appropriate conditions in the classroom and clinical areas. Therefore, conduct disrupting the class, or showing lack of respect for staff or guests, will constitute grounds for the student to be dropped from the program. (Examples: vulgar language, physical violence, discrimination, etc.) The following behaviors are considered inappropriate and may result in disciplinary actions or being dropped from the program:

- Unsafe behavior (Examples: physical violence, horseplay, inappropriate use of equipment);
- Unlawful behavior;
- Abuse of illegal drugs or alcoholic beverages during class, during clinical assignments or at any time, which affects the student's performance or that of the class;
- Behavior, which disrupts or impedes learning in the classroom or clinical setting;
- Excessive absenteeism or lateness;
- Other acts of unprofessional behavior;
- Divulging confidential information;
- Not achieving the required clinical rotations and field internship hours; and
- Cell phone use, recording without prior permission.

Throughout the program students will be expected to conduct themselves in a responsible and mature manner.

Continuous evaluation will include:

1. Student / Instructor Relationships;
2. Student / Student Relationships;
3. Student / Patient Relationships;
4. Student / Field Personnel Relationships;
5. Use of equipment;
6. Ability to accept constructive criticism; and
7. Emotional maturity in a crisis and in-patient care situations.

## IX. VANDALISM & DESTRUCTION OF PROPERTY

Training equipment used in the program is costly and replacement is difficult. Any student seen, or suspected of, damaging property or equipment will be subject to an investigation, which can lead to dismissal from the program.

Any type of vandalism or acts of graffiti that is found at the location of the course being conducted will be reviewed by the Suffolk County EMS Division. If the party or parties are found guilty, they will be terminated from the program and also be responsible to reimburse the host for all damages that were incurred.

## X. STUDENT RESTRICTIONS

Smoking, or vaping, is not allowed in any buildings used for EMS training. Smoking, or vaping, will not be permitted within fifty (50) feet of any building used for EMS training.

### Electronic Devices – Distracting / Unprofessional Behavior

All pagers and cell phones will be silenced at the start of class and remain silenced until the end of class.

The Suffolk County EMS Division Course Sponsor prohibits the taking of photographs or videos during class sessions which includes clinical / field rotations as well as the NYS Practical Skills and Written Examinations testing. Under no circumstances may a student post any pictures / videos or any other course related materials / information to a social media site without expressed written consent of the Suffolk County EMS Division Course Sponsor Administrator. Any student that is found to have violated the above policy may be subjected to removal from the course. (Dismissed from their current course.)



Students will only be allowed to voice record a lecture with the prior approval from the CIC for each lecture. Failure to seek prior authorization may lead to termination from the course.

The Suffolk County EMS Division Course Sponsor believes that texting / the use of cell phones, or using any type of electronic equipment during the course (classroom and clinical / field rotations) are grounds for both a verbal and written discipline. Any student that has been reprimanded more than two (2) times may be terminated from the program.

Each incident of “unprofessional behavioral” will be based on its own circumstance. The Certified Instructor Coordinator (CIC), or a staff member that has been delegated the responsibility of senior instructor, has the authority to remove the student(s) from the class / session, or rotation, when the incident occurs. Depending upon the time of the occurrences, this can count as either an unexcused absence or lateness infraction.

In cases where students have had up to two (2) warnings on unprofessional behavior, they may be terminated for the third infraction.

In cases of emergencies, in which the student must use their cell phone or send a text message, the faculty must be made aware either before or directly after. The student must inform them of the “nature of the emergency” and to whom the message was placed to.

Consumption of alcoholic beverages or the use of illegal drugs is **prohibited**. Any student suspected of attending class, or field training / clinical time, under the influence of such substances will be asked to leave the class, or field training / clinical time, and such action will constitute grounds for the student to be dropped from the program.

**Note:** The Suffolk County EMS Division Course Sponsor **does not** condone the carrying of **any weapons** in any of our courses or classes. Every effort should be made to secure weapons prior to entering class. If a student or instructor must carry a weapon for professional reasons, they must make a request to the Course Sponsor Administrator of the Suffolk County EMS Division at time of registration for a class or course.

## **XI. HEALTH AND SAFETY**

### **HEALTH**

Any participant with any of the following should check with his or her own physician before entering an EMS program:

- Infectious Disease
- Current Injury or Illness
- Pregnancy
- History of Chronic Health Problems

### **SAFETY**

Safety is of the utmost concern in any training program. Please consider safety when participating in the following areas:

1. Travel to & from class;
2. Outside the areas of the building, hallways, break areas, lavatories, etc.;
3. Classrooms;
4. All clinical settings; and
5. Practical skills sessions.

If you are injured during a training session, or a Clinical Rotation Field Internship, notify your Certified Instructor Coordinator (CIC) immediately. Necessary and appropriate emergency medical care will be provided. Documentation **MUST** be submitted to the Suffolk County EMS Division Course Sponsor Administrator within twenty-four (24) hours from the date of injury.

## XII. REQUIRED TEXTBOOKS

The required textbooks / manuals for EMT-Basic Original & Refresher courses are:

Current text book with online code in use by the Suffolk County EMS Division;  
American Heart Association Basic Life Support Provider Book;  
Suffolk County Clinical Paperwork (JB Learning site);  
NYS DOH-BEMS&TS Protocol Manual (JB Learning site); and  
Suffolk County EMS Division – Academic Policies & Procedures Manual (JB Learning site)

## XIII. CLINICAL ROTATIONS

The value of clinical experience is directly proportional to student effort. Therefore students should actively seek out clinical staff to involve them in hospital activities as much as permitted. Students who stand in the corner will get little in return for their time.

**EMT-Basic Original Students:** See the “Emergency Medical Technician Rotation Guide” listed in the Clinical Rotations folder on the Jones & Bartlett Course website.

### 1. Health Criteria

Affiliation agreements between the Suffolk County EMS Division and Suffolk County Area Hospitals require all students to meet the following criteria **BEFORE** clinical time can be scheduled.

- Submit a current DHS EMS 1 & 2 Medical Packet to Suffolk County EMS Division \*(Federal, State or hospital mandates may be required during the course.);
- Successfully complete a Bloodborne Pathogens and HIPAA Program in the course;
- Approval to start clinical rotations by the Certified Instructor Coordinator (CIC) of the course; and
- In situations in which the clinical site (hospital) has additional requirements, the students must comply with all requests; failure to comply will result in the student being dismissed from the clinical site. In these situations the students will not be able to use any clinical time for their class requirements.

**Students will be required to meet the above requirements before being permitted into any clinical area.**

### 2. Attire

1. All students will wear neat, clean, casual business attire;
2. No agency or department identifiers are to be worn at any rotation site;
3. No cutoffs, shorts, tank tops, or dirty sneakers; and
4. **For Hospital Time:** Students must wear course ID cards, please do **NOT** wear jeans, cutoffs, shorts, tee shirts, tank tops, dirty sneakers, or sweats.

