



Clovis Community College Emergency Medical Services Intermediate Program Admissions Packet

Thank you for your interest in the Intermediate program offered by Clovis Community College. (CCC) We strive to consider all applicants in a fair and consistent manner. The application process is structured in a manner that allows us to assess your ability to perform well in the program.

This packet describes the steps involved in making an application. CCC will not discriminate based on race, color, religion/creed, age, gender, disabling conditions, handicaps, or national origin. To be admitted to the intermediate program, students must first meet the basic entrance requirements of CCC.

The program to which you are applying is both mentally and physically challenging. Because of the unique environment in which intermediates function, it is important to have a good understanding of the demands of the profession. A copy of the New Mexico Job Description is attached. Please review it carefully to assess your ability to perform the essential job functions of the profession. If you believe you have a disability that will require accommodation during the application process or during your enrollment as a student, please contact the Office of Accessible and Resources (OARS) at 575-769-4121. While we will ensure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL the program's requirements, either with or without reasonable accommodation.

This packet also includes a list of the program's prerequisites and a Demographic Information Form. Please complete the Demographic Information Form carefully and provide any necessary attachments. You should consult the checklist at the bottom of the form to ensure your application is complete. You will not be considered as an applicant if your application is incomplete. If you have any questions, please contact us. We will be happy to assist you.

Clovis Community College
417 Schepps Blvd
Clovis, NM 88101
Phone: 505-769-4918
Internet: <http://www.CCC.clovis.edu>

Prerequisites

Applicants must meet the following prerequisites to be considered for acceptance into the intermediate program:

1. High school graduation or a GED.
2. NM EMT-Basic License
3. Acceptance into CCC. (Academic Probation students will not be considered)
4. Completion of this application for admission to the program,

Admissions Process

1. Carefully review the Job description wrote by the EMS Bureau. This document describes the physical and mental tasks the EMS profession requires. If you believe you have a disability that will require accommodation during the application process or during your enrollment as a student, please contact the OARS office for accommodation as soon as possible.
2. Apply to Clovis Community College.
3. Complete the Demographic Information Form
5. **Obtain** and **attach** the following documents to your Demographic Information Form.
 - a. Documentation of current New Mexico EMT-Basic certification.
 - b. Proof of successful completion of the American Heart Association's Basic Life Support for Health Care Providers, or an equivalent course approved by the EMS Bureau, within the previous year. (If CPR is needed place a memo within the application indicating you will take the CPR course within the first 30 days of class starting.)
 - c. A copy of your current driver's license and social security card.
 - d. Verification of immunization: tetanus/diphtheria & Pertussis (Tdap) within last 7 years, mumps, measles, rubella, (MMR) and hepatitis B, (series of 3 shots or the titers) Varicella (series of 2 or titers, and the flu vaccine or a declination.
 - e. Negative results from a tuberculosis skin test, (PPD completed yearly), a chest x-ray within the last 4-5 years or QuantiFERON Gold blood test within last 3 years.
 - f. The covid vaccine record or fill out the declination form within this application.
6. Submit your complete application with all accompanying documents to the Clovis Community College, 417 Schepps Blvd, Clovis NM 88101. Attention: EMS Programs, no later than **August 22nd, 2025**.
7. After we receive your application and verify it is complete, you will either receive an acceptance letter, or email.
8. Please retain copies of all documents you provide as part of the admissions process. Employers frequently require similar documents as part of their application process. CCC does NOT provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files.

Evaluation of Applicants

The EMT-Intermediate program has a limited number of seats for students. Clinical experience in affiliated area hospitals and EMS providers will be a portion of the program.

TECHNICAL STANDARDS FOR ACCEPTANCE

To participate in the clinical education portion of the program, the applicant must possess additional nonacademic skills. These technical standards are consistent with the duties of the entry level EMT Intermediate Profession.

The applicant must be able to:

- Lift and transfer patients to and from surfaces.
- Move, adjust, and manipulate equipment to perform procedures.
- Communicate effectively in an oral or written format and follow written and verbal directions.
- Use proper discretion and judgment in dealing with patients and others.
- Think clearly and rationally. Students cannot be in clinical practice while under the influence of prescribed medications which could affect decision making and ultimately jeopardize patient care.
- Work harmoniously with others in a team while maintaining a high level of enthusiasm.
- EMS Personnel Job Description: NM 7.27.11.11

I, _____, have fully read and understand the application requirements for consideration for the CCC EMT Intermediate Program. I understand that my application will not be forwarded to the EMS Program for consideration, if I fail to complete any of these requirements.

