



Emergency Medical Technician (EMT) – EMSP 1100 CollegeNow! Application Packet

READY TO ENROLL?

STEP 1: Complete the free MCC Application to generate your MCC ID# by clicking the APPLY button at www.mccneb.edu. **This is NOT the application to the EMT class.** If you are already a student and know your MCC Student ID number, proceed to step 2.

STEP 2: Complete and submit your **completed** CollegeNow! EMT paper application and ALL required supplemental information within the packet to EMT@mccneb.edu. See the attached checklist for required documents. The Health Professions Dean's Office will review all application packets, confirming all required supplemental documents are included and the application is complete. Registration will be based on completed packets and in the order received. Requested course section may only happen if seats are still available; preferred sections are not guaranteed.

STEP 3: Once you are registered for class you will receive two different emails that include secure links for completing the required background checks; one link is through our vendor **Verified Credentials/One Source**, and one will come from **Nebraska DHHS**. Do NOT complete the DHHS background check process from your cell phone, as DHHS warns it may not work correctly. Additional fees may occur if new links are requested.

Questions? Contact MCC's Health Professions EMT Office by sending an email to EMT@mccneb.edu.

CollegeNow! (High School Student) EMT Admission Requirements Checklist

- Student must be at least 16 years of age by the start of class; students under age 19 must have parental or guardian signature on all forms.
- Proof of Health Insurance (copy of insurance card)
- Copy of current CPR Certification (Excluding Career Academy students)
 - The course must be a certified American Heart Association BLS Provider Course OR American Red Cross BLS Provider course – all other courses will be denied.
- Proof of proficiency in English by one of the following:
 - Passing grade from 1000-level course (if coursework was completed at another college, submit a copy of your unofficial transcript with your EMT application)
 - High school transcript showing successful completion of two years of high school English
 - Accuplacer score of 226 or higher
 - ACT score of 17 or higher (Note: score is valid for 3 years)
 - English Writing Sample Essay score of 22 or above (Note: score is valid for 2 years)
- Proof of Math skills proficiency by one of the following:
 - Passing grade from MATH 0960, MATH 0931, or 1000-level or higher algebra course (excluding MATH 1242) - (if coursework was completed at another college, submit a copy of your unofficial transcript with your EMT application)
 - High school transcript showing successful completion of two years of high school Math
 - ACT score of 20 or higher (Note: score is valid for 3 years)
 - ALEKS score of 35 or higher

Note: Assessment testing score values are subject to change.

Following two documents must be signed and dated before submitting with application:

- Technical Standards form - (page 4)*
- Health Professions Policy Acknowledgement form - (pages 5-8)*
- Submit a completed, signed and dated *EMT application form – (page 3)*
- Health History/Physical Examination form - (pages 9-10)*
 - Each student must submit documentation of a completed health history/physical examination performed by a physician, physician assistant, or nurse practitioner, within the year. Acceptable forms include a sports physical, a health history and physical form from a doctor's office, or the MCC health history/physical examination form that's included in this packet.
- Proof of required immunizations – see *Health Requirements Policy – (pages 11-13 for details)*
- Proof of TB-Tuberculosis/PPD testing – see *Health Requirements Policy – (pages 11-13 for details)*
- Background Checks and Drug Screening/Testing will be required once student is accepted. More information to come via email once student is registered.
- Review the *MCC Health Professions Policies* at the back of the packet - **(pages 11-18)**

Questions on the above items, contact EMT@mcneb.edu.

MCC CollegeNow! High School EMT application

EMERGENCY MEDICAL TECHNICIAN (EMT) APPLICATION FORM

Print or type information requested below:

Legal name: _____
(Last) (First) (Middle) (other last names used)

MCC student ID number: _____

Home address: _____
(Street Address) (City) (State) (Zip code)

Phone number: _____ Alternate Phone number: _____
(circle – Home/Landline OR Cell)

Email address: _____ Date of birth: _____

Gender: Male Female Prefer not to answer Nonbinary/other gender

Racial/ethnic group: Federal law requires MCC to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.