### 3. Patient Confidentiality

There **MUST BE** absolute patient confidentiality (as per the requirements of the Federal HIPAA Regulations). Failure to comply may be grounds for the student to be dropped from the program.

### 4. Hygiene

Personal cleanliness, hygiene and grooming are a prerequisite to entering a clinical site.

## 5. Professional Attitude & Conduct

All students are expected to maintain a professional attitude and exhibit proper conduct throughout all clinical rotations.

Students must understand that clinical personnel **MAY NOT** permit them entry to clinical areas if their hygiene, appearance or conduct is not in keeping with the standards of the clinical site. Students are required to document the exact time that they were present for their clinical time. Any students that are found falsifying documentation in pertaining to the actual time at the location site will be terminated from their present course.

## 6. Clinical Requirements

Suffolk County EMS Division issued IDs\* **MUST** be with students at all times. The NYS / Suffolk County EMS Division clinical evaluation form should be documented as follows:

- **Students must secure signature and printed name of the preceptor on the NYS / Suffolk County EMS Division clinical evaluation form at conclusion of rotation.**

Students must use the contact information provided by the CIC. It is not acceptable for students to go outside the designated hospital staff member when scheduling clinical time for their respective clinical time requirements. Students **MUST** comply with all hospital policies and observe rules of confidentiality.

\* Students that are no longer enrolled in the course that is listed on the ID card must return the ID card to the CIC or they must mail the card to the Suffolk County EMS Division. **Under no circumstance** may an individual who is no longer affiliated with a Suffolk County EMS Division course use the ID for any purpose of identification. The Division reserves the right to seek legal ramifications if this occurs.

## EMT-BASIC (Original) – Hospital / Ambulance Clinical Rotation

The EMT candidate is required to complete ten (10) documented patient contacts during their clinical time after handing in their DOH EMS 1 & 2 Medical Packet, pending the Suffolk County EMS Division System Medical Director and course CIC's approval. The intent of the clinical time is that each student be offered the opportunity to perform their required ten (10) documented patient contacts in one (1) of the following: hospital setting; ambulance setting; or a combination of both. **All field and hospital clinical rotation time**, as completed, will be recorded on the NYS / Suffolk County EMS Division EMT Clinical Evaluation Form, signed by the supervising nurse, or other allied health care professional, and submitted to the CIC of the course. **All ambulance clinical rotation time** and patient contacts will be recorded on a copy of the **NYS / Suffolk County EMS Division EMT Clinical Evaluation Form**. The NYS / Suffolk County EMS Division EMT Clinical Evaluation Form must be signed by the preceptor. **Self-pay students** must complete their ten (10) patient contacts by performing hospital observations. All clinical paperwork **MUST** be handed in to the CIC no later than two (2) weeks prior to the NYS Final Practical Skills Evaluation (PSE) in order for the CIC to meet the Suffolk County EMS Division's required two (2) week deadline. **Students are not permitted to schedule any clinical time at hospitals that are not currently contracted by the Suffolk County EMS Division.**

**\*\*Under no circumstances may the EMT student practice assisting or the act of administration of medications without the direct supervision of a hospital or EMT Preceptor. Once the clinical requirement period is over, no student may continue to ride as an EMT student or participate in Clinical Hospital Rotations. The course photo ID must be returned to the CIC no later than the last day of scheduled class.\*\***

## XIV. REFRESHER COURSES – SPECIAL CONSIDERATIONS

**Eligibility** – In order to be eligible to attend a refresher course, a student must have either once held the certification at or above the level of the course.

## **CHALLENGE WRITTEN EXAMINATION (EMT-BASIC REFRESHERS)**

**Students who have never been certified as an EMT in New York State may NOT take the challenge written and practical exams. (Please see above “Eligibility” portion.)**

Each eligible student will take a written exam at the first class session. The exam is broken into specific content areas such that the result of the grading of each individual section will help prescribe exactly what the student’s didactic needs are and match them to the specific sessions of the course. The passing grade for each section will be 80%. For each section that the student receives a minimum of 80%, they will be eligible for exemption on the class that pertains to that section. If a student fails a section in the challenge exam then they **MUST** attend the class and successfully pass the section exam with a minimum of 70% during the course. The student will have one (1) additional attempt to meet the minimum score; failure will result in being terminated from the refresher course.

**Mandatory Sessions** – Each student will also be responsible to successfully attend and complete assignments related to the mandatory didactic sessions. The passing exam score will be a minimum of 70% for the mandatory exams. Students will have one (1) additional attempt to meet the minimum score; failure will result in being terminated from the refresher course. There will be no questions on the EMT Challenge Written Examination on the following sections: BLS Resuscitation / Shock; Cardiac; Respiratory; Pharmacology; and Trauma 1 (injuries to head / spine, soft tissue, orthopedic burns, bleeding, and injuries to face / neck).

## **CHALLENGE PRACTICAL SKILLS EVALUATION (EMT-BASICS)**

The EMT Challenge Practical Skills Evaluation will be announced on the course application. Students **MUST** pre-register, if required on the course application, for the Challenge Practical Skills Evaluation **before** the date of the exam. The Suffolk County EMS Division reserves the right to charge an EMT-Basic refresher student a fee of sixty (60) dollars in cases in which the student signs up for the refresher challenge practical but does not show up or cancel by contacting the Suffolk County EMS Division prior to the Challenge Practical Skills Evaluation.

The Challenge Practical Skills Evaluation is conducted in the exact same manner as it would be for the Final Practical Skills Evaluation at the end of an original EMT course. **There will be no retesting conducted at this practical.** Any student who fails one (1) or two (2) EMT practical skills station will be allowed to retest those stations at the end of the course. They will not be required to repeat the stations they have already passed. The student will be required to attend those sessions of the course that relate to the skills station(s) failed. Students will only receive two (2) retests, for each station failed at the Challenge Practical Skills Evaluation, at the Final Practical Skills Evaluation. Please see section XIX for more information regarding the Final Practical Skills Evaluation.

If a student fails three (3) or more EMT practical skills stations, that student will be required to retake all of the EMT practical skills stations at the end of the course. The student will be required to attend all practical skills sessions of the refresher course, the final practical is not considered a retest, and they will be starting the practical with a clean slate. In this manner the student will be given all the retest opportunities allowed for a Final Practical Skills Evaluation.

