Dear Student:

Welcome to your First Responder or Emergency Medical Technician training program. Enclosed in this packet are materials that need to be completed and returned to the EMSA or handed in to your instructor, per direction indicated. Failure to meet the deadlines stated can result in disenrollment in the program with no refund available, so please read this packet carefully and completely upon receipt.

First Responders (National Registry “Emergency Medical Responders”)

<table>
<thead>
<tr>
<th>Material</th>
<th>Due Date</th>
<th>Returned to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed and signed Course Registration form (double-check your bubbles!)</td>
<td>First day of class</td>
<td>Instructor</td>
</tr>
<tr>
<td>Gradesheet (ssn, bday, &amp; course # only - double-check your bubbles!)</td>
<td>First day of class</td>
<td>Instructor</td>
</tr>
<tr>
<td>Completed and signed Acknowledgement of Risk Factors form</td>
<td>First day of class</td>
<td>Instructor</td>
</tr>
<tr>
<td>Course evaluation form</td>
<td>Last day of class</td>
<td>Envelope provided by instructor</td>
</tr>
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</table>

Emergency Medical Technicians (Basic or Intermediate - National Registry “Emergency Medical Technicians” and “Advanced Emergency Medical Technicians”)

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</tr>
<tr>
<td>Completed and signed Health Insurance Affirmation form</td>
<td>First day of class</td>
<td>Instructor</td>
</tr>
<tr>
<td>Completed and signed Media Release form</td>
<td>First day of class</td>
<td>Instructor</td>
</tr>
<tr>
<td>Photocopy of current CPR card</td>
<td>14 days after the first day of class</td>
<td>EMS Academy</td>
</tr>
<tr>
<td>Caregiver’s Criminal History Screening Packet ^READ CAREFULLY. Estimated cost: $85 total (fingerprinting and CCHSP fee)</td>
<td>14 days after the first day of class</td>
<td>EMS Academy</td>
</tr>
<tr>
<td>Immunization record, reflecting required immunizations listed on enclosed Immunization Requirements for UNM Students in Healthcare Programs form</td>
<td>14 days after the first day of class</td>
<td>EMS Academy</td>
</tr>
<tr>
<td>10-panel illegal drug urinalysis results. Estimated cost: $100</td>
<td>14 days after the first day of class</td>
<td>EMS Academy</td>
</tr>
<tr>
<td>Course evaluation form</td>
<td>Last day of class</td>
<td>Envelope provided by instructor</td>
</tr>
</tbody>
</table>

Please refer to the enclosed program admission checklist to assist you in completing the tasks required. If you have questions, please contact your instructor or EMSA (emsa@salud.unm.edu).

Congratulations on selecting (or continuing on) a path in the Emergency Medical Services field, and good luck.

Warmest regards,

EMS Academy Program Faculty and Staff

Enclosed Collateral:

1. Caregiver’s Criminal History Screening Packet
2. Immunization Requirements for UNM Students in Healthcare Programs
3. 10-Panel Urine Screening Information
4. Health Insurance Requirement Affirmation
5. Acknowledgement of Risk Factors Form
6. Online Course Agreement Form
7. Media Release Form
Why Criminal History Screening?

“To ensure to the highest degree possible, the prevention of abuse, neglect and exploitation of care recipients.”

(Section 29-17-3 NMSA 1978).

The Caregivers Criminal History Screening Program (CCHSP) was established by statute in 1998 (section 29-17-1.5 NMSA 1978). This law requires that caregivers employed in health care services must undergo a federal (FBI) criminal history screening. Persons convicted of certain felony crimes may not work with care recipients. A new guidebook on the screening process can be seen at: www.health.state.nm.us/dhi/CCHS.htm.

The CCHSP continues to ensure accurate, effective and efficient screening for caregivers through a variety of quality assurance processes. Currently, the CCHSP is able to process a criminal history screening application that has NO criminal record in approximately 14 calendar days.

Application receipts in SFY 2002 were slightly less than SFY 2001. However the number of disqualified applicants was higher. The increase in disqualifications may be due in part to high employee turnover and increased demand on provider agencies to fill needed caregiver positions.

WHO MUST SUBMIT FINGERPRINTS OF CARE GIVER EMPLOYEES?