Are you Hispanic/Latino? Yes (HIS) No (NHS) — If you select no, check one or more of the race groups below.

- American Indian-Alaska Native (AN) Asian (AS) Black or African American (BA)
 Native Hawaiian-Pacific Islander (HP) White (WH)

Education (Check all that apply): High school diploma GED Still enrolled in high school
 High school/GED not completed Home school

Name of high school: _____ Graduation date (month/year): _____

Parent/Legal Guardian: I give permission for my student to participate in college courses through Metropolitan Community College. I understand that I am responsible for all tuition and fees less any scholarships or payments made by the high school or other third parties.

Parent/Legal Guardian Signature (if student is under 19): _____ Date: _____

Printed Parent/Legal Guardian Name (if student is under 19): _____

Student Signature: _____ Date: _____

Printed Student Name: _____

EMT course—quarter starts (select quarter): Spring _____ Summer _____ Fall _____ Winter _____

List three section preferences: 1. _____ 2. _____ 3. _____

(The section number will be a number and a letter or two letters: 7A, 8B, FA, FB, etc.) — NOTE: Without a section number the application cannot be fully processed. The section number can be found at:

<https://colss-prod.ec.mccneb.edu/Student/Courses/Search?subjects=EMSP> Select appropriate term and preferred campus location, then click on 'view available sections' under EMSP 1100.

**METROPOLITAN COMMUNITY COLLEGE EMERGENCY MEDICAL TECHNICIAN (EMT)
TECHNICAL STANDARDS FORM – STUDENT VALIDATION**

All health care students are required to meet definite standards for the profession and for clinical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements.

The following are specific requirements of all students:

1. Ability to stand, sit, walk, push and squat
2. Ability to lift and/or carry 125 pounds
3. Ability to reach in forward, lateral and overhead motions
4. Ability to climb stairs
5. Ability to distinguish distance, colors, objects and persons
6. Ability to demonstrate depth perception
7. Ability to hear conversations, monitor equipment, perform auscultation, use a telephone and distinguish background noise
8. Ability to distinguish sharp/dull and hot/cold
9. Ability to perform fine and gross motor skills with both hands
10. Ability to think clearly and calmly in stressful situations
11. Ability to communicate effectively, both verbally and in writing, using appropriate grammar, spelling and vocabulary
12. Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

Student Signature

Date

Printed Student Name

Parent/Legal Guardian Signature (if student is under 19 years of age)

Date

Printed Parent/Legal Guardian Name (if student is under 19 years of age)

030226BB



METROPOLITAN COMMUNITY COLLEGE - HEALTH PROFESSIONS POLICY ACKNOWLEDGEMENT FORM

Students enrolled in Metropolitan Community College (MCC) Health Professions programs/courses are required to review and comply with all program policies, handbooks, and expectations. By signing this document, the student acknowledges full understanding of the policies outlined below and agrees to comply with all current and future requirements.

1. Student Confidentiality Agreement

Students in Health Professions programs will interact with patients and have access to sensitive information in verbal, written, and electronic formats.

By acknowledging this section, the student understands and agrees to:

- Comply with all Federal HIPAA regulations, MCC policies, and clinical agency confidentiality standards.
- Maintain strict confidentiality of all patient information obtained in classroom, lab, and clinical settings.
- Refrain from sharing, transmitting, or posting patient information, even if permission is granted by a patient or patient's family—including photos, videos, or recordings—on any platform or with any individual not directly involved in the educational or clinical experience.
- Seek guidance from MCC faculty or authorized agency personnel before discussing any patient-related information.
- Accept that violations of confidentiality policies may result in immediate dismissal from the course and/or program.

2. Authorization to Release Information to Clinical Affiliates

To participate in required clinical experiences, MCC must share certain student information with affiliated clinical partners.

By acknowledging this section, the student understands and agrees that:

- MCC may release necessary information for clinical onboarding in accordance with affiliation agreements.
- Refusal to authorize release of information may prevent clinical placement and may result in inability to meet course or program requirements.

- This authorization remains in effect until revoked in writing and submitted to the Director of Student Experiences; revocation does not affect disclosures already made.

3. Financial Responsibility for Medical Care

Clinical sites do not provide health or workers' compensation coverage for students.

By acknowledging this section, the student understands and agrees that:

- They are personally responsible for any medical or emergency care received while participating in clinical or internship activities.
- Many clinical affiliates require students to carry personal health insurance; regardless of insurance status, the student accepts full financial responsibility for any related expenses.

4. Background Checks, Drug Screening, and Adverse Findings Policy

Health Professions programs require students to meet additional standards for clinical eligibility, including background checks and drug screening.

By acknowledging this section, the student understands and agrees that:

A. Program Admission and Additional Requirements

- Metropolitan Community College (MCC) is an open-enrollment institution; however, most Health Professions programs require a **secondary application process** with additional eligibility standards for experiential learning/clinical placement.
- These requirements may include, but are not limited to, **multiple background checks** and **drug screening/testing**, which may be at my own expense if initial results contain questionable findings.
- I understand that each program may have specific requirements, and I am responsible for reviewing the program webpage for details.

B. Background History and Program Progression

- I understand that my personal background history may include information that could affect my ability to progress through or complete my course or program.
- I am encouraged to resolve any known legal issues through the appropriate court system **before** beginning my class or program.
- I will notify the **Director of Student Experiences** as early as possible if I have a history that may impact clinical placement, progression, credentialing/licensure, or employment. The Director may provide guidance when appropriate.

C. Impact of Adverse Findings

- Students may be accepted into an MCC Health Professions program even with a history that includes a felony, misdemeanor, pending case, or positive drug test.
- However, **acceptance into a program does not guarantee:**
 - Acceptance into required experiential learning/clinical experiences
 - Eligibility to sit for state licensure or certification exams
 - Future employment in the chosen field
- Various factors — including drug screen/test results, criminal history, sex offender registry status, OIG-SAM findings, and adult/child abuse registry records — may affect my ability to progress.

D. Requirement to Report New Circumstances

- If any new circumstance arises **after** my initial background check or drug screening has been approved, I must immediately notify the Director of Student Experiences.
- Transparency is required due to strict compliance regulations.

E. Clinical Site and Agency Decisions

- Clinical sites and experiential learning facilities make their own determinations about which students they will accept. MCC has **no control** over these decisions.
- Facilities may require additional **random or for-cause drug/alcohol screening** at my expense.
- Failure to be accepted into and successfully complete a clinical rotation will result in failure to complete the course and/or degree.
- MCC also has no control over state licensing boards, credentialing agencies, or employer hiring decisions.

F. Financial Responsibility and Consequences

- I understand that I am fully responsible for any financial consequences if I am later unable to continue in the course/program, obtain licensure or certification, or secure employment due to adverse findings.
- I understand that failure to sign this acknowledgement may result in dismissal from the course or program.

Student Acknowledgement and Signature

By signing below, I acknowledge that I have read, understand, and agree to comply with all policies outlined in this document. I accept full responsibility for meeting all requirements associated with my participation in MCC Health Professions programs. I understand that failure to sign this form may result in dismissal from the course or program.

Student Signature: _____ Date: _____

Printed Student Name: _____

Parent/Legal Guardian Signature: _____ Date: _____
(If student is under 19 years of age)

Printed Parent/Legal Guardian Name: _____
(If student is under 19 years of age)

List Course Name & Section#: _____
(Ex: EMT/7A)

030926BB_ADA



HEALTH HISTORY/PHYSICAL EXAMINATION FORM

FIRST NAME		LAST NAME		
DOB	GENDER	PHONE		
ADDRESS		CITY	STATE	ZIP

TO BE FILLED OUT BY THE HEALTH CARE PROVIDER (Physician, Physician Assistant or Nurse Practitioner)

Height	Weight	Pulse	Blood Pressure
EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, and Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			
OTHER			
MEDICATIONS CURRENTLY TAKING:			
PAST MEDICAL HISTORY:			
PAST SURGICAL HISTORY:			

As the reviewing Provider, I have given the student a complete physical examination, and I feel that he/she is physically and mentally capable of participating without hazard, in clinical practice settings for Metropolitan Community College's Health Professions program.

Printed health care provider's name and title

Health care center/facility

Health care provider's signature

Address, city, state, zip

Provider's state licensure number

Phone

Date

NOTE:

For students entering a 'degree program' - Physical examination by an approved provider (a physician, physician assistant, or nurse practitioner) must be completed between the time of program acceptance and the clinical start date, to be considered valid as part of the application process to one of MCC's Health Professions programs. Provider's information must also be complete.

For students entering a CNA or EMT course - Physical examination by an approved provider (a physician, physician assistant, or nurse practitioner) must be completed within a year of the course start date, to be considered valid as part of the application process to one of MCC's Health Professions programs. Provider's information must also be complete.

CNA STUDENTS – Please turn this completed form in as part of the application process. If you have questions, please contact CNA@mcneb.edu.

ALL OTHER STUDENTS – This completed form will need to be uploaded into your "Program Specific" Document Tracking System. More information on what Document Tracking System you will use, will be provided at the mandatory orientation. This excludes CNA students.

021226BB_ADA

METROPOLITAN COMMUNITY COLLEGE – HEALTH PROFESSIONS HEALTH REQUIREMENTS POLICY

Metropolitan Community College's Health Professions programs require a number of immunization and related health requirements as part of the secondary program specific application processes. These requirements mirror guidelines established by the CDC (Centers for Disease Control and Prevention) and are established within the affiliation agreements of our Clinical Affiliate Partners for the required experiential (clinical/externship/field/internship/practicum) learning experiences. These learning experiences are held at the respective clinical affiliates site, which help fulfill the experiential requirements of our state approved or nationally accredited courses/programs. The reasons for the health requirements are two-fold: 1) to ensure the student is sufficiently safe from what they might encounter and 2) to ensure the safety of patients that may interact with the student. The timing of when the student must submit proof of these requirements, varies by program/course; and the manner in which requirements are submitted also varies by program. Timelines for document submission will be provided within the application or upon receipt of application. Failure to submit the required documentation within these timeline(s), may preclude the student from onboarding into the required experiential setting and completing the program. The student is responsible for any and all costs associated with these requirements. Financial Aid and other avenues may be leveraged in some cases to help defray costs. The requirements are listed as follows:

- **Health History/Physical Examination** - this examination must be completed by a physician, physician assistant, or nurse practitioner and must be current within the last year for CNA students, or from Acceptance to the start of Clinicals, for degree programs. The *Health History/Physical Examination form* is provided under the Student Acceptance tab within the Program Application and Admissions Process section on the program webpage; or as part of the CollegeNow! and/or Secondary Partnership paper application packets for high school students. Current High School Health History/Physicals are also accepted.
- **Health Insurance** – Metropolitan Community College (MCC) does **not** require students to carry health insurance as a condition of enrollment. However, some Clinical Affiliate Partners **do require** students to provide evidence of current health insurance coverage before participating in clinical experiences (excludes CNA). If insurance is required by a clinical site, students must submit **copies of the front and back of their health insurance card** as proof of coverage; or

the student must provide a written statement, affirming they understand that the Clinical Affiliate Partner does not offer or provide health insurance or workers' compensation insurance to the student, and the student is responsible for any medical expenses if incurred. This statement is in the *Health Professions Policy Acknowledgement Form*.

- **Influenza Vaccination**
 - Documentation of the influenza immunization (flu shot) administered during the current flu season. **This is generally ONLY required October 1–April 1 and not required by all clinical affiliate partners.** If you cannot receive the flu vaccine due to medical or religious reasons, you must notify your clinical instructor, adhere to your clinical site policy regarding non-vaccination, and contact your program director.

- **MMR – Measles (Rubella), Mumps, Rubella Vaccination**
 - Documentation of 2 vaccines – OR – positive antibody titer for all 3 components (physician verification of results required). If any component of the titer is negative, you will need to repeat the 2-vaccine series

 - If student has the MMRV vaccine, it will fulfill the Varicella vaccination as well as MMR

- **Varicella (Chickenpox) Vaccination**
 - Documentation of 2 vaccines – OR – positive antibody titer (lab report required) – OR – physician documented history of the disease, including dates of illness.
 - If the titer is negative, the student must receive 1 booster shot.
 - If student has the MMRV vaccine, it will fulfill the MMR vaccination as well as Varicella

- **Hepatitis B Vaccination**
 - Documentation of the 3-vaccine series – OR – a positive antibody titer. (RT students must document both or a positive titer)
 - If the titer is negative, the student must repeat the 3-vaccine series.
 - If you are just beginning the series, provide documentation of all shots received thus far and provide subsequent documentation when other shots are received.

- **Tdap - (Tetanus, Diphtheria, Pertussis) Vaccination**
 - Documentation of Tdap booster administered within the past 10 years

- **TB - Tuberculosis/PPD testing**
 - Documentation of one of the following within the past 12 months for Baseline Screening:
 - Negative PPD/TST skin test (2 valid tests for RT students)
 - Negative QuantiFERON Gold blood test
 - Negative T-spot blood test
 - TB questionnaire/attestation completed if there is evidence of previous PPD testing (RT 2nd Year);

- If positive results, one of the following is required each year:
 - Clear chest x-ray report
 - Negative QuantiFERON Gold blood test
 - Negative T-spot blood test

Note: Any student who was born outside of the United States and/or who knows they've been previously vaccinated for TB, should NOT get a TB blood or skin test, as it will show a positive result and may make the student ill; they need to get a chest x-ray, which can be done at OneWorld for a reduced fee or a provider of their choice.

- **COVID-19 vaccination - (ONLY IF REQUIRED BY OUR CLINICAL AFFILIATE PARTNERS)**
 - Proof of Moderna, Pfizer or J&J vaccination injections
 - Documentation of Affiliation Partner's declination of vaccination waiver

The above requirements are those of our Clinical Affiliate Partners, not of MCC. This list provides the basic standards for most all of our clinical partners. There may be a variation of requirements, depending on clinical location or program, so additional requirements may be asked of students. Students should be aware that vaccination requirements may change to comply with current health guidelines or Clinical Affiliation Agreements. Students will be notified promptly, if additional requirements become necessary.

NOTE: MCC is required to attest that every student meets these requirements. Some sites may ask for the actual records and others may solicit the information through periodic audits. They have regulatory standards they must meet, so we must comply if asked. Students must agree to the personal release of information (ROI) which is discussed in the *Health Professions Policy Acknowledgement Form*.

021626BB_ADA



METROPOLITAN COMMUNITY COLLEGE – HEALTH PROFESSIONS BACKGROUND CHECK POLICY

OVERVIEW

This policy applies to all Metropolitan Community College (MCC) students who are applying for a Health Professions course or certificate/degree program that requires clearance for placement in experiential (clinical/externship/field/internship/practicum) settings. Background Checks are a requirement of our Clinical Affiliate Partners, who allow our students to complete program experiential requirements at their sites. Multiple background checks will be run by our vendors (*Verified Credentials/One Source* and *Nebraska DHHS*) in preparation for affirming placement eligibility. Background Check results will typically be honored throughout the duration of the course and/or program, as long as the student has not had a break in their enrollment, or changes to their background history. Affiliate Partners do reserve the right to request additional background check(s) at their discretion. A student who has a break in enrollment of more than one quarter in the approved curriculum of the certificate or degree program, will be required to complete a new background check at their own expense.

POLICY

Metropolitan Community College Health Professions division requires background checks for all students accepted into a certification course or certificate/degree program that has an experiential requirement. Students may need to submit to additional and/or repeated background checks depending on college, program, experiential placement or program re-entry requirements. Students who refuse to submit to a required background check will not be allowed to progress within the program, specifically study in program experiential settings.

Clinical Affiliate Partners may refuse placement or place monitoring requirements on any individual whose background investigations reveal any type of adverse findings. (*see *Adverse Findings* policy document). Program progression, completion, credentialing/licensure, and job attainment may all be impacted. Students may vet credentialing/licensure potential through the Nebraska DHHS. In the event of a student being denied entry into an experiential setting, the Health Professions division and program will work to place the student in an alternative setting(s) but cannot guarantee successful placement.

PROCEDURE

REQUIRED BACKGROUND CHECK SEARCHES

1. Social Security Number Verification
2. Maiden and AKA Name Search
3. Positive Identification National Locator with previous address
4. Criminal History Investigation
5. National Wants & Warrants Submission
6. National Sex Offender Registry
7. Sexual Offender Registry/Predator Registry
8. Adult and Child Abuse Registry
9. Officer of Inspector General Sanctions
10. Excluded Parties Listing System
11. Sanction Check – (NHDB) National Healthcare Data Bank, now called NPDB National Practitioner Data Bank – (This check will need to be initiated directly by the student depending on clinical site placement; assistance provided if needed)

REVIEW OF BACKGROUND CHECKS

The MCC Health Professions division, in conjunction with its affiliates, have the discretion to determine what constitutes an adverse finding within the background checks. Generally, the student will be informed and given an opportunity to address adverse findings. Since an adverse finding could affect the required clinical placement(s), program completion, licensure/certification, and/or attaining employment in the profession, the student will:

- disclose any history that could trigger an adverse finding to the Director of Student Experience as quickly as possible;
- be encouraged to resolve the adverse finding with the court system prior to beginning the required experience, or by the deadline for submitting all documentation for the experiential placement;
- remain in the course/program, during any appeal process, understanding that they will be financially responsible for the course/s even if they are not able to finish the course/s as they are not allowed into a required clinical setting, ultimately failing the class; if the adverse finding(s) is/are not resolved; (*see *Adverse Findings Policy* document)
- decide if they wish to remain enrolled if the background history precludes progressing through the program/course.

IDENTIFICATION OF VENDORS

All background checks will be performed by vendors approved by Metropolitan Community College.

ALLOCATION OF COSTS

Accepted applicants and enrolled students must pay the costs associated with procuring a background check. This cost is incorporated into the course fee(s). If a student has to repeat a course or are a 're-entry' student, stopping out for more than a quarter, the student will be responsible for the additional fee(s) to run new background checks.

ADDITIONAL/SUBSEQUENT LEGAL MATTERS

The student must report to the Health Professions Director of Student Experiences within 30 days of any new charges against them involving criminal activity, to include but not limited to theft, assault, and illegal drug/alcohol activity other than minor traffic violations, which could interfere with clinical placements, program completion, professional credential/licensure, and/or job attainment.

FAILURE TO SUBMIT TO A BACKGROUND CHECK

Any student who fails to adhere to the background check deadline set by the division/program, may be precluded from progressing in all classes, and experiential learning until clearance documentation is provided in accordance with respective division/program procedures. If background check results are not received by the start of the clinical/experiential learning, the student will not be allowed to attend; potentially resulting in an incomplete grade, course failure, and/or the inability to progress through the program.

FALSIFICATION OF INFORMATION

Falsification of information, including omission of relevant information, will be addressed similarly to an Adverse Finding. (*see *Adverse Findings Policy*)

BACKGROUND CHECK RECORD MAINTENANCE

Background check reports and other submitted information are confidential and may only be reviewed by approved Health Professions division officials and Clinical Affiliate Partners in accordance with the Family Educational Records and Privacy Act (FERPA) and Clinical Affiliation Agreements. Student background check reports and other submitted student information will be maintained electronically in a secured drive by the Director of Student Experiences, and discussed only with the Dean of Health Professions if necessary. Program directors, faculty and other staff members, are not privy of any records detail. Records will be maintained according to state statute requirements.

