

**American Safety**  
Programs & Training, Inc.



"Teaching Others To Save Lives"

**STUDENT INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Alt. Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Full Social Security Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

# American Safety Programs & Training, Inc.



## **SEXUAL HARASSMENT POLICY:**

**We here at American Safety Programs & Training, Inc. shall take all reasonable steps to see that all students and instructors of American Safety Programs & Training, Inc. follow this sexual harassment policy.**

**Definition:** Sexual harassment refers to all types of unwanted sexual attention. Sexual harassment does not mean occasional compliments of a socially acceptable nature. Sexual harassment refers to conduct that is offensive to the individual, which harms morale, and which interferes with the effectiveness of our programs. This includes pressure to provide sexual favors, and offensive, intimidating comments or actions concerning one's gender or sexual orientation.

### **There are four basic types of sexual harassment:**

**Verbal Harassment:** Sexually suggestive comments, e.g., about a person's clothing, body and/or sexual activities; sexually provocative compliments about a person's clothes or the way their clothes fit; comments of a sexual nature about weight, body shape, size, or figure; comments or questions about the sensuality of a person, or his/her spouse or significant other; repeated unsolicited propositions for dates and/or sexual intercourse/pseudo-medical advice, continuous idle chatter of a sexual nature; derogatory comments or slurs; verbal abuse or threats; sexual jokes; suggestive or insulting sounds such as whistling, wolf-calls, or kissing sounds; homophobic insults.

**Physical Harassment:** Sexual gestures, e.g., licking lips or teeth, holding or eating food provocatively, and lewd gestures such as hand or sign language to denote sexual activity; sexual looks such as leering and ogling with suggestive overtones; sexual innuendoes; cornering, impeding or blocking movement, or any physical interference with normal work or brushing up against the body, mauling, attempted or actual kissing or fondling; assault, coerced sexual intercourse, attempted rape or rape.

**Visual Harassment:** Showing and distributing derogatory or pornographic posters, cartoons, drawings, books or magazines.

**Sexual Favors:** Persistent pressure for dates, unwanted sexual advances that will affect a student's class standing upon an exchange of sexual favors. It is impermissible to suggest, threaten or imply

that failure to accept a request for a date or sexual intimacy will affect a student's prospects. Offering benefits such as favorable performance evaluations or recommendations in exchange for sexual favors is forbidden.

**Policy:**

Any student or instructor that is found to have violated this policy shall be subject to appropriate disciplinary action according to the findings of the complaint investigation. If an investigation reveals that sexual harassment has occurred, the harasser will be immediately dismissed from the program or employment, along with the harasser being possibly held legally liable for his/her actions under provincial and federal law. **Anyone making a false claim of sexual harassment will also be subject to disciplinary action.**

Any student or instructor bringing a sexual harassment complaint or assisting in investigating such a complaint will not be adversely affected in terms and conditions within the program, discriminated against, or discharged because of the complaint. **Complaint of such retaliation will be promptly and thoroughly investigated.**

Sexual Harassment can occur in any situation but is especially common in situations where there is an imbalance between the perpetrator and the victim, due to gender, race, sexual orientation, and status or rank differences. Sexual harassment, however, can also occur between peers. Both women and men can be victims of sexual harassment, although it is most common for women to be harassed by men. Sexual harassment also happens between members of the same sex.

Sexual harassment differs from healthy sexual attraction because it is unwelcome and unsolicited. Sexual conduct becomes unlawful only when it is unwelcome. The challenged conduct must be unwelcome in the sense that the individual did not solicit or incite it, and in the sense that the individual regarded the conduct as undesirable or offensive. NOTE: any student or instructor who was previously involved in a mutual consenting intimate relationship with another person maintains his or her entitlement to protection from sexual harassment, but he/she should inform the other party that any further sexual advances are unwelcome.

Sexual harassment will not be tolerated in any course. Any sexual harassment claims will be fully investigated. If the claim is verified, the harasser will be immediately dismissed from the program. Any instructor found to violate this policy will be immediately terminated from employment.