- Care Providers for the Mentally Retarded
- Long Term Care Providers
- Psychiatric and Rehabilitation Hospitals
- Nursing Homes
- Home Health Agencies

CCHSP may be contacted as follows:
TEL: (505) 827-1417
FAX: (505) 827-1419
1421 Luisa Street, Suite R
Santa Fe, NM 87505

For more CCHS information please visit: www.health.state.nm.us/dhi/CCHS.htm
Caregivers Criminal History Screening Packet

EMSA Students:

The State of New Mexico requires a criminal history screening on all allied health and nursing students (7.1.9 NMAC). Disqualifying convictions are: homicide; trafficking in controlled substances; kidnapping; false imprisonment; aggravated assault or aggravated battery; rape; criminal sexual penetration; criminal sexual contact; incest; indecent exposure and other related sexual offenses; crimes involving adult abuse, neglect or financial exploitations; crimes involving child abuse or neglect; crimes involving robbery, larceny, or burglary; extortion; forgery; embezzlement; credit card fraud; receiving stolen property; or an attempt, solicitation or conspiracy involving any of the felonies listed above. Students who have a history of these convictions should contact the New Mexico Division of Health improvement (http://dhi.health.state.nm.us/cchsp). Students with a disqualifying conviction will be removed or will not be allowed to remain in the program.

The rationale for performing criminal background checks on students is based on the need to ensure the safety and well-being of patients, to ascertain the ability of accepted applicants to eventually become licensed providers, and to abide by the requirements set forth in our affiliate agreements with clinical partners. All University of New Mexico’s Emergency Medical Services Academy students in EMT-Basic level courses and above will be subject to a criminal background investigation and continued enrollment will be contingent upon satisfactory criminal background investigation results.

The following pages contain specific instructions for completing and submitting your Caregivers Criminal History Screening Packet.

Respectfully,

UNM Emergency Medical Services Academy
CCHSP Instructions

1. Have the 3 fingerprint cards provided in this packet completed with your prints. You can inquire with your local law enforcement agency to see if they provide this service or, if you are near the Albuquerque area, you can get them done at one of the service providers below, or another of your choosing. Please do not use the company Fingerprint Solutions as they have refused to print the correct employer information on our student’s cards, which can result in a possible delay in your background check being completed by the state.
   - Aardvark
     - 2305 Renard Pl, SE Suite 210, Albuquerque NM, 87106
     - 505-243-0812
     - http://www.aardvarkabq.com/
     - $15 per card
   - Fingerprinting Services of New Mexico
     - 2921 Carlisle, Albuquerque NM, 87110
     - 505-872-2769
     - http://www.fingerprinting-nm.com/
     - $25 for all 3 cards

2. Provide one clear copy of an acceptable photo ID (Driver’s license or Passport)

3. Complete all highlighted sections of the “Authorization for Release of Information” form with the requested information. Box #6 will be the day planned as the first day of clinicals for your class (ask your instructor for this date).

4. Submit a Cashier’s Check or Money Order (only – no personal checks) made out to “CCHSP” for $65.

5. Bring or mail all of the above items, by the deadline of 14 days after your first day of class, to:

   UNM EMS Academy
   Attention Barbara Conley
   700 Camino de Salud, Ste. 1500 (physical address)
   1 University of New Mexico, MSC11 6260 (mailing address)
   Albuquerque, NM 87131-0001

Your completed packet is due back at the EMSA no later than 14 days after the first day of class – be sure to allow 3-4 days for the mail.

Incomplete or late CCHSP packets cannot be accepted, will be returned to you, and can result in disenrollment in the program with no refund available.
Division of Health Improvement
CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM
AUTHORIZATION FOR RELEASE OF INFORMATION

To Be Completed by the Authorized Representative of the Care Provider/Facility

1. Applicant’s Last Name: 
2. Applicant’s First Name: 
3. Applicant’s Middle Name: 

4. Applicant’s Social Security Number 
5. Applicant’s Date of Birth 
6. Applicant’s Date of Employment 

7. Care Provider Agency Name*: UNM EMS Academy 
8. Applicant’s Position*: #14 

9. Care Provider Address: 
   1 University of New Mexico, MSC11 6260 
10. Care Provider City: Albuquerque 
11. Care Provider State: NM 
12. Care Provider Zip Code: 87131-0001 

13. To be completed by the Applicant: Have you ever been convicted of any felonies? If yes, give date, title and location of conviction*: 

14. Employee Abuse Registry Screening*: Yes ☑ No ☐ N/A ☐ 
15. Date of EAR Screening*: 
   Date of Last CCHSP Criminal History Screening: 

ATTENTION: Authorized Representative, ensure this document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.

