



## **EMSP 1260-201C3**

### **Clinical-Emergency Medical Technician**

**Fall 2024**

**Times/Days TBD**

**Instructor Information:** Michele Brown [mlbrown@com.edu](mailto:mlbrown@com.edu)

\*\*Instructor should be first point of contact UNLESS a true EMERGENCY occurs at a clinical site. \*\*

**Clinical Coordinator** Karl L Moore, AS, NRP, LP, CCP/FP-C

**Emergency #:** 713-489-1472

Email: [kmoore19@com.edu](mailto:kmoore19@com.edu)

**Student hours and location:** By appointment only. Email instructor to set up.

**Required Textbook/Materials:** EMSP 1260 Clinical Packet (provided at Clinical Orientation), EMCE account.

#### **Course Prerequisites & Co-requisites:**

1. Students must show proof of immunizations.
2. Students must be certified in BLS Health Care Provider CPR in the past 12 months
3. Purchase the current colleges skills and rotations program
4. Students must pass a criminal background check.
5. Students must also be enrolled in EMSP 1501 or equivalent.
6. To attend and remain active in clinical, you must maintain a passing grade.
7. Complete all required clinical site orientations.
8. Stethoscope, and Trauma Shears

#### **EMSP 1260. CLINICAL - EMERGENCY MEDICAL TECHNOLOGY**

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. The clinical professional provides direct supervision. As outlined in the learning plan, students will apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry. They will demonstrate legal and ethical behaviour, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry. This is an unpaid external learning experience. Instructor approval is required.

1. Apply and use cardiac arrest management, including the semi-automatic external defibrillator.
2. Properly use equipment used to lift and move patients.
3. Engage in professional communication and documentation practices
4. To be familiar with ambulance operations, including emergency vehicle laws.



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**Course Rationale:**

This course gives the student a foundation for the scope of practice of EMTs. It is an unpaid external learning experience, and instructor approval is required. They will demonstrate legal and ethical behavior. Demonstrate safety practices and interpersonal and teamwork skills. Be able to use appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

**Course Objectives and Learning Outcomes:**

<b>Student Learner Outcome</b>	<b>Maps to Core Objective</b>	<b>Assessed via this Assignment</b>
1. Cognitive: Students will be able to apply the life-saving knowledge they learned in the EMT-Basic course in the clinical/field setting.	Critical Thinking: to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information.	Student Evaluation form submitted with each clinical attendance.
2. Psychomotor: Students will be able to apply the life saving techniques they learned in the EMT-Basic course in the clinical/field setting.	Empirical and Quantitative Skills: to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions.	Student Evaluation form submitted with each clinical attendance.
3. Affective: Students will display the proper attitude expected of an EMT-Basic.	Teamwork: to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal	Student Evaluation form is submitted with each clinical attendance.

**Course Objectives/Requirements**

To completion of this course, the student must meet the following patient contact requirements:

**A. Psychomotor Skills**

1. The student must demonstrate the ability to safely administer medications.
  - a. The student should safely, and while performing all steps of each procedure, properly administer medications via handheld nebulizer to live patients.
2. The student must demonstrate the ability to effectively ventilate patients of all age groups.
  - a. The student should effectively ventilate at least 2 live or simulated patient of any age group.

**B. Ages**

1. The student must demonstrate the ability to perform a comprehensive



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assessment on pediatric patients.

- a. The student should perform an assessment on at least 2 (including newborns, infants, toddlers, preschool, school age, and adolescent) pediatric patients.
2. The student must demonstrate the ability to perform a comprehensive assessment on at least 5 adult patients.
3. The student must demonstrate the ability to perform a comprehensive assessment on at least 5 geriatric patients (61 and older).

**C. Pathologies**

1. The student must demonstrate the ability to perform a comprehensive assessment on at least 2 trauma patients.
2. The student must demonstrate the ability to perform a comprehensive assessment on at least 1 psychiatric patient.

