

Associates in Emergency Care

Student Agreement

Paramedic Program

Student Name (print): _____

My signature indicates that the following has been explained to me and that I agree to comply with all policies listed.

1. All tuition expenses are final as outlined by the Tuition Payment Schedule.
2. To complete the cognitive domain with an overall average of 75.00% or better
3. To successfully complete each exam with at least a 75.00%, 1st or 2nd attempt, or successful completion of the permissible number of remediation attempts.
4. To have not missed more than 36 hours during the entire program.
5. To complete the psychomotor domain with at least the minimum number of required lab competencies and to have successfully passed the mid-term and final psychomotor exam.
6. To abide by all affective domain policies and strive to pass this domain with as many points out of 100 as possible.
7. To comply with all components of the Clinical Rotation Manual
8. To complete all **MINIMUM Clinical Requirements:**

Department	Paramedic
Emergency Department	104
Operating Room	8
Critical Care Area	8
Labor/Delivery	8
Pediatrics	Optional
Field Rotations	144
Capstone Field Internship	72 minimum
Total	344

9. To complete all **Required Psychomotor Skills:**

Skill	Paramedic Program
Medication Administration	60
IV Medication Administration	20 of the total 60
IV Access Total	35 [at least 1 in each age group]
IM or SQ Injection	2
Inhaled Medication (MDI, Inhaler)	2
Airway Management	50 [20]
Ventilate Non-Intubated Pt	20
Endotracheal Intubation	2 real patients

10. To complete all **Required Patient Age Groups:**

Age Group	Paramedic Program
Pediatrics (0-17) combined	30 [see FSDAP for sub age brackets]
Adult (18-64)	60
Geriatric (65+)	30

11. To complete all **Required Competencies**:

Competency	Paramedic Program
Trauma Assessment	30 Total
Trauma Assessment, ped	10
Trauma Assessment, adult	10
Trauma Assessment, geri	10
Medical Assessment	60 Total
Medical Assessment, ped	12
Medical Assessment, adult	12
Medical Assessment, geri	12
Cardiovascular Distress	14
Chest Pain	2
Acute Coronary Syndrome	2
Cardiac Dysrhythmia	2
Stroke and/or TIA	2
Hypoglycemia or DKA or HHS	2
Sepsis	2
Shock	2
Toxicological Event and/or O/D	2
Respiratory Distress and/or Failure	20
Psychiatric	6
Altered Mental Status	14
Abdominal Pain	2
Obstetric Assessment	10
Neonate Assessment/Care	2
Obstetric; delivery	2

12. To complete **Team Leader requirements**:

Team Leader	Paramedic Program
	50 [only 20 BLS]
Capstone	20 of the 50 total 18 of the last 20 must be successful (2's)

13. To successfully complete: ACLS & PALS (mandatory)

14. Failure to turn in all student documents by the specified due date could result in suspension from the program until all documentation has been submitted. This includes enrollment, clinical, and hospital orientation documentation.

15. The Capstone Field Internship must be completed within 90 days of the date of the Fisdap final exam. Failure to comply with ANY of the above could result in dismissal or the receipt of an incomplete status for the Program without refund.

Completion of this program will prepare the student to take the National Registry Exam at the Paramedic level. It is NOT a guarantee of passing the National Registry Computer Based Test (CBT).

Student Signature: _____ Date Signed: _____

AEC Authorized Personnel: _____ Date Signed: _____