**In addition to the written exams, EMT refresher students MUST have a minimum of three (3) signatures on the individual Practical Skills Completion Record for each station required in their individual learning contract. Failure to have the Practical Skills Completion Record completed will constitute a failure of the course.**

**Cheating will NOT be tolerated. Any student found cheating would be dropped from the course immediately.**

## **XV. LEARNING CONTRACTS**

Where necessary, and routinely in refresher classes or for advance standing, a written learning contract will be developed to ensure that students, faculty and administrators all agree to the student's requirements to complete the course. Learning contracts are also used in original courses for students that are not in good academic standing, or for a behavioral warning.

## **XVI. STUDENT STUDY HABITS, REMEDIATION, AND PROGRESS**

The textbook used for the EMT program is on a high school reading level. Students must have an English reading comprehension at that level. In order to successfully complete the reading assignments and master the course curriculum, the student must allocate study periods between sessions. The amount of independent study time will vary with each student according to reading speed and comprehension. Students must also set-aside additional time for skills practice. The Certified Instructor Coordinator (CIC) will provide students with progress conferences when necessary during the course. It is the responsibility of the student to consult with the CIC and arrange for additional instruction and remediation. Students may inquire to voice record the didactic portion of the class / session. This does require prior authorization from the CIC for each class / session they are requesting to voice record.

## **XVII. CLASS EXAMINATIONS**

### **WRITTEN EXAMINATIONS**

Written section examinations are given throughout each course. The rationale for these tests is to allow instructors and students to evaluate retention of the course material and to determine if learning has occurred.

### **ORIGINAL COURSES**

A passing grade of 70% must be achieved on all section exams (including interim and final). If a section exam, as listed above, is failed, the student will be offered remediation before they retake the failed exam. The make-up exam must be scheduled prior to the next scheduled class session. If a passing grade (70% maximum) is not achieved on the retest, the student is subject to removal from the course. The appeals process is described in section XXI. A final average, on all section exams (including interim and final exams) must be at least 70% to be eligible to participate in the New York State Final Practical Skills Evaluation. Successful completion of the practical skills evaluation will allow the student to take the New York State Written Certifying Examination.

**Cheating will NOT be tolerated. Any student found cheating would be dropped from the course immediately.**

### **CPR CERTIFICATION**

The New York State Department of Health, Bureau of EMS and Trauma Systems Program requires that all students pass the performance and written (84% or greater) CPR examinations to the standard of the AHA as part of the course. Any student that is unable to pass will be unable to continue with the course.

## **XVIII. COURSE COMPLETION-ELIGIBILITY FOR CERTIFYING EXAMINATIONS**

Course completion is required as eligibility to take the New York State Certifying Practical Skills and Written Examinations. Course completion requires:

1. A proper attendance record;
2. Satisfactory classroom skills performance;
3. CPR certification;
4. Successfully complete NYS pre-requisite NIMS 100 and 700 classes, due one (1) month after course starts (Rapid EMT-Basic Refresher Courses, due immediately);
5. Successfully complete NYS pre-requisite HazMat Awareness class, due one (1) month after course starts. (Rapid EMT-Basic Refresher Courses, due immediately) HazMat Awareness MUST have been taken after 9 11 (September, 2001);
6. Satisfactory written examination grades; and
7. Completion of the clinical requirements (EMT Original Courses).

## **XIX. NYS FINAL PRACTICAL SKILLS EVALUATION**

**All students are pre-registered for a Final Practical Skills Evaluation date on the course application. Any student who is unable to make the pre-scheduled Final Practical Skills Evaluation date must notify the Suffolk County EMS Division no later than eight (8) weeks prior to that date. Students will receive the PSE skills sheets at least two (2) weeks prior to the exam.**

### **EMT-BASIC (ORIGINAL & REFRESHERS)**

Any EMT candidate who fails one (1) or two (2) stations of the New York State Final Practical Skills Evaluation may be retested on those stations. Failure of three (3) or more practical skills stations constitutes a failure of the practical skills evaluation.

A student failing one (1) or two (2) practical skills stations is eligible to take two (2) retests on the station(s) failed. The first retest must occur on the same day as the initial skills evaluation. A different examiner will administer the retest. The second retest will be conducted on another date that is mutually agreed on by the student and PSE coordinator and the candidate must be provided with remedial instruction. Failure of a second retest constitutes a failure of the evaluation.

Candidates who fail the NYS Final Practical Skills Evaluation must complete remediation through the initial Course Sponsor, prior to being admitted to another "Full" practical skills evaluation at the same level of certification. \*\*Such candidates may be admitted once (1) to a practical skills evaluation within one (1) year after the end of the course date.\*\*

## **XX. NEW YORK STATE CERTIFYING EXAMINATION**

### **New York State Written Examination**

As of March 15, 2020, New York State EMS certification examinations are only available through Computer Based Examination (CBT) at a PSI testing center. CBT remote proctoring may be available for CFR and EMT certification examinations. Examination fees are paid directly to PSI testing services at the time of registration. Students who pass the certification examination taken at a PSI testing center will receive a temporary certification document. Students who pass the certification examination taken through remote proctoring will not receive a temporary certification document.

**Students are required to register to take their NYS Written Examination no more than thirty (30) days from their course end date.**

# RESULTS OF THE NYS WRITTEN EXAMINATION

**Remote Proctoring** – Students must be 18 years old for remote proctoring. **DO NOT CALL** the Suffolk County EMS Division or the NYS DOH, Bureau of EMS and Trauma Systems for the results of the NYS Written Examination. The NYS DOH, Bureau of EMS and Trauma Systems will notify students by mail in about eight (8) to twelve (12) weeks. EMS providers' certification status can be verified in the Department's online Health Commerce System (HCS) website utilizing the EMT Certification Search application.

## IF A STUDENT FAILS:

- If a candidate fails the first NYS Written Examination they will have two (2) additional attempts to pass the written exam.
- If a student is unsuccessful in their attempt at the NYS Written Examination they must wait two (2) business days and go back to the original website they used to schedule the first attempt and register themselves for another examination attempt.
- If the candidate fails the NYS Written Examination for a second time, they will have a third and final attempt to pass the written examination. The candidate must go back to the original website they used to schedule prior and re-schedule themselves for their final attempt.

**Note:** Students should wait two (2) days after their unsuccessful attempt to reschedule an exam to allow the PSI System to fully handle the attempt.

- Students should not wait to test as the deadline for all three (3) attempts is one (1) year from the final end date of the course.
- After the third failure they will be required to complete remedial training, as approved by the department, prior to being admitted to another cognitive certification examination at the same level of certification. After remedial training, the student is allowed three (3) additional attempts to pass the cognitive certification examination. After six (6) total attempts to pass the cognitive certification examination, the candidate will be required to complete a full **Original Course** again.
- Such candidates may be admitted once to a cognitive certification examination at a lower level of certification within one (1) year after the end of the course date.