**D. Complaints**

1. The student must demonstrate the ability to perform a comprehensive assessment for at least 2 patients with chest pain.
2. The student must demonstrate the ability to perform a comprehensive assessment for at least 2 patients with dyspnea/respiratory distress.
3. The student must demonstrate the ability to perform a comprehensive assessment for at least 2 patients with abdominal complaints.
4. The student must demonstrate the ability to perform a comprehensive assessment for at least 2 patients with altered mental status.

**Grading Scale:**

The listed minimum number hours and competencies/skills for this level of training must be met to qualify for a Course Completion Certificate necessary for National Registry examination authorization to earn a grade of a “C”=75%. For each additional adult or geriatric patient comprehensive medical or trauma assessment completed the grade will increase one point up to 25 points for a total of 100 points=100%.

- 2 ventilations X 3 points each = 6 points
- 2 pediatric assessments X 3 points each = 6 points
- 5 adult assessments X 3 points each = 15 points
- 5 geriatric assessments X 3 points each = 15 points
- 2 trauma assessments X 3 points each = 6 points
- 1 psychiatric assessment X 3 points each = 3 points
- 2 chest pain assessments X 3 points each = 6 points
- 2 dyspnea/respiratory assessments X 3 points each = 6 points
- 2 abdominal assessments X 3 points each = 6 points
- 2 altered mental status assessments X 3 points each = 6 points

TOTAL = 75 points for 25 assessments



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Each additional assessment (up to an extra 25) beyond the minimum requirements above will earn 1 point each for a total of up to 25 additional points, which when added to the above 75 points would total 100 points. 100 points = 100% in the course.

If the minimum clinical course competencies cannot be met on a shift rotation time, the clinical coordinator must schedule additional clinical time or complete the skill or simulated patient contact in the lab. If any skill or patient contact is not completed, it results in a non-passing grade of a “D,” and the student must retake the course.

#### Course Outline

- A. Introduction
  - 1. Introduction of EMS Staff, Instructors and students
  - 2. EMS program policies
  
- B. Clinical Orientation
  - 1. All immunization records, physical exam results, drug screen, criminal background will be checked/discussed and a due date will be assigned.
  
- C. Clinical Documentation Workshop
  - 1. Introduction as to how reports should be written and submitted for hospital and ambulance shifts.
  
- D. Emergency Room
  - Student will be scheduled for 24 contact hours.

**Purpose:** The purpose of the ER rotation is to assess patients presenting with various medical problems in a medically supervised facility. It is at the preceptor’s discretion which skills and medications the student may perform/administer during their clinical rotations.

During the clinical rotations in the ER, the student will:

- 1. Utilize appropriate universal precautions at all times.
- 2. Assist in the triage of patients.
- 3. Perform a patient assessment, including:
  - a. Vital signs, pulse oximetry and glucose check
  - b. Obtain chief complaint and history of present illness.
  - c. Perform a physical exam.
  - d. Obtain medical history.
- 4. Demonstrate proper airway management and oxygen therapy.
- 5. Discuss and demonstrate knowledge of medication prior to administration, including looking up the medication for the following: indications,



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contraindications, proper dosage, side effects, calculations of dosage and proper administration technique (nebulized or oral). Only administer the medication under direct supervision of the RN, MD, or COM preceptor. Never administer a medication you have not looked up.

6. Assist with the following: hemorrhage control, splinting techniques and cardiac arrest patients (CPR and or BVM).

#### E. Ambulance Service

Students will be scheduled 72 contact hours

During the field rotations with an EMS Service, the student will:

1. Utilize appropriate universal precautions at all times.
2. Assist in the triage of patients.
3. Perform a patient assessment, including:
  - a. Vital signs, pulse oximetry and glucose check
  - b. Obtain chief complaint and history of present illness.
  - c. Perform a physical exam.
  - d. Obtain medical history.
1. Demonstrate proper airway management and oxygen therapy including.
2. Assist with the following: hemorrhage control, splinting techniques and cardiac arrest patients (CPR and or BVM).
3. Document all patient contacts for that ambulance rotation.
4. Preceptor shall document a student evaluation form.
5. Student shall document an ambulance rotation evaluation form.

#### F. Simulation

Simulation can be used to enhance or substitute for required clinical hours. Accrediting agencies currently do not define an equivalence ratio between simulation and clinical hours for EMS education programs, however, evidence supports the use of a ratio of 2 clinical hours to 1 hour of simulation (Jimenez, 2017; Sullivan et al., 2019). This is due to the robust, compressed nature of simulation which enhances clinical reasoning by guiding students through purposeful, guaranteed learning experiences.

Allowable simulation contact hour substitutions by area:

1. Hospital / Emergency Room
  - a. 6 hospital simulation contact hours can be substituted for 12 hospital / emergency room contact hours.
2. Ambulance Service
  - a. 16 ambulance simulation contact hours can be substituted for 32 ambulance service contact hours.



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**Affective Grade:** The affective evaluation measures the student’s attitude, behavior, professional attributes, motivation, and values. You will not receive a separate grade; however, you must pass the evaluation to complete your courses successfully. To pass this evaluation, you must demonstrate professional behavior, ethics, and policy adherence. Failure to meet these standards will result in a student conference and the establishment of an improvement plan and time period to accomplish the required tasks.

Significant, egregious threats to the well-being of others or repeated issues will fail the affective domain and, thus, the course. Students will be evaluated using the items described below. You can score from 0 to 3 points on each domain, as listed in the table below. Students are also evaluated after each clinical rotation. Students are expected to score at least one point on each domain, with the minimum points required being four. These points will be required for lab, clinical, and class. The total required to pass the course is 12 points. Evaluation below three will result in a student conference and, if necessary, an improvement plan.

<b>Affective Domain</b>	<b>Exceeds Expectations (A) 3 points</b>	<b>Meets Expectations (B) 2 points</b>	<b>Minimally Met Expectations (C) 1 point</b>	<b>Minimum Expectation Not Met (D) 0 points</b>
1. Quality of cognitive components				
2. Course of action in behaviors				
3. Articulation of feelings, values, Ethics, and moral obligations				
4. Congruency with professional ethics and values demonstration				

**Attendance Policy:** All lecture classes, labs, and clinical rotations require mandatory attendance. Class/Lab attendance is checked daily. If a student misses more than the allowed number of absences per college policy, the student will be dropped or fail the course for excessive absences (time will count hour for hour). For extenuating circumstances, a request for hours to be made up will be considered at the program director's discretion. If the student is absent or tardy, they **MUST** contact their lead EMS Instructor before class or clinical.

**Course Polices / Requirements:** You must be in full uniform, be early, and present yourself as a professional healthcare provider. The student must complete evaluations for each site/preceptor at the end of each shift. All patient contacts and skills must be documented during the emergency department and ambulance shifts. Doing as much charting as possible during the shift is good



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practice. A complete report for each patient contact must be completed for hospital and ambulance shifts if the student wants that patient contact to count toward minimum requirements, and the completed report is due within 24 hours of the end of the shift. All patient care reports require a **DACHARTE** narrative. As a reminder, patient records are always confidential, do not document any patient identifier.

#### **Lab/Simulation Skills Required**

1. All required lab/simulation skills must be checked off prior to any student performing that skill in a clinical/field setting.
2. A preceptor must be present and at the student's side in order for a student to administer or help patient self-administer any medications.

#### **Prior to starting clinicals the student must be signed off by an instructor on the following skills:**

1. Proper use of airway/ventilation adjuncts, including the bag-valve-mask oxygen administration and oral suctioning.
2. Measure baseline vital signs by palpation and auscultation, including pulse, respiration, and blood pressure.
3. Perform spinal motion restriction, including sizing and application of cervical collars and short/long spinal motion restriction devices to supine, seated, and standing patients.
4. Perform adult, child, and infant patient assessment.
5. Apply bandaging, splinting, and traction splits.

**TBD:** Clinical Rotations to be assigned by the Clinical Director based on the clinical supervisor

#### **Clinical Attendance**

The number of clinical/EMS rotations available to students is limited, and strict attendance enforcement will be imposed. Please comply with all course policies to ensure the student is sent home. Your Clinical Coordinator may impose any restrictions or limits necessary to ensure fair and adequate clinical/EMS rotations availability. Students may only leave their assigned areas with the Clinical Coordinator's permission. Students not in their assigned clinical/EMS site may be sent home or dropped from the course. You must contact the Clinical Coordinator if you cannot report to a scheduled clinical/EMS site. If the rotation is at an EMS site, you are also responsible for notifying the EMS provider agency.

#### **Clinical Rotations**

You may not schedule your rotations and must adhere to the schedule assigned by the Clinical Coordinator. No clinical rotations may be done while at work. All clinical rotations must be done as a third rider in the patient compartment. Students are prohibited from driving the ambulance. Any questions or problems regarding your clinical rotations should be addressed to the Clinical Coordinator or refer to The COM EMS Clinical Handbook.





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COM Students will not be used as staff while performing clinical rotations. To ensure this does not occur, students working for a service will not ride with said service as part of their clinical rotations.

Rotate with a service if any family member works for said service. Students must let the clinical coordinator know if assigned a service in which the student is employed or has a family member who is/are on the student's clinical schedule so they can be rescheduled with a different service. This will allow for objective evaluation and prevent the student from being used as "staff." If a student does not self-report, the student will be removed from the clinical setting and must meet with the Program Director and Clinical Coordinator about continuance in the clinical course.

#### **Missed Class (Clinical) Time Policy:**

The following is COM policy for any student who misses a clinical rotation:

Time missed by the student can jeopardize our clinical affiliation agreements. The EMS program

can only operate with clinical affiliates. Students must supply the Clinical Coordinator with their available dates to complete the clinical course.

After assessing the clinical site and preceptor availability, the Clinical Coordinator will let you know your options. Understand that:

1. Students will be given a date to complete the course, which they will adhere to.
2. If the Clinical Coordinator does not have an available site or preceptor with the dates the student is available, the student will have to give her additional dates.
3. You may not finish your clinical course on time.
4. You may only be eligible to continue to the next EMSP course in the program once you have completed the current clinical course.
5. The missed time policy will continue to be enforced.

#### **Medical or Injury Missed Clinical Time:**

1. Medical illness - the department will require a signed physician clearance to reenter clinical rotations.
2. Injury: The student will need a document from the program for a physician to clear them to return to class without restrictions and reenter clinical rotations.
3. If out sick or injured, the student can only continue in clinical once the student delivers a physician release to the Clinical Coordinator, which clears the student to return.
4. Suppose a student does any rotations without being medically cleared. In that case, the student's clinical rotations will be suspended until the student meets with the Program Director and faculty to evaluate continuance in the program, as this could jeopardize the clinical affiliation agreement.





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If a student can continue in the program, any rotations without medical clearance will be considered null and void and must be rescheduled. A deadline will be established for rotation completion. The student will only succeed in the clinical course if the deadline is met.

#### **Time Off During Clinical Courses**

Vacation and time off will not be scheduled during clinical coursework. This will allow the student to meet the requirement of course hour rotations per week unless the clinical coordinator approves notification before the start of clinical assignments and does not jeopardize course completion. Clinical coursework is part of the program; it is not considered “downtime.”

#### **Parking**

Students are responsible for any parking fees required when attending clinical education classes.

**Make-Up Policy:** There are no excused absences for mandatory sessions or clinicals. Re-scheduling may occur at the discretion of the Clinical Director, depending on circumstances.

#### **College Statement--Academic Dishonesty**

College policy and the Student Handbook will deal with any incident of academic policy. Academic dishonesty, such as cheating on exams, is a grave offense that will result in a grade of zero on that exam. The student will be referred to the Office of Student Conduct for the appropriate disciplinary action, including dismissal from the EMS Program.

#### **EMS Program Statement—Academic Dishonesty**

The College of the Mainland EMS Program will not tolerate academic dishonesty. Disciplinary action will include, but is not limited to, recording a “0” for the assignment. Dismissal is likely in incidents of cheating or falsification of clinical documents. *NOTICE: Falsifying any program document is grounds for immediate dismissal and may result in a report of all personnel involved under Texas Administrative Code RULE §157.36.*

**Student Concerns:** If you have any questions or concerns about any aspect of this clinical course, please contact the Clinical Instructor. Students can expect their issues to be addressed promptly and within reason. Using the method outlined here will ensure that problems are properly documented and, therefore, properly addressed.

#### **Required Syllabus Reference**

The EMSP faculty encourages students to problem-solve, work as a team, and utilize available resources. Additionally, the Course Syllabus is SPECIFICALLY written FOR STUDENT REFERENCE. Please always first check each course’s syllabus for guidance.



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#### EMS Chain of Command

We employ chain-of-command policies like those in the workplace to develop workforce-related professional skills.

1. If you have a problem or question, first consult the syllabus.
2. Verbally discuss the issue with the Lead Instructor.
  - a. Follow up with an email TO the LEAD INSTRUCTOR summarizing the meeting and your understanding of the outcomes.
  - b. If you were dissatisfied with the outcome, proceed to Step 3.
3. Forward your summary of the initial meeting to the Program Director and the Lead Instructor. You should also state your desired outcome and justifications for that outcome.
  - a. You will be asked to meet in person with the Program Director.
  - b. As before, prepare a follow-up email summarizing the outcome of the meeting.
  - c. If dissatisfied with the outcome, you should proceed with Step 4.
4. Forward your summary of the initial meeting to the Department Chair, the Program Director, and the Lead Instructor. You should also state your desired outcome and justifications for that outcome.
  - a. You will be asked to meet with the Dean in person.
  - b. As before, prepare a follow-up email summarizing the outcome of the meeting.
  - c. If dissatisfied with the outcome, refer to the Student Handbook for the next steps. [COM Student Handbook](#)

NOTE: This process is not meant to be a barrier to you but instead to provide the following benefits:

- preparation for the workforce
- proper complaint/incident process
- practice in professional documentation
- ensures that issues are managed as close to the source as possible

#### Student Grievance Policy

If you have any questions or concerns about any aspect of this course, please contact your instructor using the contact information provided in the syllabus. Students have the right to expect their issues to be addressed. The method outlined here will ensure that problems are adequately documented and properly addressed.



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#### **Student Conferences**

Course Instructors and Students are encouraged to schedule a mid-term and final Student conference with each Student. The primary objectives of the conference are to:

##### **1. Instructor**

- a. Provide an overall evaluation of the student's classroom and clinical performance.
- b. Provide the Student with specific performance improvement recommendations,
- c. Address Student concerns

##### **2. Student**

- a. Discuss the overall evaluation of classroom and clinical performance,
- b. Discuss performance improvement methods and develop an improvement plan (if necessary)
- c. Communicate course performance concerns to the instructor.

Students are encouraged to request a meeting with the course instructor to discuss performance concerns and course questions regardless of the mid-term or final Student conferences. The EMS program staff welcomes the student's sincere interest in their course performance and will gladly assist them with these issues.

#### **Communicating with Faculty and Instructors**

Students having course questions or concerns are requested to address them to the primary instructor for the course. If the Student feels they have received an inadequate response, the student should address the question or concern to the Clinical Coordinator. If this does not resolve the student's problem, they should contact the EMS Program Director.

Questions or concerns regarding clinical rotations **MUST FIRST** be addressed to the Clinical Lead Instructor. More than verbal communication is required if you have an important message to give to the EMS Program faculty or staff. The faculty or staff may advise students to write a detailed and dated memo or email to the instructor. The student may wish to have two copies. If desired, the instructor or staff member will sign both copies so the student can keep one for their records. Although this is infrequently required, it can prevent incidents of miscommunication.

All program-related emails will be through your COM Student email address. You are expected to access your email at least daily, as all announcements regarding class and clinicals are emailed to you. All program-related emails will be exchanged through your COM Student email address. Do not ask COM EMS Program faculty or staff to send any course or school-related documents to your personal email address. If you email COM EMS staff from a non-COM student email address, do not expect a response, as these emails may be filtered into the "junk" or "spam" mailboxes. You are expected to access your email at least daily, as all announcements regarding



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class and clinicals are emailed to you. This may include location changes, homework assignments, extra credit, etc...

**Grade Appeal Process:** Concerns about the accuracy of grades should first be discussed with the instructor. A request for a change of grade is a formal request and must be made within six months of the grade assignment. Directions for filing an appeal can be found in the student handbook [https://www.com.edu/student-services/docs/Student\\_Handbook\\_2024-2025\\_v2.pdf](https://www.com.edu/student-services/docs/Student_Handbook_2024-2025_v2.pdf). An appeal will not be considered because of general dissatisfaction with a grade, penalty, or outcome of a course. Disagreement with the instructor's professional judgment of the quality of the student's work and performance is also not an admissible basis for a grade appeal.

**Academic Success & Support Services:** College of the Mainland is committed to providing students the necessary support and tools for success in their college careers. Support is offered through our Tutoring Services, Library, Counseling, and through Student Services. Please discuss any concerns with your faculty or an advisor.

**ADA Statement:** Any student with a documented disability needing academic accommodations is requested to contact:

Kimberly Lachney, Student Accessibility Services Coordinator

Phone: 409-933-8919 Email: [AccessibilityServices@com.edu](mailto:AccessibilityServices@com.edu)

Location: COM Doyle Family Administration Building, Student Success Center

**Textbook Purchasing Statement:** A student attending the College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

**Withdrawal Policy:** Students may withdraw from this course for any reason prior to the last eligible day for a "W" grade. Before withdrawing students should speak with the instructor and consult an advisor. Students are permitted to withdraw only six times during their college career by state law. The last date to withdraw from the 1st 8-week session is October 2. The last date to withdraw from the 16-week session is November 15. The last date to withdraw for the 2nd 8-week session is November 26.

**FN Grading:** The FN grade is issued in failure cases *due to a lack of attendance*, as determined by the instructor. The FN grade may be issued for cases in which the student ceases or fails to attend class, submit assignments, or participate in required capacities and has failed to withdraw. The issuing of the FN grade is at the discretion of the instructor. The last date of attendance should be documented for submission of an FN grade.

**Family Educational Rights and Privacy Act (FERPA):**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the



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privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's.

**Early Alert Program:** The Student Success Center at College of the Mainland has implemented an Early Alert Program because student success and retention are very important to us. I have been asked to refer students to the program throughout the semester if they have difficulty completing assignments or have poor attendance. If you are referred to the Early Alert Program, you will be contacted by someone in the Student Success Center who will schedule a meeting with you to see what assistance they can offer for you to meet your academic goals.

**Resources to Help with Stress:** If you are experiencing stress or anxiety about your daily living needs, including food and housing, or just feel you could benefit from free resources to help you through a difficult time, please click here: College of the Mainland has partnered with free community resources to help you stay on track with your schoolwork, by addressing life issues that get in the way of doing your best in school. All services are private and confidential. You may also contact the Dean of Students office at [deanofstudents@com.edu](mailto:deanofstudents@com.edu) or [communityresources@com.edu](mailto:communityresources@com.edu).

**Nondiscrimination Statement:**

The College District prohibits discrimination, including harassment, against any individual on the basis of race, color, religion, national origin, age, veteran status, disability, sex, sexual orientation, gender (including gender identity and gender expression), or any other basis prohibited by law. Retaliation against anyone involved in the complaint process is a violation of College District policy.