17. Print/Type Name of Authorized Representative: Barbara Conley 
18. Title of Authorized Representative: Program Administrator

Authorized Representative’s Signature __________________________ Date __/__/____ 

Applicant Acknowledgement

Pursuant to NSMA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico Arrest Record Information Act, I hereby appoint The New Mexico Department of Health as an authorized agent for me for the purpose of inspection (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety and the Federal Bureau of Investigations, including information concerning felony or misdemeanor arrests.

To the custodian of records in question, I hereby direct you to release such information to the Authorized Agent as described above.

I am authorizing the release of said records solely for the purpose of compliance with the "Caregivers Criminal History Screening Act" NMSA 1978, Sections 20-17-1 to 5 and Section 307, Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pilot Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities or Providers. It is understood that the confidentiality of said records will be maintained in accordance with the applicable law.

This authorization also constitutes, with respect to the criminal history record, permission for the Department, following an attempt to obtain clarifying information from the applicant or caregiver, to attribute, as a rebuttal presumption, disqualifying conviction status to any arrest for crimes that would constitute a disqualifying conviction and for which the arrest appearing on the nationwide criminal history record lacks a clear disposition.

All documents submitted to the Department of Health become the sole property of the Department and are not returnable.

Applicant’s Signature __________________________ Date __/__/____

FOR CCHSP USE ONLY

<table>
<thead>
<tr>
<th>Date of Last Clearance</th>
<th>Status of Last Clearance</th>
<th>PACT Data Updated</th>
</tr>
</thead>
</table>
All healthcare students (e.g., Medical, Nursing, Physical Therapy, Occupational Therapy, Pharmacy, Physician Assistant, Dental Hygiene, Radiology, Communicative Disorders, Nutrition, and Medical Technology), need to show evidence of having obtained the following immunizations before they engage in patient care activities. **Students need to bring their records to the UNM SHAC Allergy & Immunization Clinic.** Below is a complete list of Required Immunizations:

1. **Measles, Mumps, Rubella (MMR):**
   a. TWO (2) DOSES after 1978
   
   OR
   
   b. Titers (IgG) showing immunity for each disease: Rubeola, Rubella, Mumps. COPIES OF LAB RESULTS ARE REQUIRED.

2. **TDAP (Tetanus, Diphtheria & Pertussis):** Booster dose within last 10 years.

3. **Hepatitis B:** THREE (3)-DOSE series completion, must have documentation.

4. **Hepatitis B Surface Antibody Titer (IgG):** In addition to completing the Hepatitis B series, a Hepatitis B Surface Antibody Titer (IgG) for confirmation of immunity is required. A COPY OF LAB RESULT IS REQUIRED.

5. **Tuberculosis:**
   a. A **Two-Step Tuberculosis Skin Test** (aka PPD—two separate placements and two separate results) is required within six (6) months of starting the 1st year in a healthcare program. A two-step skin test consists of:
      1. Placing a PPD and returning 7 days (1 week) later to have it read.
      2. If the 1st test is negative (0 mm induration), another PPD is placed on the opposite arm returning in 48-72 hours to have it read.
   
   OR
   
   b. A current **T-Spot or Quantiferon Gold TB test** within six (6) months of starting the program.
   
   c. **History of Positive TB Test:** Bring documentation of PPD result, chest X-ray result, and treatment completion.

NOTE: Subsequent TB testing will be done annually: One PPD, T-Spot, or Quantiferon Gold. If history of a positive TB test, the Positive PPD Questionnaire must be completed annually.
6. Varicella (Chickenpox):
   a. Proof of TWO (2) doses of Varicella vaccine
   
   OR

   b. Positive Varicella Titer (IgG): A COPY OF LAB RESULT IS REQUIRED.

7. Seasonal Influenza Vaccine: Please obtain documentation when you receive the vaccine.
   PLEASE NOTE: Unless students receive Influenza vaccine at Student Health & Counseling, we do NOT
   have copies or access to copies of Influenza vaccine received elsewhere (e.g., at UNMH, UNM, or any of
   the Flu Shot Clinics on North Campus or in the UNM SUB).

A copy of your official shot record is due to the EMSA no later than 14 days after the first day of class – be sure to allow 3-4 days for the mail.
10-Panel Drug Urine Screening

Per our affiliation agreements with our clinical partners, students are required to undergo a ten-panel urine screening.