**Note:** If a student does not receive an email to schedule their NYS Written Examination up to two (2) weeks after their end of course date they should attempt to register on the testing sites website. The website is <https://test-takers.psiexams.com/nyems>. If a student is still unable to register on the testing website they should submit an Exam Incident Report Form:

<https://apps.health.ny.gov/pubpal/builder/survey/exam-incident-report-form->

**Note:** This is an electronic portal to the NYS BEMS.

It is the student's responsibility, **NOT THE COURSE SPONSOR'S or THE INSTRUCTOR'S**, to complete the PSI Registration for EMS Examination Test Scheduling Request in accordance with the instructions that were sent to them by PSI. The registration will be validated and the student will receive confirmation to register for a New York State Written Certification Examination with PSI.

## XXI. DISCIPLINARY ACTIONS & APPEALS

EMTs are health care professionals, whether they receive payment or volunteer their services. They are bound to the highest standards of professional conduct and ethics. Every student **MUST** maintain professional behavior throughout all aspects of the program. Inappropriate behavior will result in being dropped from the program.

It is expected that all students will behave in a professional and safe manner throughout the entire course.

The following behaviors are considered inappropriate and may result in disciplinary actions or being dropped from the program:

- Unsafe behavior (Examples: physical violence, horseplay, inappropriate use of equipment);
- Vulgarity;

- Unlawful behavior;
- Abuse of illegal drugs or alcoholic beverages during class, during clinical assignments or at any time, which affects the student's performance or that of the class. Behavior, which disrupts or impedes learning in the classroom or clinical setting;
- Excessive absenteeism or lateness;
- Divulging confidential information;
- Other acts of unprofessional behavior. (Examples to include: sleeping in class; using personal cell phone without prior permission from staff; texting via cell phone or other device; confrontations with other students or staff members; and taking photographs / videos.);
- Harassment;
- Discrimination; and
- Any student who is in possession, using or distributing any questions from the publishers test bank of the course textbook or prior course exams / quizzes.

## **DISCIPLINARY PROCEDURE**

Situations which may require disciplinary action will be handled on a case-by-case basis. The CIC must keep in mind that each student is entitled to a fair representation of the facts and due process.

At the time of the first occurrence, the student will be advised that they are not acting in accordance with the policies and procedures manual. The student will be directed to cease the inappropriate behavior. The instructor may, at their discretion, ask the student to leave the classroom if the situation warrants this action. Additional infractions may require further disciplinary action.

The process will be:

1. Written warning and counseling for the **INITIAL INFRACTION** with a copy of such warning submitted to the Suffolk County EMS Division;
2. A second written warning and counseling for the **SUBSEQUENT INFRACTION** with a copy of such warnings submitted to the Suffolk County EMS Division;
3. Students who have not taken the necessary corrective actions for previous infractions after receiving two (2) written warning notices will be dropped from the program; and
4. In the event a student takes any action, which is deemed to be of a **SERIOUS NATURE**, the student may be dropped from the program without previous warning.

## **APPEALS PROCESS**

1. The Appeals Process will begin with written request by the student to the Course Sponsor Administrator of the Suffolk County EMS Division, who will arrange a conference with the student.
2. As soon as possible after this conference, the Course Sponsor Administrator will issue a decision in writing to the student, the student's Certified Instructor Coordinator (CIC) and the EMS System Medical Director.
3. If the student wishes to appeal the decision of the Course Sponsor Administrator, a conference will be arranged with the EMS System Medical Director, who will have the ultimate authority to make a determination.
4. The student may appeal the decision to the regional representative of the New York State Department of Health, Bureau of EMS and Trauma Systems. To contact the NYS DOH, Bureau of EMS and Trauma Systems representative please call (212) 417-4455 or write to New York State Department of Health, Bureau of EMS and Trauma Systems, 145 Huguenot Street, 6<sup>th</sup> Floor, Room 603, New Rochelle, NY 10801, Attn: Regional Representative.

**NOTE:** During the appeals process, the student will be allowed to continue in the course unless this process poses a danger or distraction to the instructors or other members of the course.



## **XXII. STUDENT COMMENTS, CONCERNS & COMPLAINTS**

From time to time situations may arise that require resolution. These situations may involve other students, faculty, or the way in which the course is being conducted. The more quickly such matters are resolved, the more quickly the class can move on with its primary goal of teaching and learning. Therefore comments, concerns or complaints should immediately be brought to the attention of the Certified Instructor Coordinator (CIC) for their action.

In the event that the student is unable to address a concern in this manner or the matter is not resolved, the Suffolk County EMS Division Course Sponsor Administrator should be contacted at (631) 852-5080. In addition to reviewing the matter personally, there are a number of resources to which the student's concerns can be referred. These include other EMS training staff members, Regional Faculty or the Regional Emergency Medical Services Council (REMSCO). If necessary, the EMS System Medical Director can then address the issue or the New York State Department of Health, Bureau of EMS and Trauma Systems staff can be consulted.

### **In escalating order:**

- 1. Class Instructors;**
- 2. Class Certified Instructor Coordinator (CIC);**
- 3. Course Sponsor Administrator;**
- 4. EMS System Medical Director; and**
- 5. New York State Department of Health, Bureau of EMS and Trauma Systems Staff**

## **XXIII. STUDENT COURSE EVALUATIONS**

Students enrolled in an EMT original course will receive course evaluations at both the mid-term and end of course. All refresher course students will receive evaluations at the completion of each course. Students will be asked to rate and comment on such subjects as: time allocation within the course; level of instruction; instructor presentations; training aids; and equipment, etc. The quality of the course can only be improved if the input, which the student provides to the Suffolk County EMS Division, is an honest assessment of the course.

## **XXIV. STUDENT CORRESPONDENCE WITH THE SUFFOLK COUNTY EMS DIVISION**

All communications concerning a student's status in the course, either verbal or written, will only take place between the student and Suffolk County EMS Division staff. If the student is less than eighteen (18) years of age they will designate a parent or legal guardian as their advocate to communicate with Suffolk County EMS Division staff.

The above statement only pertains to the student contacting the Suffolk County EMS Division. The Division reserves the right to contact all parties that are deemed essential pertaining to the student's status within the training program.

## **XXV. TRANSFERRING COURSES**

On a case by case basis, the Suffolk County EMS Division will allow students to transfer from one current course into another current course. In order to initiate the process, the Suffolk County EMS Division must receive in writing from the student why they need to be transferred. The student must be in good standing with their current course. The student must have passed all section exams and must have submitted all required paperwork. In addition, the current Certified Instructor Coordinator (CIC) will be contacted and asked to submit any counseling records if they exist.

The Suffolk County EMS Division will contact the prospective course CIC to ensure that there are enough resources for the transfer. The Division must also ensure that the new student application will meet the State deadline concerning the New York State Practical and Written Examinations.

