

CLATSOP COMMUNITY COLLEGE

EMT REGISTRATION CHECKLIST

FALL 2025

Degree and Non-Degree students wishing to enroll in the Basic EMT course(s) at Clatsop Community College **must first email or phone the EMT Program Assistant (efalleur@clatsopcc.edu or 503-338-7670)** in order to begin the registration process and receive an explanation of this list of requirements which must be met before the student is registered for the EMT course:

NAME _____ CCC ID # _____

Phone: _____

Email: _____

MATH PROFICIENCY:

- ☐ COMPASS numerical test score of **24** or higher OR Accuplacer score of **26** or higher, OR Accuplacer Next-Gen score of **233** or higher. Test _____ score _____ Test date _____ (must submit proof of test results) OR
- ☐ Completion of MTH 20 or MTH 60 or higher
Math completed _____ Term _____ College _____

WRITING PROFICIENCY:

- ☐ COMPASS writing test score of **79** or higher OR Accuplacer score of **95** or higher, OR Accuplacer Next-Gen score of **241** or higher. Test _____ score _____ Test date _____ (must submit proof of test results) OR
- ☐ Completion of WR 115 or higher
Writing completed _____ Term _____ College _____

READING PROFICIENCY:

- ☐ COMPASS or Accuplacer reading test score of **79** or higher OR Accuplacer Next-Gen score of **241** or higher.
Test _____ score _____ Test date _____ (must submit proof of test results)
OR
- ☐ Completion of RD 090 or LA 090 or higher
Reading completed _____ Term _____ College _____

ANY VALID PHOTO ID/DRIVER'S LICENSE:

- ☐ Must be 18 years of age or older by date of course completion (March 2025). Bring a photocopy of any valid photo ID or driver's license. Date of birth _____

HIGH SCHOOL DIPLOMA/GED CERTIFICATE:

- ☐ Must meet education requirement: submit proof of High school diploma or GED certificate.

DRUG SCREENING:

- ☐ Submit proof of a negative 10 panel drug screen for Cocaine, Marijuana, Opiates, Amphetamines, Methamphetamines, Benzodiazepines, Barbiturates, Oxycodone, Ecstasy, and Propoxyphene. (Contact Helena's Drug Screening Service at 503-325-4888 for an appointment and let her know that you are an EMT student from Clatsop CC. Complete the attached EMT 10 Panel Drug Screen Form and bring it with you to the appointment along with \$50 in cash or check. Make certain to have your results sent directly to Clatsop Community College. Helena does not accept credit card payments)

BACKGROUND CHECK:

☐ Pass a State/National Criminal Background Check. (Complete the attached Bio-MED form including the credit card information and either (1) scan and email it to: backgrounds@bio-medtesting.com OR (2) fax to Bio Med's secure fax 866-594-8001. Your results will be sent directly to at Clatsop Community College.)

IMMUNIZATION REQUIREMENTS - bring evidence of immunizations or documented immunity titers.

- ☐ Negative TB test results within previous 12 months - submit TB results sheet. Date _____
If positive, must have verification of negative chest X-ray. A second test is recommended by the National Center for Disease Control (CDC) for all allied Health Professionals. It should be administered 1-3 weeks after the first test was read. Date _____ The second test is not required by the State of Oregon for registration in EMT class.
- ☐ TDAP vaccine. Date _____
- ☐ Varicella vaccine. 1st _____ minimum 4 weeks to maximum 8 weeks before: 2nd _____
(date) (date)
- ☐ MMR vaccine (not required if born prior to 1956). Date _____
- ☐ Hepatitis B vaccine, a minimum of two doses must be complete before class begins
1st _____ minimum 1 month before: 2nd _____ minimum of 5 months before: 3rd _____
(date) (date) (date)

CPR TRAINING:

- ☐ Either an American Heart Association Basic Life Support for Healthcare Providers OR American Heart Association CPR for Healthcare Providers OR American Health and Safety Institute (AHSI) for Healthcare Providers OR Red Cross Professional Rescuer CPR card, issued within the previous 12 months or valid for the length of the 2-term course including state testing.
Date of issue _____

Submit this completed form by delivering it with all supporting evidence (documentation) by **Thursday, September 11th, 2025, at 5:00 pm** to EMT Program Assistant.

Documentation can be submitted in-person and/or email. In-person at the IMTC Office located at 6540 Liberty Lane Astoria, OR 97103. Email is not a secure platform regarding medical information.

Documentation will be reviewed by Faculty and/or EMT Coordinator for approval into the EMT 151 Fall 2025 course.

You will be notified via email that you are accepted and registered into the EMT 151 Fall 2025 course.

Student may register for EMT 151. _____ Date: _____
Josh Feller, EMT Coordinator



Clatsop Community College

EMT 10 Panel Drug Screen Form

Dear EMT Student:

All EMT students have to complete a 10 Panel Drug Screen prior to being admitted to the course. Helena's Drug Screening Services located at 250 36th Street Suite 501 Astoria, OR 97103 has been kind enough to be our screening service. You can either drop in or make an appointment by calling 503-325-4888. The cost of the drug screening is \$50 which can be paid for by cash or check. Credit cards are not accepted.

Please fill out the following information and take this piece of paper with you when you go in for your screening. You must submit this paperwork to Helena so that she can properly release your screening results to me for inclusion in your student file.

Thank you for your help with this process. Please contact 503-338-7670 if you have any questions.

Josh Feller

EMT Coordinator

Student Name: _____

Student Address: _____

Student Phone #: _____

I _____ release the results of my 10 Panel Drug Screen to Josh Feller, the EMT Program Administrator for Clatsop Community College. Mr. Feller will be provided with this information via in-person pickup or mailed to 6540 Liberty Lane, Astoria, Oregon 97103.

Student Signature

1651 Lexington Ave. • Astoria, OR 97103 • www.clatsopcc.edu • Admissions: 503-338-2411
An affirmative action, equal opportunity institution • Accredited by the Northwest Commission on Colleges & Universities



3110 25th St SE
Salem, Oregon 97302
Ph: 503-585-6654 Fax: 503-315-8995

VISA/MasterCard/American Express # _____

Expiration Date _____ CVV2 (3 digits on back of card) _____

Billing Address _____ Zip Code _____

Name on Card _____

Your card will be charged by Bio-Med Testing Service \$32 for your background check. Clatsop Community College EMT Program.