A "10-panel urine screen" generally consists of screening for the following:

- Amphetamines (including Methamphetamine)
- Barbiturates
- Benzodiazepines
- Cannabinoids (THC)
- Cocaine
- Methadone
- Methaqualone
- Opiates (Codeine, Morphine, Heroin, Oxycodone, Hydrocodone, etc.)
- Phencyclidine (PCP)
- Propoxyphene

To complete this clinical requirement, visit a Substance Abuse & Mental Health Services Administration (SAMHSA) certified drug and alcohol testing laboratory. There are several in New Mexico. Concentra, Tri-core, and Detect Lab (that has multiple locations in NM and you can see where the one closest to you is located by visiting http://detectlab.com/new_mexico_38.html) are a few.

Cost for this test will vary, depending on service provider selected.

**Your test results are due to the EMSA no later than 14 days after the first day of class – be sure to allow 3-4 days for the mail.**
Health Insurance Requirement Affirmation

All students enrolled in the UNM EMS Programs are required to have health insurance, no exceptions. This insurance must cover them while in class as well as when on clinical or internship rotations within or outside of New Mexico. In some cases, students purchasing their own insurance may be eligible for financial aid to cover the cost.

Students are required to sign this form affirming their compliance with this health insurance requirement, and the EMS Academy reserves the right to verify this information at will for the duration of the student’s participation in the paramedic program. Failure to submit this form, or to comply with the requirement, may result in disenrollment from classes and/or dismissal from the EMS program.

By signing below, I affirm the following (check each box):

☐ I have current and active health insurance and will maintain insurance for the duration of the Program.

   o Name of Insurance Company: ________________________________

☐ I will comply with any other health or safety related regulations deemed necessary by the Student Health and Counseling Center, the School of Medicine, and/or the EMS Academy.

Date: ________________________________

Printed Name: ________________________________

Signature: ________________________________
University of New Mexico
ACKNOWLEDGMENT OF RISK FACTORS

I, ____________________________, understand that the University of New Mexico

_ name of participant (please print)_

does not provide insurance coverage for medical care that I may need because of my participation in

_ name of event/activity/class_

sponsored by UNM School of Medicine EMS Academy from __________ to ___________.

_ semester/date(s) of event_

I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness in remote locations. I hereby assume the inherent risks and hazards of this activity.

I acknowledge that any claims for damage against the University of New Mexico or its officers or employees for death, personal injury, or property damage which may occur as a result of my participation in the above-mentioned activity would be governed by the New Mexico Tort Claims Act, which imposes limitations on the recovery of damages from state institutions and their public employees.

__________________________________  ____________________________
Signature                                            Date
Online Course Agreement

I, ________________, understand that I am responsible to read, and will be held accountable to the standards and requirements as stated within, the Academy Policies and the Paramedic Program Handbook posted on http://hsc.unm.edu/som/emsacad/FormsnPolicies.shtml.

I further understand that I am responsible to stay current with any changes to these documents by periodically reviewing for updates.

Student Signature:_________________________________________ Date: __________

Email Address

My email address (print legibly - this address, and no other, will be used for all EMSA communications) is: _________________________________.

Media Release Form

I ________________, do hereby give the Regents of the University of New Mexico, for its public operation known as the UNM Health Sciences Center, specifically, the UNM School of Medicine, Department of Emergency Medicine, Emergency Medical Services Academy (EMSA) and its officers, Regents, employees, assigns, licensees, and legal representatives the irrevocable right to take and use pictures, portraits, photographs, videos, or images of any kind of me, and/or use my name and voice, in all forms and media and in all manners, including composite or purpose. I agree that EMSA owns these media and all rights related to them. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this Media Release releases and forever discharges EMSA and any and all of its officers, Regents, employees, representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents. If you are under the age of 18, your legal guardian must complete and sign this form.

Name: ____________________________ Signed: ____________________________

Address: ___________________________________________ Date: ______________

Witness: ___________________________________________ Signed: ____________________________

Address: ___________________________________________ Date: ______________

Consent for Minor: I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights, as stated above, related to media containing images of the minor named above.

Name: ____________________________ Signed: ____________________________

Address: ___________________________________________ Date: ______________

Witness: ___________________________________________ Signed: ____________________________

Address: ___________________________________________ Date: ______________