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**Student Name (Printed)**

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**Student Signature**

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**Date:**



## *Classroom Rules*

As a student at the School of American Safety, I agree to abide by the following rules:

1. NO CELL PHONES IN CLASS

- a. This includes waiting for students to complete quizzes, and all other transition periods, lecture time, skills, etc.
- b. If the phone call or text is urgent, I understand that I need to inform my instructor, *respectfully* request to exit the classroom, and quietly attend to the call in the hallway or lunchroom. Phone calls should not be made in the bathroom at any time.
- c. Cell phones, watches, headphones, etc., should be put on silent and kept in a coat or backpack unless otherwise approved by instructor.

2. I will respect the exam policy

- a. Nothing on the desk during exams except the exam, my scantron, my pencil, and scrap paper if needed.
- b. My eyes will always remain *on my own test only*
- c. Absolutely no headphones, earbuds, air pods etc. during the exam
- d. Absolutely no talking during the exam until all scantrons are turned in and the instructor permits.
  - i. If you have a question during the exam, the question should be directed to the *instructor only*
  - ii. Any communication issues, or comprehension issues will be handled by the instructor. Please do not engage in a discussion unless so asked by the instructor

3. I will be actively listening and paying attention during all instruction

- a. Sleeping is cause for dismissal from class and disciplinary action
- b. Taking notes on a laptop or tablet is permissible, but the screen must be visible when the instructor walks by and any other use during class is grounds for disciplinary action

4. I will participate in all lectures and engage during discussions and Q&A's

- a. It is likely that someone else has the same question, so all questions will be answered by the instructor to prevent side conversations
- b. If there are follow up questions or comments, they will be made one at a time and directed to the instructor to prevent confusion, and make sure everyone is heard and appropriately understood.

5. During breaks, I will be courteous and respectful of my peers and other staff members.
  - a. Talk quietly
  - b. No speaker phone or loud phone conversations, loud videos, profane language, etc.
  - c. Clean up your space appropriately, including the coffee station, microwave, table, and classroom
  - d. Return from break and be in the classroom ***ON TIME***. Excessive tardiness will result in disciplinary action
6. When I am absent, I agree to abide by the school's absenteeism policy
  - a. I will bring in a doctor's note or other documentation for excused absences
  - b. I understand that I am still responsible for the material that I missed while I am out
  - c. I will come in 45 minutes early for class the day I return to make up all missed exams
  - d. I understand that I am responsible for the exam being given that day since I was responsible for the content while I was gone.
  - e. I understand that I need to make up all hours I miss that extends past three classes, and that there is a fee of \$40 per hour that must be paid to make up the class.

I understand all the rules of the classroom and all guidelines in the student handbook. I know that this document and my signature on the acknowledgement statement count as my first warning. Moving forward, any further infraction may result in a written warning, or being sent out of the classroom to the front office and further disciplinary action up to and including expulsion from the program.

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Print Name

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Date

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Signature



State of Rhode Island

Division of Emergency Medical Services

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Functional Position Description

EMT-Basic/EMT-Cardiac/EMT-Paramedic

Introduction

We are providing the following position description for EMT-B, EMT-C, and EMT-P practice. This should guide you when giving advice to anyone who is interested in understanding what qualifications, competencies and tasks are expected of these emergency medical services providers.

Qualifications:

Successfully complete a State of R.I. approved EMT Training Program. Achievement of passing scores on State EMT practical and written license examinations. Must be at least 18 years of age. Must show evidence of current certification in CPR. Generally, the knowledge and skills required to show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgement and remain calm in high-stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift without interruption; ability to calculate weight and volume ratios; ability to read English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care, including but not limited to the ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light and confined spaces.

Competency Areas:

**The EMT-Basic**

Must be capable of performing an assessment of a patient, handling emergencies utilizing Basic Life Support equipment including but not limited to the EOA for airway control in respiratory and cardiac arrest patients, have the ability to perform CPR, control hemorrhage, provide non-invasive shock treatment, fracture and spinal stabilization, manage environmental emergencies, and emergency childbirth or other skills and procedures as set forth in the State of Rhode Island Prehospital Care Protocols and Standing Orders.

