



Allied Health Department
EMT – B Program
366 Luna Drive ♦ Las Vegas, NM 87701
(505) 454-5340 ♦ (800) 588-7232 ♦ AHPS@luna.edu

Student Name: _____

(Please print)

Phone: (_____) _____ - _____

THE FOLLOWING FEE MUST BE PAID BEFORE REGISTRATION OF THIS CLASS:

- ☐ **\$210** Registration fee (LCC Business Office)

THE FOLLOWING ITEMS ARE REQUIRED 2 WEEKS (14 DAYS) FROM THE START DATE OF COURSE:

*****all series of these shots are needed*****

- ☐ **Proof of Medical Insurance**
- ☐ **Provider CPR Card**
- ☐ **\$35 10 Panel Drug Screening** (Rio Grande or another licensed drug facility)
♦ 2301 7th Street, Las Vegas, NM 87701
(505) 454-9611

- ☐ **\$73.30 - Dept. of Health Caregiver Criminal History Screening Program**
1st Register for the fingerprinting at LCC

2nd Payment can be made @

https://www.cogentid.com/nm/index_NM.htm

Choose Link: *Already registered with DOH? Click here*

3rd Fingerprinting Monday – Friday 8:30am to 4:00pm

NMBHI 3695 Hot Springs Blvd Las Vegas, NM 87701

Bring your Registration ID to the site.

Bring a valid photo ID to the site. –or–

To find your immunization record:

- * Ask Parent
- * Last School Attended
- * Doctor/Immunization Website
- * Titer (Blood Work)
- * Get Immunized

Monday-Friday 9:00am-12:00pm and 2:00pm-4:30pm go to:

LVCS 901 Douglas, Las Vegas, NM 87701 (505) 454-5700

Take Driver's License

Payment can be made @

https://www.cogentid.com/nm/index_NM.htm

Choose Link: *Already registered with DOH? Click here*

-OR- Take Money Order

- ☐ **Hepatitis B: THREE (3)-DOSE** series completion, must have documentation.
- ☐ **Hepatitis B Surface Antibody (Ab) Titer (IgG):** In addition to completing the HepB series, a HepB Surface Antibody Titer IgG for confirmation of immunity is required. Titers drawn before completing the series, or with inadequate spacing after the third HepB vaccine dose, will not be accepted.
- ☐ **Measles, Mumps, Rubella (MMR):**
a. TWO (2) Doses *after 1978* (each dose must be spaced at least 4 weeks apart, with first dose *after 1st birthday*)
OR
b. Titers (IgG) showing immunity for each disease: Rubella (measles), Rubella, Mumps. Copy of lab results *required*.
- ☐ **Seasonal Influenza Vaccine:** Must have documentation of vaccine administration.
- ☐ **TDAP (Tetanus, Diphtheria & Pertussis):** Booster dose *within last 10 years* and evidence of childhood tetanus series.
- ☐ **Varicella (Chickenpox):**
a. Proof of TWO (2) Doses of Varicella vaccine (each dose must be spaced at least 4 weeks apart, with first dose *after 1st birthday*)
OR
b. Positive Varicella Titer (IgG) showing immunity for the disease. Copy of lab results *required*.
- ☐ **Tuberculosis Screening: WITHIN 6 MONTHS OF CLASS START DATE**
a. A Two-Step Tuberculosis Skin Test (aka TST or PPD). *Two Step means:* Two (2) Placements and Two (2) Results, this consists of:
i. Placing a TST/PPD and returning 7 days (1 week) later to have it read
ii. If the 1st test is negative (0mm), Another TST/PPD is placed on the opposite arm and return 48-72 hours to have it read.
OR
b. A current T-Spot or QuantiFERON Gold TB test
OR
c. If have History of Positive TB Test: Bring documentation of PPD positive result, chest X-ray result and evidence of treatment completion.
- ☐ **\$66** Mal Practice Insurance (LCC Business Office)



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ADDITIONAL REQUIREMENTS NEEDED:

- ♦ **\$665** Tuition & fees (LCC Business Office) *Tuition for NM Resident – In District
- ♦ **TBD** Textbook **AAOS Emergency Care and Transportation of the Sick and Injured 12th edition**
- ♦ **\$30** Uniform shirt. Size (XS, S, M, L, XL, etc.) Minimum required one.
 - Black or Navy blue EMS pants
 - Black close toe shoe (Boots preferred)
 - **NO OPEN TOE SHOE OR CROC LIKE SHOE**

ALL DOCUMENTS (e.g. immunizations) **must be brought to Estelle Garcia in Allied Health within the first 2 weeks from the start of the course, if not completed students will be dismissed from the course for failure to complete satisfactory requirements.**

******Documents can also be emailed to ahps@luna.edu ******

SPECIAL NOTICE:

If you have or think you may have a disability that affects your performance or safety in class, you are encouraged to notify campus Special Needs Counselor at the Student Services Department.

I accept the requirements and guidelines as written above.

Student Name: _____

Student signature _____ Date _____

Student E-mail address: _____

Student ID #: _____ - _____ - _____ Student DOB: ____/____/____

Semester: _____ **Year:** _____ **Section:** _____