

SOUTH PLAINS COLLEGE
Emergency Medical Services Program

STUDENT AGREEMENT

1. I certify that I have received, read, and understood the Program Handbook, Handbook for Student Clinical Rotations and the syllabus for the course in which I have enrolled, including, but not limited to, the section concerning attendance, payment of tuition and fees, grading and satisfactory academic progress, academic and disciplinary counseling and probation, conduct during clinical rotations, and the clinical dress code.
2. I certify that I understand that the provisions of the student agreement and course syllabus govern my relationship with Emergency Medical Services Program (Program) and that I may be dismissed from the Program for failure to abide by their terms.
3. I certify that a copy of the Federal Department of Transportation knowledge objectives that pertain to the course in which I have enrolled have been made available to me and I understand the course examinations and the National Registry certification examination will be based on these objectives.
4. I agree to conduct myself in a reasonable, prudent, courteous, and professional manner during all phases of my enrollment and to refrain from conduct which would reflect unfavorably on myself, the Program, or South Plains College.
5. I understand that if because of a disabling condition, I may require some special arrangements in order to meet course requirements, I should contact the instructor as soon as possible to make necessary accommodations.
6. I understand that although I may receive an accommodation during my course because of a disabling condition, the Texas Department of State Health Services and the National Registry of Emergency Medical Technicians administers a separate process for determining whether accommodations will be granted during the certification examination. The Bureau of Emergency Management will establish eligibility for accommodation on a case by case basis. Therefore, a student who receives accommodation during the course has no guarantee of receiving an accommodation for the state certification examination. Documentation confirming and describing the disability must be submitted to the Bureau of Emergency Management according to policy for consideration. The Bureau of Emergency Management has determined that the following accommodations would compromise and or fundamentally alter the evaluation of knowledge skills, or personal behaviors/attitudes required to function safely and efficiently in the profession, and will NOT be granted:

- a. Additional time for testing of skills with specific time frames
 - b. Unlimited time for completion of written examinations
 - c. Oral examinations. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure ability.
 - d. Exams with reduced reading levels
7. I understand that learning is an active process; therefore, I agree to prepare for all the class meetings of the course in which I am enrolled and participate fully and to the best of my abilities in all discussions, exercises, and laboratory sessions.
 8. I agree to participate fully and to the best of my abilities in all clinical experiences included in the course in which I am enrolled, and I acknowledge that these clinical experiences are an essential element in my development as a pre-hospital care practitioner. Therefore, once authorized to begin clinical rotations, I will schedule time in the clinical setting regularly. I also understand that completion of the required documentation of clinical experience is an essential component of the course in which I am enrolled. Submission of incomplete documentation may result in my being required to repeat the rotation. Repeated submission of incomplete documentation may result in my being suspended from clinical rotations or being dismissed from the Program.
 9. I understand that study of certain texts and supporting materials is essential to my mastering the knowledge required of a pre-hospital care practitioner. Therefore, I agree to purchase the texts and supporting materials that are listed as required for the course in which I am enrolled. I understand that failure to purchase these items is not an excuse for failure to make satisfactory academic progress.
 10. I agree to contact my instructor, course coordinator, or the Program Director regarding any academic difficulties I encounter or any personal or financial difficulties that are affecting my academic performance. I understand that failure to seek help in event of academic, personal or financial difficulties is not an excuse for inadequate academic progress.
 11. I understand that if I am identified as being at academic risk through the Program's basic skills assessment testing or through failure to make adequate progress during a course, I may be referred for additional assessment, counseling, or remedial work. It is my responsibility to comply with any such referrals. Failure or refusal to comply with any such referrals is not an excuse for inadequate academic progress and may result in dismissal from the Program.
 12. I understand that although some clinical rotations may be scheduled at regional clinical sites closer to my place of residence, to achieve an effective and efficient

- educational experience, I must do a significant portion of my rotations at clinical sites in Lubbock, which provide larger numbers of patients presenting with common problems encountered in delivery of emergency care. I also understand that some of these sites will allow rotations only during the hours of 7am to 3pm Monday through Friday, as indicated in the course syllabus. Therefore, if a rotation at one of these sites is required for successful completion of the course in which I am enrolled, I may have to arrange time off from my regular employment.
13. I agree to bring any questions or concerns regarding the Program, its instructors, its staff, its clinical affiliates to the Program Director and refrain from public or private criticism of these organizations or individuals. I understand that failure to follow appropriate channels in raising questions or concerns may result in my being dismissed from the Program.
 14. I understand that any grievance concerning the Program must be appealed in accordance with the procedure specified in the South Plains College Course Catalog and that failure to follow this procedure may result in dismissal from the Program with no further appeal.
 15. I understand that my input is vital to improving the quality of instruction in the EMS Program at SPC, and I agree to bring any suggestions for improvement to the Program Director.
 16. I agree to inform the Program in writing of any changes in my name, address, or telephone number. I understand that failure to provide this information in a timely manner may result in disciplinary action. Not receiving notification or information from the Program due to failure to inform the Program of a change in name, address, or telephone number, will not excuse me from the consequences of my failing to receive notification or information.
 17. If I choose to terminate enrollment in a course, I will provide the required formal notification. I understand that failure to do so may jeopardize my ability to enroll in future courses.
 18. I understand that if I choose to terminate enrollment in a course after the deadlines defined in the South Plains College Course Catalog, I am liable for the full amount of tuition. Failure to pay will jeopardize my ability to enroll in future courses and may ultimately result in action by a collection agency or other legal recourse to recover the amount owed.
 19. I understand that classroom has a specific dress code as outlined in the Policy Handbook. During the clinical phase of instruction I agree to abide by the provisions of the clinical dress code stated in the program handbook. I understand that failure to abide by the clinical dress code may result in disciplinary action including suspension from clinical rotations or dismissal from the Program.

20. Since use of tobacco is a major contributing factor leading to the development of cardiovascular and lung disease, I understand that use of tobacco in any form, including, but not limited to cigarettes, cigars, pipes, snuff, and chewing tobacco is prohibited in all facilities used in the Program for instruction. I also understand that violation of the tobacco use policy may result in disciplinary action by the Program and that smoking on SPC property outside of designated areas will make me liable for arrest and criminal prosecution by the South Plains College Police Department.
21. I understand that use, or distribution of alcohol or illegal drugs on SPC property is prohibited and is grounds for dismissal from the Program. I also understand that using, possessing, distributing, or being under the influence of alcohol or illegal drugs during any phase of instruction is grounds for dismissal from the Program.
22. I understand that possession of a firearm on SPC property is prohibited by law and constitutes a criminal offense. Unlawful carrying of a weapon on SPC property is grounds for dismissal from the Program. If I am a Texas certified peace officer, I will notify the Program Director and the Director of the SPC Campus Police as soon as possible and will abide by their directions concerning the carrying of my weapon.
23. I agree to develop and display these professional attitudes:
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| a. honesty and integrity | h. enthusiasm |
| b. punctuality | i. Loyalty |
| c. cooperativeness | j. pleasantness |
| d. pride in workmanship | k. pride in appearance |
| e. mature actions | l. tact |
| f. consideration of others | m. intellectual curiosity |
| g. concern for patients | n. gracious acceptance of constructive criticism |
24. I understand that success as a pre-hospital care practitioner depends on developing the required knowledge, skills, and personal behaviors/attitudes and that I must meet the Program's expectations in each of these areas in order to successfully complete the course in which I have enrolled. Simply enrolling in a course, paying tuition, and attending the required class sessions and clinical rotations does not guarantee successful completion of the course.
25. If I am enrolling in an advanced level course (EMT-I or EMT-P), I acknowledge that I understand the concept of the open-ended, competency-based curriculum. Completion of the course will be dependent on my demonstrating that I possess and can apply and integrate the knowledge, skills, and personal behaviors/attitudes of an entry level EMT-I or EMT-P, not simply on my completing minimum hours and experiences required.

26. I understand that enrollment in a course offered by the Program does not preclude regular employment. However, I understand that while I may be employed or work as a volunteer in the clinical setting outside of regular educational hours, I may count time or procedures toward completion of course requirements only if I am functioning in the capacity of a student on a scheduled rotation. This means that I may not be paid for the work or that, if functioning as a volunteer, I may not be in a situation where I am primarily responsible for the care of the patient at any time during the call. This also means that any procedures that are beyond the scope of my current level of EMS certification must be performed under the direct supervision of a preceptor designated by the Program. Students who work at a clinical site must wear the program uniform while doing rotations.
27. I understand that as part of my training, I may be exposed to fatal or potentially fatal disease processes of a contagious nature, to high-risk toxic substances, or to other situations involving personal danger and the risk of serious injury or death. I agree to abide by all terms of the Program's policies pertaining to safety and follow all directions given by Program's instructors or clinical preceptors pertaining to safety. I agree that if I suffer an actual or suspected exposure to a communicable disease during training, I will immediately notify the person who is supervising me at the time and the Program Office and that I will abide by all SPC policies regarding exposures. I understand that repeated or flagrant disregard of safety policies, rules or precautions may result in my dismissal from the Program.
28. I understand that I must satisfy all requirements for course completion, including hospital and ambulance clinical experience, in a timely fashion as defined by the Clinical Rotations Handbook for the course in which I am enrolled. Failure to make satisfactory progress toward satisfying all course requirements may result in a review of my status by the Program Director, resulting in possible dismissal.
29. I understand that while the Programs will assist me with the arrangements necessary to take the National Registry certification examinations, it is my responsibility to ensure that all application forms and fees are submitted in a timely fashion.
30. I acknowledge that the nature of pre-hospital care practitioner's duties require that restrictions be placed by the Texas Department of State Health Services on certifications of persons with criminal histories. I also acknowledge that applicants with criminal histories are reviewed on a case-by-case basis by the Texas Department of Health; therefore, the Program is neither able to nor responsible for advising me if I will be eligible for certification upon completion of this course.
31. I understand that the Program is an educational entity only and is independent of any EMS provider organization. My enrollment in this course does not guarantee

- employment by or preferential consideration for employment by any EMS provider organization. It is my responsibility to investigate and be fully aware of the qualifications for employment established by any organization to which I contemplate applying. If I anticipate seeking employment in another state, it is my responsibility to investigate and be fully aware of the requirements for certification as an EMS technician in that state.
32. I understand that the Program and SPC assume no responsibility for any expenses that I incur as a result of travel or transportation arranged to satisfy course requirements.
33. I understand that I am responsible for paying tuition and fees to South Plains College and certification fees to the National Registry, and The Texas Department of State Health Services. I am also responsible for site fees for National Registry testing. I certify that my financial status at this time allows me to anticipate being able to discharge these obligations promptly. I understand that failure to meet my financial obligations to South Plains College may result in my being dismissed from the course. I understand that although I may have entered into an agreement with an EMS provider organization to pay my tuition and fees, I am ultimately responsible for ensuring that my financial obligations to the college are satisfied. I also understand that the college has the right to refer past due accounts to a collection agency or take other appropriate action to recover amounts owed to it.
34. I understand that I may be dismissed from the Program at any time for unprofessional attitudes or conduct, for failure to make satisfactory academic progress, or for violation of the Program's policies.



To Whom It May Concern:

I understand that I am subject to all guidelines, rules, or requirements stated in the EMS Programs handbook, Handbook for Student Clinical Rotations workbook, or syllabus for the course in which I am enrolled.

Print Name

Signature

Date