### **The EMT-Cardiac:**

Must be capable of performance of all EMT-Basic skills and utilization of equipment. Must be able to supply Advanced Life Support using but not limited to intravenous therapy and the administration of appropriate medications, use a manual cardiac monitor/defibrillator and the EOA/ET airway for airway control in respiratory or cardiac arrest patients or other skills and procedures as set forth in the State of Rhode Island Prehospital Care Protocols and Standing Orders.

### **The EMT-Paramedic**

Must be capable of utilizing all EMT-Basic and EMT-Cardiac skills and equipment, and be able to perform under the Advanced Cardiac Life Support and Advanced Trauma Life Support standards including but not limited to the use of cardiac monitor/defibrillator, and intravenous drugs and fluids or other skills and procedures as set forth in the State of Rhode Island Prehospital Care Protocols and Standing Orders.

#### Description of Tasks:

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician or published protocol. May use equipment (based on competency level) such as but not limited to defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patients to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection for property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient at the scene and en route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

October 1993

March 1999

Replicated April 2024



State of Rhode Island

Emergency Medical Services Program

*Certification of Eligibility*

At the second session of any Rhode Island State EMT Licensure Course, each student must sign one of the following statements:

Student's Name

\_\_\_\_\_  
*(Please Print)*

I have read and understand the functional job description of an EMT-B/EMT-C/EMT-P. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of EMT-B/EMT-C/EMT-P for which I am seeking Rhode Island licensure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have read and understand the functional job description of an EMT-B/EMT-C/EMT-P. I will be submitting a request for an accommodation for the Rhode Island State written license examination. I understand that I must contact the Division of Emergency Medical Services no later than 6 weeks from the start of the EMT Training Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Course Location: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Course Approval Number: \_\_\_\_\_

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**D E P A R T M E N T O F H E A L T H**



*Safe and Healthy Lives in Safe and Healthy Communities*

**DIVISION OF EMERGENCY MEDICAL SERVICES**

**EMT LICENSURE - CRIMINAL CONVICTIONS GUIDELINES**

**PREAMBLE**

EMS practitioners, by virtue of their state licensure, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust whereby EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

Persons in need of out-of-hospital medical services rely on the EMS system and the existence of state licensure to assure that those who respond to their calls for aid are worthy of this extraordinary trust. In light of the high degree of trust conferred upon EMTs by virtue of licensure, EMTs should be held to a high standard. For these reasons, the Division of Emergency Medical Services has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes. For the purpose of these guidelines, convictions shall include nolo-contendere pleas followed by probation. Further, these guidelines are limited to criminal convictions and shall not restrict the authority of the Director to discipline a licensee for other causes as set forth in Section 15:0 of the Rules and Regulations Relating to Emergency Medical Services (R23.4.1-EMS), including violations of Federal, State or Local laws.

**GENERAL DENIAL**

Licensure of individuals convicted of certain crimes presents an unreasonable risk to public health and safety. Thus, applications for licensure by individuals convicted of the following crimes will be denied in all cases unless the individual requests a hearing and can establish by clear and convincing evidence to the satisfaction of the Hearing Officer or any other appropriate person charged with rendering a decision, that he/she has been rehabilitated and poses no threat to the health, safety and welfare of the public.

1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible sexual assault.
2. Felonies involving the sexual, physical or mental abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

#### **PRESUMPTIVE DENIAL**

Applications for licensure by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that licensure will not jeopardize public health and safety.

1. Applications for licensure by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.
2. Applications for licensure by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:
  - a. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter (except involuntary manslaughter) kidnapping, robbery of any degree; or arson;
  - b. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Substances Act;
  - c. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.
  - d. Any other crime which involves sexual misconduct.