Applicant's Signature

Date

Demographic Information

Last Name _____ First Name _____ Middle Initial _____

Preferred Name _____ Social Security Number _____

Mailing Address _____

City _____ State ZIP _____

Home Telephone (with area code) _____

Work Telephone (with area code) _____

Email Address _____

Current EMS Certification Level and Certifying Agency _____

Where did you complete your previous EMS education? _____

Certification Level School Month/Year _____

Highest Level of Education Completed, including degree and institution other than the EMS classes.

Name of Emergency Notification _____

Name of Emergency Contacts Telephone Number (with area code) _____

Applicants with criminal histories who wish to be licensed by the New Mexico EMS Bureau or the National Registry Organizations, are reviewed by those agencies on a case-by-case basis. CCC is neither able to nor responsible for advising a student with a criminal history whether he/she will be eligible for certification upon completion of the Paramedic Program. Questions regarding certification of applicants with criminal histories should contact the NM EMS Bureau in Santa Fe, New Mexico and/or National Registry of EMTs.

DO YOU HAVE:

Have you attached the following documents to this application?

- _____ Demographic Informational Sheet filled out completely
- _____ Documentation of current NM EMT-Basic License.
- _____ Proof of successful completion of the American Heart Association's Basic Life Support for Health Care Providers, *or an equivalent course approved by the EMS Bureau or a memo stating you will take an CPR class within 30 days of starting the course.*
- _____ Verification of all immunizations listed above including the Tb, and the Covid Vaccination or a Covid exemption form. *If you do not have all your immunization a memo will be accepted stating, you will have all vaccinations within 30 days from the start date of the course.*
- _____ A copy of your driver's license and social security card.

Incomplete applications will NOT be considered for admission.

Declination of COVID-19 Booster

I, _____, understand that as a "Congregate Care Facility Worker" as defined in the public health order as an individual working in a clinical facility, I am required to be fully vaccinated against COVID-19, with only limited exceptions. The clinical facility, _____ is required to comply with the Public Health Emergency Order requiring all Congregate Care Facility Workers to be fully vaccinated.

I acknowledge that I am aware of the following facts (please read and initial each line):

_____ COVID-19 is a serious contagious virus that can easily spread from person to person. Some infected persons may have severe disease and die. No one knows how COVID-19 may affect them.

_____ The current available COVID-19 booster is safe and the most effective way of preventing infection, serious illness, and death.

_____ Further spread of COVID-19 poses a threat to the health, safety, and wellbeing of persons who are not yet eligible to receive a vaccine; persons who cannot be vaccinated due to medical reasons; immunocompromised individuals; and vulnerable persons including persons in hospitals, long-term care facilities, and other congregate care facilities.

_____ I understand that, if I contract COVID-19 then, I am potentially contagious for 2 days before any symptoms appear. During this time, and for 10-14 days after infection, I can potentially transmit COVID-19 to patients and staff in this facility, to my family, and community.

_____ I understand that, if I become infected with COVID-19, then even if my symptoms are mild or non-existent, I can spread the virus to others. Symptoms that are mild or non-existent in me can still cause serious illness and death in others.

_____ I understand that, if I get COVID-19 then, I may be required to isolate away from others and will not be able to work for a minimum of 10 days after symptoms appear or 10 days from the date I test positive if I have no symptoms.

_____ The refusal to receive the COVID-19 booster not only endangers the individual but the entire community, and further jeopardizes the progress the State has made against the pandemic by allowing the virus to transmit more freely and mutate into more transmissible or deadly variants.

_____ Nothing in this order precludes my employer from providing disability-related reasonable accommodations and religious accommodations as entitled under the Americans with Disability Act (ADA), Title VII of the Civil Rights Act of 1964 (Title VII), or any other applicable law.

Initial Here:

_____ I have been advised that as an individual working in a clinical facility. I am required to be fully vaccinated against COVID 19 to protect myself and the patients I serve. I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I am aware of the above facts.
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_____ Because I am declining the booster against COVID-19, I may be required to wear an N95 mask and will continue to test per the facilities' requirements.
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_____ I understand that I can change my mind at any time and accept the COVID-19 booster. I have read and fully understand the information on this declination form.
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Print Legal Name

Signature

Date

Institution: Clovis Community College

Position: