



EMSP 1260-101C3
Clinical-Emergency Medical Technician
Fall 2025
Times/Days TBD

Clinical Instructor: Vanessa Murphy, BS, LP, CADS

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Clinical Coordinator: Vanessa Murphy, BS, LP, CADS

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Office hours and location: PSC 113A Mondays 8am-3pm or by appointment, in-person or virtual.

Required Textbook/Materials:

Students uniform, Sterling Credentials account, and com.surpath.com account with all clinical compliance documents

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 college 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.

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.

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.



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Course Objectives and Learning Outcomes:

Student Learner Outcome	Maps to Core Objective	Assessed via this Assignment
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 1 live or simulated patient of any age group.

B. Ages

1. The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.
 - a. The student should perform an assessment on at least 1 (including newborns, infants, toddlers, preschool, school age, and adolescent) pediatric patients.
2. The student must demonstrate the ability to perform a comprehensive



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assessment on at least 3 adult patients.

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

Grading Scale:

- A – 90 - 100 = 26+ patient contacts**
- B – 80 – 89% = 21-25 Patient contacts**
- C – 75 – 79% = 15-20 patient contacts**
- D – 65 – 74% = 10-14 patient contacts**
- F - 64% = 9 patient contacts or less**

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/Clinical Orientation – Saturday, August 23, 2025**
 1. Introduction of EMS Staff, Instructors and students
 2. EMS program policies
 3. All immunization records, physical exam results, drug screen, and criminal background will be checked/discussed, and due the BEFORE CLINICAL ORIENTATION
- B. Clinical Documentation Workshop – Saturday, August 23, 2025**
 1. Introduction as to how reports should be written and submitted for all clinical rotations (Hospital or Ambulance)
- C. Skills Verification – TBD**



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- D. Clinical rotations 96 hours (typically 8 x 12 hr./shifts)
1. Students will have the opportunity to complete their patient contacts either in the hospital and/or in the ambulance.
 2. Shifts will be scheduled for 12-hour blocks
 - a. Hospital Systems
 - HCA
 - UTMB
 - Memorial Hermann
 - Freestanding EDs
 - b. Ambulance Providers
 - Acadian Ambulance
 - Deer Park FD
 - La Porte EMS
 - Seabrook EMS
 - Nassau Bay FD
 - Harris County Emergency Corps (HCEC)
 - League City EMS
 - Texas City FD
 - GAAA (GEMS)
 - Santa Fe Fire and Rescue
 - La Marque EMS
 - Dickinson VFD
 - Pearland FD

Purpose: The purpose of clinical and field rotations is to provide students with supervised opportunities to assess, manage, and document care for patients presenting with a variety of medical and traumatic conditions. All skills and medication administration must be performed **only at the discretion of the assigned preceptor** and under appropriate supervision.

Clinical Rotations (Emergency Department)

While assigned to the Emergency Department, students are expected to:

1. Consistently apply universal precautions and infection control practices.
2. Assist in patient triage.
3. Perform comprehensive patient assessments, including:
 - Vital signs, pulse oximetry, and glucose testing
 - Chief complaint and history of present illness
 - Focused physical examination
 - Pertinent medical history
4. Demonstrate appropriate airway management and oxygen therapy.



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5. Research and discuss all medications prior to administration, including:
 - Indications, contraindications, dosage, side effects, dosage calculations, and administration technique (oral or nebulized)
 - Medications may only be administered under **direct supervision** of the RN, MD, or COM preceptor.
 - Students must never administer a medication they have not personally reviewed.
6. Assist with procedures such as hemorrhage control, splinting, and cardiac arrest management (CPR and/or BVM ventilation).

Field Rotations (EMS Service)

While assigned to an EMS service, students are expected to:

1. Consistently apply universal precautions and infection control practices.
2. Assist in patient triage.
3. Perform comprehensive patient assessments, including:
 - Vital signs, temperature, and glucose testing
 - 4-lead ECG monitoring and interpretation
 - Chief complaint and history of present illness
 - Physical examination and medical history
 - Ongoing patient assessments during transport
4. Demonstrate proper airway management and oxygen therapy.
5. Assist with procedures such as hemorrhage control, splinting, and cardiac arrest management (CPR and/or BVM ventilation).
6. Perform medication administration under preceptor supervision.
7. Function as an active member of the ambulance team.
8. Document all patient contacts for each rotation.
9. Ensure completion of all evaluation requirements:
 - Preceptor evaluation of student performance
 - Student evaluation of preceptor and clinical/field site

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:

3. Hospital / Emergency Room
 - a. 6 hospital simulation contact hours can be substituted for 12 hospital / emergency room contact hours.



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4. Ambulance Service
- a. 16 ambulance simulation contact hours can be substituted for 32 ambulance service contact hours.

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 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. Evaluation below three will result in a student conference and, if necessary, an improvement plan.

Domain	Evaluation Focus	Grading Scale (1–7)
1. Cognitive Domain (Clinical Judgment & Knowledge Application)	<ul style="list-style-type: none">- Ability to assess patients- Appropriate differential diagnosis- Selection of appropriate treatments- Integration of protocols and guidelines	<p>7 – Exceptional: Expert-level clinical reasoning and complex knowledge integration</p> <p>6 – Advanced: Anticipates complications; applies advanced knowledge</p> <p>5 – Above Average: Accurate and confident; rarely needs guidance</p> <p>4 – Adequate: Appropriate application; occasional prompting</p> <p>3 – Developing: Inconsistent application; needs frequent coaching</p> <p>2 – Below Expectations: Limited understanding; frequent redirection</p> <p>1 – Deficient: Lacks reasoning; poses patient risk without supervision</p>



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2. Psychomotor Domain (Skills & Task Performance)	<ul style="list-style-type: none">- Competency in assessments/interventions- Equipment handling and setup- Protocol, safety, and aseptic adherence	7 – Mastery: Expert-level proficiency and precision 6 – Excellent: Rarely needs correction 5 – Proficient: Safe, minimal oversight 4 – Adequate: Baseline competency; occasional errors 3 – Emerging: Inconsistent; multiple errors 2 – Needs Improvement: Incorrect techniques; direct supervision needed 1 – Unsafe: Cannot perform safely; requires remediation
3. Affective Domain (Professional Behavior)	<ul style="list-style-type: none">- Attitude, empathy, teamwork- Communication with patients, peers, staff- Accountability, integrity, receptiveness to feedback	7 – Role Model: Leadership and empathy 6 – Highly Professional: Always respectful and responsive 5 – Reliable: Dependable with rare lapses 4 – Acceptable: Meets expectations; open to feedback 3 – Needs Improvement: Occasional disengagement; needs coaching 2 – Concerning: Repeated issues; poor feedback response 1 – Unacceptable: Unethical/unsafe; fails standards

Attendance Policy: All lecture classes, labs, and clinical rotations require mandatory attendance. Class/Lab attendance is checked daily. If a student misses more than 10% of the course contact hours as per EMS program policy, the student will be dropped by 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 the clinical coordinator **before** the start of the clinical.

Course Policies / 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 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



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requirements, and the completed report is due within 24 hours of the end of the shift. As a reminder, patient records are always confidential and do not document any patient identifier.

Lab/Simulation Skills Required

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

Before starting clinical instructions, the student must be signed off by an instructor on the following skills:

1. Demonstrate adult, child, and infant patient assessment.
2. Perform CPR – adult, pediatric, and infant
3. Proper use of basic and advanced airway/ventilation adjuncts, including the bag-valve-mask oxygen administration, oral suctioning, and orotracheal intubation (direct).
4. Measure baseline vital signs by palpation and auscultation, including pulse, respiration, EtCO₂, pain, temperature, and blood pressure.
5. Initiate IV and IO access.
6. Medication administration IV, IM, PO
7. Perform spinal motion restriction, including sizing and application of cervical collars and short/long spinal motion restriction devices to supine, seated, and standing patients.
8. Apply tourniquet application, bandaging, splinting, stabilizing an impaled object, and traction splits.
9. Perform an uncomplicated delivery
10. Apply occlusive dressing to an open wound to the thorax

TBD: Students will coordinate their schedules with the Clinical Coordinator. Students must understand that it is ultimately up to the clinical site if the clinical site can accommodate the student on any day, at any time. The clinical sites reserve the right to dismiss a student from the clinical site without cause.

If a student is dismissed from a clinical site without cause they are to immediately contact the Clinical Coordinator for rescheduling. A student must send dates to the clinical coordinator to expedite the rescheduling of the shift.

Clinical Attendance

The number of clinical/EMS rotations available to students is limited, and **strict attendance enforcement will be implemented**. The Clinical Coordinator may impose any restrictions or limits required to maintain fair and adequate availability of clinical/EMS rotations. Students are not permitted to leave their assigned clinical areas. Students who are found to be outside of their assigned clinical area are subject to dismissal from the clinical rotation.



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If you are unable to report to a scheduled clinical/EMS site, you must contact the Clinical Coordinator. Notification must be made in writing via email, including an explanation of the reason you are unable to attend a scheduled clinical. **Failure to do so within 24 hours of the missed clinical may result in dismissal from the program.**

Absences during clinical rotations may jeopardize our clinical affiliation agreements and may jeopardize the success of other EMS Program students. The EMS program relies on clinical affiliates to operate, and students are required to provide the Clinical Coordinator with their available dates to complete the clinical course.

Once the Clinical Coordinator assesses the availability of clinical sites and preceptors, they will inform you of your options.

Take note of the following:

1. **Students may be dismissed from the program for clinical non-attendance.**
2. Students may be assigned to any availability date submitted by the student to complete the course requirements.
3. If the Clinical Coordinator cannot secure an available site or preceptor within the dates provided by the student, the student will be required to supply additional dates.
4. If a student must retract a date previously given as available, this request must be made in writing AT LEAST 10 days prior to the date.
5. There is a possibility that the clinical course may not be completed on time.
6. A student is only eligible to progress to the next EMSP course once the current didactic and clinical course has been completed concurrently.

Parking

Students are responsible for any parking fees required when attending clinical or ambulance rotations.

Make-Up Policy: There are no excused absences for mandatory sessions or clinicals. Re-scheduling may occur at the discretion of the Clinical Coordinator.

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 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**. Any attempt to **cheat, plagiarize, or deceive** faculty in coursework, exams, or assignments is a **serious offense**.



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Examples include but are not limited to:

- **Copying another student's answers** during an exam or allowing another to copy yours.
- **Plagiarizing reports, assignments, or data** from unauthorized sources.
- **Using coded signals, gestures, or electronic devices** to share exam answers.
- **Possessing unauthorized materials ("crib notes")** or writing answers on surfaces.
- **Using technology (e.g., text messaging, internet searches) to access prohibited information** during an exam.

Plagiarism is the act of using someone else's work, ideas, or intellectual property without proper acknowledgment or permission, presenting it as one's own. This can include copying text, images, or even ideas from another source, whether intentionally or unintentionally. It covers a range of practices such as direct copying, paraphrasing without credit, or using someone else's research findings, creative works, or code without giving them proper attribution.

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](#).

Chain of Command and Communication Policy

IN CASE OF EMERGENCY: Call the Clinical Coordinator's cell phone, Program Director's cell phone, or other known faculty's cell phone, in that order for emergency needs while at a clinical site.

Chain of Command

For all other questions or concerns:

The EMS program follows a chain-of-command policy similar to professional workplaces to develop workforce-related skills, promote accountability, and ensure efficient issue resolution. Students must follow this structured process when addressing problems, concerns, or questions.

Step 1: Consult the Syllabus

Before escalating an issue, students should **first review the course syllabus and this student handbook**, as many common questions regarding policies, procedures, and expectations are addressed there.

Step 2: Discuss with the Lead Instructor

- If the syllabus does not resolve the issue, schedule a verbal discussion with the Lead Instructor.
- Follow up via email to the Lead Instructor summarizing the discussion, including the key points and the agreed-upon outcome.
- If the issue remains unresolved or you are dissatisfied with the outcome, proceed to Step 3.



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Step 3: Escalate to the Program Director

- Forward your email summary from Step 2 to the Program Director and Lead Instructor.
- Clearly state:
 - Your concern or issue
 - Your desired resolution
 - Justifications supporting your request
- You will be required to meet in person with the Program Director to discuss the issue.
- Following the meeting, send a follow-up email summarizing the discussion and outcome.
- If you are still dissatisfied, proceed to Step 4.

Step 4: Escalate to the Department Chair and Dean

- Forward your previous correspondence (from Step 3) to the Department Chair, Program Director, and Lead Instructor.
- Reiterate:
 - Your original concern
 - Previous steps taken
 - Your desired outcome and justification
- You will be required to meet in person with the Dean.
- Following the meeting, send a follow-up email summarizing the discussion and outcome.
- If the issue remains unresolved, refer to the COM Student Handbook for the next steps in the appeal or grievance process.

Purpose of the Chain of Command

This structured process is not intended as a barrier but provides the following benefits:

- Prepares students for workplace protocols by reinforcing professional problem-solving strategies.
- Ensures complaints and incidents are handled appropriately through a structured escalation process.
- Develops professional communication and documentation skills that are essential in the EMS field.
- Encourages resolution at the lowest level possible to promote efficiency and accountability.
- Students are expected to follow this process to ensure that concerns are addressed professionally and effectively.

Communication

All program-related communication will be conducted exclusively through your COM student email account. You are required to:

- Check your COM Student email at least once daily, as all important announcements regarding classes, clinicals, location changes, assignments, extra credit opportunities, and other updates will be sent via email.



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- Use only your COM Student email when corresponding with EMS faculty and staff.
- Do not request that course-related documents or communications be sent to a personal email address.
- Emails sent from non-COM accounts will not receive a response, as they may be filtered into junk or spam folders.

Failure to regularly check and use your COM Student email may result in missed deadlines, lost opportunities, or miscommunication regarding coursework and clinical requirements.

Problems, Issues, or Mistakes

For any problems, issues, or mistakes, it is essential to take immediate and appropriate action to address the situation.

1. **Notification:** Notify your Lead Instructor (classroom/skills) or Clinical Coordinator (clinical sites) as soon as possible, preferably in writing. Timely communication is crucial to ensure any necessary follow-up or corrective action can be taken promptly.
2. **Incident Report:** Submit an **Incident Report** detailing the event. This report should include:
 - The date and time of the incident.
 - A clear, objective description of what occurred.
 - The names and titles of all individuals involved in the situation.
3. **Objectivity:** When documenting the incident, focus on providing a factual, unbiased account of the event. Avoid subjective interpretations and ensure that all relevant details are accurately recorded.
4. **Accountability:** Admitting a mistake demonstrates professionalism and maturity. It is important to remember that reporting an incident does not automatically imply disciplinary action. In fact, recognizing and addressing errors is a positive indication of personal growth and professional responsibility.

For issues at a clinical site, the student will generally be removed from the clinical site to minimize disruption and allow for a logical exploration of the facts. All future clinicals will become “pending” until the investigation is complete. Once complete, the student will be notified of the outcome and status of future clinicals

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:



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1. Instructor

- a. Provide an overall evaluation of the students' 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 students' sincere interest in their course performance and will gladly assist them with these issues.

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.

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/student-handbook.html>. *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.*

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

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.



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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 1. The last date to withdraw from the 16-week session is November 14. The last date to withdraw for the 2nd 8-week session is November 25.

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 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 or 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.



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