If authorized, the student will need to attend all classes in the new course. There will be no advanced standing in didactic material. The Suffolk County EMS Division will accept the DOH EMS 1 and 2 Medical Packet and all clinical rotations from the previous course. All attendance records and scores will be transferred to the new course. The CIC from the prospective course may decide to honor the skills that have already been signed off. The student will receive a learning contract that covers the practical skills signatures that will be required.

The student will be required to complete a new “New York State Application for Emergency Medical Services Certification” application **in person** at the Suffolk County EMS Division office. If the student has been sponsored by a New York State EMS agency then they will also be required to submit a new “New York State Verification of Membership” form. The New York State Verification of Membership form must be returned to the Suffolk County EMS Division **immediately**. The Division office hours are Monday through Friday 9 AM to 5 PM. Appointments are required.

## **XXVI. PUBLIC HEALTH EMERGENCY**

In the event of a pandemic, natural or man-made disaster, or other public health emergency, adaptations to the curriculum, approach, and didactic / practical modifications might allow continuation of EMS courses through scheduled completion, despite the logistical difficulties these crises might present. This section describes many, but not all, modifications and adaptations that the Suffolk County EMS Division Course Sponsor Administrator might allow, or mandate, in order to ensure that the essential work of educating EMS professionals continues during such times.

- During a declared pandemic, students will **NOT** be permitted to make up missed hours in any other course. Only nine (9) hours of online make-ups will be permitted.
- If an individual has traveled to any location deemed high-risk by the New York State Department of Health, the student will adhere to any and all quarantine or isolation procedures and will not return to class until the New York State Department of Health-mandated minimum health requirements-to-return have been met (symptom-free, no fever, etc.)
- With prior approval of the Suffolk County EMS Division Course Sponsor Administrator, didactic sessions can be administered, in part or whole, through synchronous (Zoom, WebEx, etc.) or asynchronous (JB Learning website assignments, take-home work, chapter outlining, etc.) alternatives. These methods can be utilized when the full class is not in attendance at the teaching site. A portion of students may be allowed to participate live from home, or even another room at the class location, to allow for maximum gathering occupancy to be met based upon New York State mandates on gathering size.
- If at any point in-person classes are entirely prohibited by New York State, alternative means of instruction may be utilized (Zoom, WebEx, Jones and Bartlett Website, etc.)
- If at **ANY** point during the course a pandemic is declared, the following changes will take effect **IMMEDIATELY**:

### *1. Classroom Changes:*

- All surfaces will be wiped down by your instructor before and after every class.
- All students and instructors will be required to wear face coverings during class. (Face coverings and hand sanitizer will be available to all students at each class session.)
- All students will be spaced at least six (6) feet apart while seated in the classroom in accordance with social distancing guidelines.

## 2. *Skill Session Changes:*

- Skills sessions cannot be held virtually. All students must participate at the training location for all skills sessions.
  - All equipment will be wiped down before skills sessions and in between student usages.
  - All students are required to wear face coverings and gloves during skills sessions.
  - All students will maintain six (6) foot social distancing whenever possible in skills groups.
  - Skills groups' size may be limited in accordance with New York State mandates on gatherings.
- If a pandemic is declared during your course, hospitals may no longer accept students for clinical rotations.

### 1. In this case, the Suffolk County EMS Division has developed alternatives for clinical rotation course requirements.

- *Students who are members of a NYS EMS agency:*
  - ❖ Will be allowed to complete their observation hours with their agency on pre-scheduled call duty time.
  - ❖ Must receive approval from the CIC prior to scheduling this time.
  - ❖ Must use the “Pandemic Clinical Form” supplied by the CIC.
  - ❖ **Students may only complete this time at the agency of which they are a member.**
- *Students who are **NOT** members of a NYS EMS agency:*
  - ❖ Will be given ten (10) patient scenarios by the CIC.
    - These scenarios will include both medical and trauma patients.
    - At least two (2) of the scenarios will be pediatric patients.
  - ❖ Will complete ten (10) prehospital care reports for these scenarios.

While this is not an ideal clinical experience, it will serve to allow application of many of the skills learned in class including proper documentation. If a pandemic is declared prior to your practical evaluation, the following procedures will be utilized:

- *Practical Skills Evaluation:*
  - Students will be spaced six (6) feet apart while waiting between testing stations.
  - Hand sanitizer will be available at every station.
  - All equipment will be wiped down at the start of the evaluation and between students testing.
  - All students will be required to wear face coverings and gloves for the duration of the practical skills evaluation.
  - Patient Assessment stations will be done on mannequins.

## **XXVII. DISCRIMINATION AND SEXUAL HARASSMENT POLICY**

It is the policy of the Suffolk County EMS Division to provide a professional classroom environment for its students free of all types of discrimination and sexual harassment. The prohibition of discrimination and sexual harassment applies to all instructors and students of the Division. These acts are unlawful and will not be tolerated under any circumstance. The Division has a **zero tolerance policy** for such acts and for the formal procedure for resolving complaints of discrimination and sexual harassment.

Sexual harassment includes any unwelcome or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of an offensive sexual nature, such as uninvited touching or sexually related comments. The unwanted behavior may include, but is not limited to, verbal abuse and humiliation, leers, indecent suggestions and physical touching. Discrimination includes wrongful treatment of persons because of their race, creed, color, sex, marital status, national origin, age, sexual orientation, disability, or military veteran status.

The Suffolk County EMS Division strictly forbids any student or instructor from engaging in any of the above-described conduct. Anyone found to have engaged in discrimination or sexual harassment will be subject to disciplinary measures, including dismissal from the course.

Anyone who believes that they are the victim of discrimination or sexual harassment should report the discrimination to the Certified Instructor Coordinator (CIC) and the Course Sponsor Administrator of the Suffolk County EMS Division. The Course Sponsor Administrator will conduct a prompt and thorough **confidential** investigation of the complaint and take appropriate disciplinary measures against the offending party. **All complaints of discrimination or sexual harassment and any information developed during the course of the investigation of these complaints will be kept strictly confidential unless required to be divulged as part of the investigation or pursuant to a legal proceeding. In that case, only those with a need to know will be involved.**

**There will be no retaliation against any person pursuing their rights under the law or this policy.**



**DOH**  
New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* New

**No. 00 - 11**

**Date: 10/03/00**

**Re: Sexual Harassment**

**Page 1 of 2**

**Purpose:**

The intent of this policy is to advise individuals participating in Department of Health (DOH) approved courses and those working in the Emergency Medical Services field that they are entitled to an environment that is free from sexual harassment.

**Policy:**

DOH requires all course sponsors to develop and implement a policy on sexual harassment. DOH also encourages all EMS provider agencies to develop their own agency policy on sexual harassment.

Sexual harassment is not merely offensive but it is a form of discrimination in violation of Federal and State Law.<sup>1</sup>

**Definitions:**

**Employer:** Includes any Emergency Medical Services provider agency, including but not limited to municipal entities, volunteer fire departments, volunteer ambulance corps, commercial, industrial and hospital provider agencies.

**Employee:** Any person, compensated or not, that is employed by or a volunteer for any EMS provider agency or course sponsor.

**Workplace:** Any location or vehicle that an employee is at in the course of their duties for the employer.

**Student:** Any person enrolled in a DOH approved EMS training course.

**Educational Setting:** Includes any location being used for EMS education. This definition extends to locations used for clinical and field training of EMS providers.

**Sexual Harassment:** Any unwanted verbal or physical advances, sexually explicit derogatory statements, or sexually discriminatory remarks made by someone in a workplace or educational setting which are offensive or objectionable to the recipient, cause the recipient discomfort or humiliation, or interfere with the recipient's job performance or educational progress.

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<sup>1</sup> Title VII of the Civil Rights Act of 1964  
Executive Order No. 19 Issued 5/31/83

It may include: Visual harassment; posters, magazines, calendars etc  
Verbal harassment or abuse: repeated requests for dates, lewd comments sexually explicit jokes, whistling etc.  
Written Harassment: Love poems, letters, graffiti  
Offensive gestures  
Subtle pressure for sexual activities  
Unnecessary touching, patting, pinching or kissing.  
Leering or ogling  
Brushing up against another's body.  
Promise of promotions, favorable performance evaluations or grades, etc in return for sexual favors  
Demanding sexual favors accompanied by implied or overt threats to a person's job, promotion, performance evaluation, grade, etc.  
Physical assault, rape.

### **Implementation:**

All course sponsors shall, and all EMS provider agencies are encouraged to, develop a policy to address sexual harassment in their location.

These policies should include a notification to all employees and students that sexual harassment is a violation of law and is intolerable in either the educational or employment setting.

The policy statement should state that sexual harassment is considered a form of employee and/or student misconduct and that sanctions will be enforced against individuals engaging in sexual harassment and against supervisory, administrative or managerial personnel who knowingly allow such behavior to continue.

Policies should also include a procedure for the following:

- making a complaint of sexual harassment ;
- to whom complaints are to be made;
- in what form the complaint should be filed, and
- the procedure the sponsor/employer will follow in investigating the complaint.

The policy should provide for a subsequent review to determine if sexual harassment has been effectively stopped.

In addition to filing a complaint within the procedure of the workplace or course sponsor's policy or for agencies that do not have policies, individuals are also entitled to seek relief by filing a complaint with:

- New York State Division of Human Rights
- Federal Equal Employment Opportunity Commission
- U.S. Labor Department – Office of Civil Rights
- A court having appropriate jurisdiction

Once developed, the policy should be widely distributed by providing a copy of it to **all employees**, it should be included in all new employee and student orientations and publicized within the workplace or educational setting.

All employers developing policies should conduct appropriate training to instruct and sensitize all employees to the policy.



Department  
of Health

New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supersedes/Updates:* 00-12, 02-02, 09-05, 15-04

No. 18-01

Date: April 2018

Re: **Certification of  
Individuals with Criminal  
Convictions**

Page 1 of 3

On May 6, 2015 Title 10 of the New York Codes, Rules and Regulations Part 800 were amended as they relate to certification, recertification and continuing medical education recertification requirements. These sections reflect New York State's policy of removing barriers to the licensure and employment of persons previously convicted of one or more criminal offenses and incorporate Article 23-A of the Corrections Law into the review of an applicants' prior criminal offenses.

The following provisions are contained in Part 800:

*...if the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after a balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no application for a license shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) certifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Corrections Law Section 753.*

*...not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.*

**Purpose:**

This policy specifies the process for the review of applicants seeking Emergency Medical Services (EMS) certification with a history of criminal convictions. It also describes the responsibilities of the applicant, the Certified Instructor Coordinator (CIC) and the Department of Health.

**Applications for Original EMS Certification or Recertification:**

In accordance with the provisions of the State Emergency Medical Services Code, 10 NYCRR Part 800, applicants for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department will review **all** criminal convictions from any federal, military, state and/or local jurisdiction to determine if such convictions fall within the scope of those specified in Part 800. If the applicant has been convicted of one or more criminal offenses, the Department will consider the eight factors listed under New York State Corrections Law Section 753, to determine if the applicant represents an unreasonable risk to property or the safety or welfare of the general public.

Certain Family Court or other designated governmental agency findings are also subject to review by the Department. If an applicant is unsure as to the status of any court proceeding, he/she **SHOULD NOT** sign the Application for Emergency Medical Services Certification (DOH-65).

10 NYCRR Part 800 does not prevent an applicant with a criminal conviction from attending and completing all of the training requirements of an EMS certification course. However, it may prevent the applicant from

becoming certified in New York State until the Department has conducted a review and investigation of the circumstances of the conviction(s) and made a determination that the applicant does not represent an unreasonable risk to property or the safety or welfare of the general public.

If the Department makes a determination allowing certification, the applicant will be eligible to take the applicable New York State practical and written certification examinations, if otherwise qualified. **All applicants must be fully informed of these requirements by the Certified Instructor Coordinator (CIC) at the beginning of a course.**

***Applicants will not be permitted to take the NYS practical or written certification examination until the background review and investigation is completed and a final written determination is received by the applicant.***

### **The Certification Application:**

All applicants applying for NYS EMS certification at any level must complete the Application for Emergency Medical Services Certification (DOH-65). The bottom of the application contains an affirmation that states "Do not sign this if you have any convictions". **Under no circumstances should an applicant sign this application if he or she has a criminal conviction of any type.**

The CIC must identify all unsigned applications and send them with the course memorandum and all other applications to the Department immediately after the second class session. The CIC should include a separate memorandum or note identifying each unsigned application. The applicant(s) will be listed on the class list but **will not** be issued an examination ticket until cleared in writing by Department. It is the responsibility of the applicant to understand this policy, gather the required documentation and provide it to the Department. An EMS representative from the Department may conduct an interview. This may take the form of a personal meeting or telephone interview. In an effort to permit a timely review and determination, the applicant must provide all the required documentation within 30 days of the initial Department contact. If the applicant does not provide the documentation, the investigatory review will be closed and the applicant will not be able to seek EMS certification.

The applicant should not contact the Bureau of EMS (BEMS) directly. Upon the receipt and processing of the unsigned DOH-65 application form, the applicant will be sent a package of information outlining the investigative process, the required information to be supplied and the contact name and telephone number of the Bureau of EMS Representative reviewing their case.

