Dear Applicant,

Congratulations on exploring the EMS career path!

In this packet, you will find the basic information and application requirements to apply for the Emergency Medical Services Certificate at Tillamook Bay Community College (TBCC).

TBCC is proud to be accredited by the Northwest Commission on Colleges and Universities. This program offers courses that provide entry-level preparation as an Emergency Medical Technician Basic (EMT). Classroom training and clinical/field rotations prepare students to take the NREMT certification and State of Oregon EMT licensure exams. The College also allows EMS students to obtain an associate degree in general studies (AGS) or an AAS in Healthcare Administration.

Registration at TBCC is required prior to application to the EMS program. Detailed information is available upon request. For convenience, the application steps checklist and point grid worksheet are included in this packet along with the actual application document.

Application Process
- o Submit application (Forms 1, 2, 3, & 4) and supporting documentation to: AHApply@mail.tillamookbaycc.edu
- o Email subject line format:
  LastName FirstName ID Number TBCC EMS Winter 2025 Application Packet
- o Save application document and supporting documents with the following naming structure: LastName_FirstName_TBCCIDNumber_EMT25.
  For example: **Smith_John_88888888_EMS25**

Applications may also be mailed, or delivered in person to:
Tillamook Bay Community College Attn: EMS Program
4301 Third Street
Tillamook, OR. 97141

Tillamook Bay Community College and the Allied Health Program have specific requirements pertaining to clinical/field experience. The various healthcare organizations providing student training opportunities have requirements as well. An acceptable Criminal History Background Check, negative toxicology report, and current appropriate medical documentation is mandatory prior to participation in clinical/field experiences.

NOTE:
Applications due no later than **5:00pm, December 11th, 2024**

Required Coursework

Required EMS Courses - 22 credits, all credits

Fall Term	AH 130 AH 100 EMS 100	Introduction to Today's Careers: Health Medical Terminology Introduction to Emergency Medical Services
Winter Term	HE 110 EMS 105 EMS 105L	CPR/AED for Professional Rescuers and Health Care Providers EMT Part I EMT Part I, Lab
Spring Term	EMS 106 EMS 106L EMS 106C	EMT Part II EMT Part II Lab EMT Part II, Clinical

FORM 1: Emergency Medical Services Certificate Program Application

Complete application packets are due no later than **December 11th, 2024**.

Applicant Information

TBCC Student ID Number:	
TBCC Student E-mail:	

Last Name	
First Name	
Middle Name	
Cell Phone:	Personal E-mail:

Current Address	Street:			
	City:	State:		Zip:
Emergency Contact Name:			Phone:	

High School Diploma or GED (Yes/No): _____

Post-Secondary Education

Name of College or Training Facility	Date From	Date To	Degree/ Certificate

Relevant Work or Life Experience

Employer/Situation	Date From	Date To	Location

Attestation

I hereby affirm that all information supplied on this form, including all required documentation, is complete and accurate. It is my understanding that failure to list previously attended colleges or universities or the submission of false information and/or academic records is grounds for denial of admission or immediate suspension.

Applicant Signature: _____   Date: _____

Form 2: Immunizations and Certifications

Immunizations

Immunizations must be current. Immunizations requiring multiple steps that are not yet complete must have a projected completion date. Please enclose a copy of immunization record.

Immunization	Date Completed	Notes
Varicella		
MMR		
Hepatitis B (Series)		
Tdap (<10 years)		
COVID-19 (or declination)		
Influenza (or declination)		

*If a declination was signed for COVID-19 or Influenza, please attach to this application with other documentation.

Other Certifications or Licensures

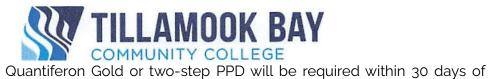| Certificate/License	Expiration Date	Number
Certified Nursing Assistant		
Basic Life Support		
Other:		
Other:		
Other:		

BLS Certification must be kept current while in program. Certification must be from the American Heart Association (AHA), which is valid for 2 years.

FORM 3: EMS PROGRAM APPLICATION CHECKLIST

I have completed the following and submitted prior to the application deadline. Please read and check each box.

☐   A.   Completed the TBCC Admission process at https://tillamookbaycc.edu/getting-started/apply/ and obtained a TBCC E-mail address

☐   B.   Submitted the application documents and all supporting documents to AHApply@mail.tillamookbaycc.edu
- Application documents (FORM 1, FORM 2, FORM 3, FORM 4)
- Supporting documents (unofficial transcripts, DD214 (if applicable), proof of healthcare certification or licensure, etc.)

Conditions of Application: (Read and check each box)

☐   A.   I have read ALL information in the EMS Program Application Information Packet.

☐   B.   I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

☐   C.   I understand that I am NOT considered an applicant to the program unless all required admission steps are completed, and documentation has been received prior to the application deadline.

☐   D.   I understand that if accepted into the program, **mandatory** attendance at the orientation session is required. Information about the following requirements will be provided: Fingerprints, immunizations, CPR certification, background check; drug screening, etc.

☐   E.   I understand that this program is eligible for Financial Aid and that Scholarships are also available. Please see https://tillamookbaycc.edu/financial-aid-cost/financial-aid/ and https://tillamookbaycc.edu/financial-aid-cost/scholarships/ for more information.

☐   F.   I understand that I must provide copies of my immunizations with this application, and they must be current. Immunizations that require several steps and are not complete should have an anticipated date of completion.

- Quantiferon Gold or two-step PPD will be required within 30 days of starting clinical rotations, so this is not required prior to program start.

☐   G.   I understand that it is required I purchase personal health insurance if I do not already have it.

I affirm that all application information and documentation submitted by me is accurate and authentic and I understand that errors I may have made on the forms will not be corrected by the Health Professions Department.

Applicant Signature: _____   Date: _____