***NOTE: The *Adverse Findings Policy* is within the *Health Professions Policy Acknowledgement Form*.**

METROPOLITAN COMMUNITY COLLEGE - HEALTH PROFESSIONS DRUG SCREENING/TESTING POLICY

Overview

All Metropolitan Community College (MCC) students who have been accepted to or enrolled in a Health Professions course or certificate/degree program that requires a negative drug screen/test for placement in an experiential learning experience setting (clinical/externship/field/internship/practicum), must complete a drug screen/test. Drug screening/testing is a requirement of our Affiliated Clinical Partners, who allow our students to complete rotations at their sites. These organizations abide by Drug Free Workplace policies, requiring students to submit and produce a negative drug screen/test prior to participation in said experiential requirement. For purposes of this policy, the term “illegal drug” means intoxicants and narcotics, marijuana, or any other controlled substance as defined by Nebraska or Federal law. The term “illegal drugs” does not include any prescription medication, which has been lawfully prescribed by a licensed medical provider to be used by the student. Students who refuse to submit to a required drug screen/test will not be allowed to progress within the required experiential phase of the program. **The Health Professions division reserves the right to rescind an offer of acceptance or progression, or to place monitoring requirements on any individual whose drug screen/test reveals a positive result.**

Drugs Tested: Amphetamines (AMP), Methamphetamine (mAMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine Metabolites (COC), Marijuana Metabolites (THC), Methadone (MTD), MDA-Analogues (MDA), Opiates (OPI), 6-Acetylmorphine (6AM), Oxycodone (OXY), Opiates (Semi-Synthetic) (OPIS), Phencyclidines (PCP), Fentanyl (FEN), Propoxyphene (PPX)

Process

- 1) Each student will be provided with a combined instruction/registration form that needs to be filled out and brought to the drug screening facility during the assigned screening period. The student will provide a photo ID and the signed consent form when checking in at the facility. Additional instructions will be given to the student by the vendor, along with a plastic cup for the specimen. The student will be directed to the bathroom to provide a fresh urine specimen directly into the provided cup. If a student is under 19 years of age, a parent/legal

guardian must provide consent for the screening by signing the parental consent portion of the drug screening/testing vendor registration/release form.

- 2) The specimen will be analyzed at the facility immediately if using the rapid screen method; or will be sent to a lab for review.
- 3) If there is a non-negative finding with the original specimen (positive finding, diluted, out-of-range readings, accidental lab spillage, inconclusive reports), the student may need to submit to an additional and/or repeated drug screening/testing. **The report MUST reflect a 'negative' result.** Anything other than negative will require an additional screen/test, at the student's expense.
- 4) If there is a non-negative result including potential presence of an illegal drug, a Medical Review Officer (MRO) is designated from the lab and will conduct a thorough investigation of the analysis before declaring the result as final. The MRO will reach out to the student with any questionable findings to determine whether or not the finding is approved, or if the student's report will result in a positive result.
- 5) Students may have to submit a second sample in the case of a non-negative result, which may incur an additional expense to the student. Test result **MUST** be negative in order to continue in the Health Professions class/program.
- 6) Drug results will only be shared with MCC's Director of Student Experiences-Health Professions, via a secure portal with the vendor. The only time a student would possibly hear from the Director is if there is a question with the results of the provided sample. Any necessary correspondence with the student will be from the Director of Student Experience or the MRO from the lab. Program representatives (faculty/program director) are never notified of any test result and will not be included in any communication other than being notified that the student does not meet requirements for placement in the experiential setting. If a student is present in a course and/or Experiential Learning/Clinical Experience, the assumption would be that the student has tested negative, which is required.
- 7) A students' drug screening/testing results are maintained for the enrolled course/s, or program, as long as there is continuous enrollment throughout the duration. Students re-entering a program or who have a break in quarterly enrollment will need to retest; students going from one degree program into another, will also be required to retest.
- 8) Possible random testing, for cause, can be required at any time. **Refusal to complete the drug test or a positive drug test result will prohibit a student from continuing in the program of study.**