The Department will only discuss issues related to criminal convictions with the applicant or their legal representative. **There is no requirement or need for the applicant to disclose the circumstances of any conviction(s) with the CIC.**

### **The Review Process:**

All applicants entered in the review process will need to provide the following written documentation concerning all convictions. This information must be sent directly to the Department regional office as detailed in the letter sent to the applicant.

1. A notarized sworn affidavit stating that the applicant has not had any conviction(s) for a crime or crimes other than those currently identified.
2. If the applicant is recertifying and has signed previous certification applications, he/she must provide an explanation as to why these applications were signed.
3. A signed and dated statement describing the reason that they are seeking EMS certification.



4. A signed and dated written narrative description of the circumstances leading to and surrounding each conviction.
5. An original or certified copy of the certificate of disposition from the court. A Certificate of Relief from Disabilities does not fulfill this documentation requirement. If these items are not available, an original letter from the court must be supplied attesting that the documentation does not exist or is no longer available. Please note that the applicant may be responsible for the cost of obtaining these documents.
6. A letter from the applicant's probation/parole officer (if applicable) documenting compliance with their probation/parole. A copy of the final probation/parole report must also be included.
7. If the applicant's conviction resulted in any court ordered therapy, clinical evaluations or counseling, a letter or report from the organization or individual who provided the evaluation, counseling or therapy is required. The letter or report should indicate if treatment is ongoing or if it has been completed and whether or not it was considered to have been successful. The letter should also indicate that the counselor/therapist believes that the applicant is suitable to perform patient care in a prehospital setting.
8. The applicant is required to submit letters from the administration of each EMS agency with whom they are affiliated. These letters must be on official letterhead and presented to the Department EMS Representative in a **sealed and signed** envelope. These letters must describe any involvement in EMS or other health care settings, the length of the affiliation with the agency, **an awareness of the specific conviction(s), the circumstances and the agency's willingness to monitor the individual during the performance of his/her EMS duties.**
9. The applicant should submit other letters of recommendation. These letters must also be presented to the EMS Representative in a **sealed and signed** envelope. These recommendations must include a description of the relationship with the applicant, have knowledge of the conviction, an understanding of the EMS environment, and can attest to the applicant's good character. The letters may include, but not be limited to:
  1. current employers;
  2. health care professionals;
  3. community leaders (i.e. clergy, law enforcement or educators)
10. Each applicant may have a personal interview with a Department EMS Representative after all the documentation requirements have been met. A telephone interview may be conducted in the place of a personal meeting. Upon completion of the investigation and review, the applicant will be notified in writing of the Department's decision.

While the investigation and review is ongoing, an applicant may attend all classes. However, the applicant will be prevented from taking any NYS certifying examination, including the challenge practical skills examination at the beginning of the refresher program, the practical examination at the conclusion of the training program and the final written certification examination, until all course requirements are completed and a favorable determination is made in writing by the Department.

Applicants possessing current NYS EMS certification will be afforded a hearing in accordance with the provisions of Section 12-a of the Public Health Law if the Department seeks suspension, revocation or any other legal action.



# Policy Statement

## **ADA Accommodations Requests for NY State EMS Certifying Exam**

### **Background**

The New York State Department of Health (Department), Bureau of Emergency Medical Services and Trauma Systems (BEMS) administers certification examinations to persons who meet the minimum requirements for NYS certification in accordance with Chapter VI of Title 10(HEALTH) of the Official Compilation of Codes, Rules and Regulations, Part 800.

### **Purpose**

This policy is intended to provide guidance to persons with documented disabilities who request reasonable accommodations to take the NYS DOH BEMS certification examination. The Department, in accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), as amended, will not discriminate on the basis of disability.

### **Procedures**

The Department offers reasonable and appropriate accommodations for its certification examinations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

The Department will review each request on an individual basis and make its decisions relative to appropriate accommodations based on the following guidelines:

1. An individual requesting an accommodation under ADA must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's effectiveness in assessing the essential functions of pre-hospital care, which the examinations are designed to measure.
3. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations, must be qualified to do so.

4. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Department staff and consultants only to the extent necessary to evaluate and/or provide the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

In order for an individual to be eligible to take a NYS DOH BEMS certification examination with accommodations, the individual must:

1. Enroll in a NYS DOH BEMS approved course offered through an approved educational entity (course sponsor).
2. Complete and submit, through the EMS course sponsor, an Application for Emergency Medical Services Certification, form number DOH-65.
3. Persons requesting an accommodation must submit their request in writing.
4. Requests for ADA accommodations can be sent to ***EMS.ADA.testing@health.ny.gov*** or electronically through the ADA portal at <https://apps.health.ny.gov/pubpal/builder/survey/adarequest>

Requests should include the following information:

- a. Individual's first and last name.
- b. Individual's mailing address.
- c. Individual's telephone number and email address.
- d. Course number the individual is enrolled in (obtain from instructor).
- e. What accommodations the individual is requesting.
- f. Any documentation from professionals who have conducted assessments or who have rendered diagnoses to support the accommodation request.
  - In many cases, this can be in the form of an Individualized Education Program (IEP), a formal psycho-educational evaluation.

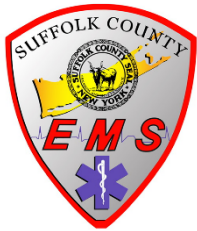
**All requests for reasonable accommodations must be received by the Department no later than 8 weeks prior to the end date of the class in which the individual is enrolled. Ideally, the request should be made at the start of the course or as soon as possible.**

Individuals requesting an accommodation will be notified in writing of the Department's decision to either grant, deny or modify the requested accommodation.

In the event the individual does not agree with the Department's decision, the individual requesting the accommodation may file an appeal by contacting:

Designated Reasonable Accommodation Coordinator  
New York State Department of Health  
Empire State Plaza, Corning Tower, Room 2284  
Albany, NY 12237  
(518) 474-4398

5. Meet all requirements for Initial Certification Requirements in Part 800.6 **or** Recertification Requirements in Part 800.7.
6. Complete all requirements for course completion through a course sponsor.



**Confidential Health Certificate  
Health History and Medical Record  
DHS EMS 1 and 2**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Certification Course: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Name of person to be notified in emergency: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**HEALTH HISTORY  
(To be Completed by Student)**

<b><u>DO YOU HAVE:</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>		<b><u>YES</u></b>	<b><u>NO</u></b>
Alcohol/Drug Dependency	()	()	G.I. Problems	()	()
Allergic Reaction	()	()	Joint Disease	()	()
Asthma	()	()	Kidney Disease	()	()
Diabetes	()	()	Rheumatic Fever	()	()
Difficulty with Coordination	()	()	Seizure disorder	()	()
Emotional Disorder	()	()	Severe Hearing Loss	()	()
Heart Disease	()	()	Vision that cannot be corrected with glasses	()	()
Back Problems	()	()	Tuberculosis	()	()
Surgery within last year	()	()	Any other health problem not listed here?	()	()
Hospitalization within the past five years?	()	()			
Other: _____					

Do you take any medications on a regular basis? () ()

Please explain all YES answers. \_\_\_\_\_  
\_\_\_\_\_

**N95 Fit Test: Model:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Fit Test Examiner (Print Name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

Required Two-Step Mantoux PPD: (second test 1-3 weeks after 1<sup>st</sup> PPD or 1<sup>st</sup> PPD within the year & 2<sup>nd</sup> PPD must be current)

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ Signature: \_\_\_\_\_

**OR**

**QuantiFERON®-TB Gold:** Date: \_\_\_\_\_ Results: \_\_\_\_\_ Signature: \_\_\_\_\_

For a positive PPD: A Chest X-ray is required (submit copy of radiological report).

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

\* An annual symptom screen must be completed every year.

\* Repeat Chest X-rays are only necessary if the symptom screen is positive.

Positive PPD Symptom Screen

Does the patient have:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Feelings of sickness	( )	( )	Night sweats	( )	( )
Weakness	( )	( )	Coughing	( )	( )
Weight loss	( )	( )	Chest pain	( )	( )
Fever	( )	( )	Coughing up blood	( )	( )

**B. Required IGG Titers (attach copy of lab reports)\***

Measles (IGG): \_\_\_\_\_ Mumps (IGG): \_\_\_\_\_ Rubella (IGG): \_\_\_\_\_ Varicella (IGG): \_\_\_\_\_  
Date Date Date Date

\*All negative or equivocal IGG titer results require immunization and a repeat titer. *(This means that if the titer is not positive, you must receive the corresponding immunization(s) and a repeat titer 2-3 months after re-immunization.)*

**C. Required Hepatitis B – Satisfy either 1 or 2 below**

1. Titer (Hepatitis B surface Ab) results showing immunity (attach copy of lab report).

Date of Titer: \_\_\_\_\_ Result: \_\_\_\_\_

*(If negative, hepatitis B vaccination is required until proof of immunity can be confirmed)*

**OR**

2. Signed waiver to accompany this form.

Confidential Health Certificate

D. Required Tdap (Tetanus/Diphtheria/Pertussis) Immunization within 10 Years:

Name of Immunization: \_\_\_\_\_ Date: \_\_\_\_\_

E. \*Clinical Requirements for Hospital Rotations – Required Vaccines “Influenza and COVID-19”

- 1. Influenza Vaccine: Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- 2. COVID-19 Vaccine: Copy of verification of COVID-19; and if required, COVID-19 boosters.

F. Physical Examination – must be done annually (**ALL AREAS MUST BE COMPLETED**)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin: \_\_\_\_\_  
 Ears R: \_\_\_\_\_ L: \_\_\_\_\_ Lymph Nodes: \_\_\_\_\_  
 Vision (with glasses) R: \_\_\_\_\_ L: \_\_\_\_\_ Nose: \_\_\_\_\_  
 Teeth: \_\_\_\_\_ Throat: \_\_\_\_\_  
 Thyroid: \_\_\_\_\_ Lungs: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_ Heart: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_  
 Neurological Exam: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Previous Psychiatric Treatment: \_\_\_\_\_

G. Health Care Provider's Statement:

"I performed the above medical evaluation and found, to the best of my knowledge, they are to be free from physical or mental impairment including habituation or addiction to depressants, stimulants, narcotics, alcohol, or other behavior-altering substances which might interfere with the performance of their duties or would impose potential risk to patients or personnel."

"The following active problems were identified, which might interfere with the performance of his/her duties."  
 \_\_\_\_\_  
 \_\_\_\_\_

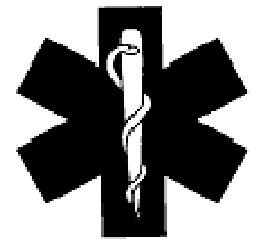
\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date Phone Number

**Physician/Office/Agency Stamp**



**Form will not be accepted without Physicians Stamp!**  
**\*Please attach proof of Influenza and COVID-19 vaccines.**



## Confidential Health Certificate Hepatitis B Vaccination Declination Form

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

Suffolk County Course #: \_\_\_\_\_ NYS Course #: \_\_\_\_\_

Course Location: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

I am aware that although the Suffolk County Emergency Medical Services (EMS) Division does not require Hepatitis B vaccination for completion of the Division's New York State Emergency Medical Technician – Basic original course, most Suffolk County contracted hospitals make it a condition of completing clinical time at their location.

By signing this form I am declining the Hepatitis B vaccination series with the full understanding that by doing so I may put myself at risk for contracting Hepatitis B.

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





## Confidential Health Certificate Flu Declination Form

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

Suffolk County Course #: \_\_\_\_\_ NYS Course #: \_\_\_\_\_

Course Location: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Flu virus infection.

I am aware that although the Suffolk County Emergency Medical Services (EMS) Division does not require the Flu vaccination for completion of the Division's New York State Emergency Medical Technician – Basic original course, most Suffolk County contracted hospitals make it a condition of completing clinical time at their location.

By signing this form I am declining the Flu vaccination with the full understanding that by doing so I may put myself at risk for contracting the Flu.

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



## Suffolk County EMS – EMT Student Clinical Rotation Form [Ambulance / Hospital Rotation]

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

By signing this form the preceptor & student are verifying that the student was present and participated during their clinical rotation.

## Suffolk County EMS – EMT Student Clinical Rotation Form [Ambulance / Hospital Rotation]

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

By signing this form the preceptor & student are verifying that the student was present and participated during their clinical rotation.

## Suffolk County EMS – EMT Student Clinical Rotation Form [Ambulance / Hospital Rotation]

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
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Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

By signing this form the preceptor & student are verifying that the student was present and participated during their clinical rotation.

## Suffolk County EMS – EMT Student Clinical Rotation Form [Ambulance / Hospital Rotation]

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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## Suffolk County EMS – EMT Student Clinical Rotation Form [Ambulance / Hospital Rotation]

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Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Past/Present History: \_\_\_\_\_ Agency: \_\_\_\_\_

Medications: \_\_\_\_\_ Run#: \_\_\_\_\_

Vital Signs:

Blood Pressure	Pulse	Rate/Quality	Resp	Rate/Quality	Skin Color/Condition	L.O.C.
/						A V P U

Subjective Assessment: \_\_\_\_\_

Treatments/Interventions: \_\_\_\_\_ Dispo: TXP RMA

Preceptor Name (PRINT): \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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