### **DISCRETIONARY DENIAL**

Applications for licensure by individuals convicted of any crimes including driving under the influence (DUI), but not including minor traffic violations may be denied after consideration of the following factors:

1. The seriousness of the crime.
2. Whether the crime relates directly to the skills of prehospital care service and the delivery of patient care.
3. How much time has elapsed since the crime was committed.
4. Whether the crime involved violence to or abuse of another person.
5. Whether the crime involved a minor or a person of diminished capacity.
6. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

### **IMPLEMENTATION**

The Division of Emergency Medical Services requires applicants for licensure and relicensure to complete a statement concerning any history of criminal convictions when applying for licensure. Persons who have been convicted of a violation of federal, state or local law are required to submit to the Division of Emergency Medical Services specific court related documents including a certified copy of the court Judgement and Disposition Form, Parole Certificates and other such information as may be deemed necessary to evaluate this matter. Applications with convictions related to alcohol and/or substance abuse will be required to submit evidence of a clinical professional evaluation regarding their current rehabilitation status. Documentation should be submitted by an appropriate health professional. Accordingly, each case is reviewed on an individual basis which may include a meeting between the applicant and the Department of Health.

In the event the Department denies or revokes an EMT license, Section 15.2 of the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS) allows that an appeal from a decision of the Director of Health may be taken pursuant to the provisions of Chapter 42-35 of the General Laws of Rhode Island, as amended, and the rules governing practices and procedures as contained in Section 17.0 of the regulations.

When an individual moves to a new state and that state requests verification of Rhode Island EMT licensure, the Division

of Emergency Medical Services will notify the requesting state of the existence of any formal disciplinary action for that individual which is contained in the Division of Emergency Medical Services data bank.

February 1996



## DIVISION OF EMERGENCY MEDICAL SERVICES

### EMT State License Examination Accommodations

#### **Disability Policy**

The Division of Emergency Medical Services offers the following recommendations regarding the EMT training program application process:

The Division of Emergency Medical Services recommends that all applicants to EMT Training Programs complete an aptitude test battery (e.g. General Aptitude Test Battery (GATB), Differential Aptitude Test (DAT) and a standardized achievement measure (e.g. Woodcock Johnson-Revised Tests of Achievement or similar in depth achievement measure of reading skills). Such measures assess many of the capacities and abilities necessary to competently perform the responsibilities of the EMT such as: general learning ability; verbal, numerical and spatial ability; form and clerical perception; motor coordination; finger and manual dexterity; eye-hand-foot coordination and color discrimination. In instances where test batteries are not administered prior to admission to EMT training programs, the Division of Emergency Medical Services recommends that applicants seek individualized testing and counseling so as to make an informed decision in regards to the advisability of proceeding with the EMT training program.

#### **Eligibility for Accommodations for EMT State License Examination Due to Disability**

The Division of Emergency Medical Services will offer reasonable and appropriate accommodations for the written component of the EMT State License examination for those persons with documented disabilities.

##### **I. *Learning Disabilities***

Those persons requesting accommodations for the written component of the EMT State License Examination must submit documented evidence of a learning disability prior to the examination. Documentation should be submitted by an appropriate health/educational professional. Based upon a thorough review and analysis of the written examination by the examination vendors, it has been determined that persons with learning disabilities manifested in the academic areas of reading decoding or reading comprehension may be eligible for special test accommodations. Other areas in which learning disabilities may be evidenced (e.g. mathematical calculations, mathematical applications, written expression, oral expression, listening comprehension) should not negatively impact upon one's performance on the written examination due to the format (multiple choice) and content.

#### **Documentation of a specific learning disability must include one of the following:**

1. Evidence of a documented learning disability, which would negatively impact one's performance on the written examination, specifically in the reading areas (i.e. reading decoding or reading comprehension). Such documentation must include at least one of the following:

- A. Diagnosis of a learning disability by an appropriate health/educational professional in the area of reading decoding and/or reading comprehension based upon the result of standardized measure of achievement in reading decoding and/or reading comprehension.

**A learning disability is defined as one of the following:**

- 1)
    - 1) Standard achievement scores in reading decoding and/or reading comprehension which are at least one standard deviation below the score obtained on a standardized individual measure of intelligence. Results of previous and currently valid psychoeducational evaluations will be accepted as evidence. Evaluations more than three (3) years old will not be considered valid. If no such assessment has been conducted, then the applicant is responsible for obtaining such documentation before a decision can be made by the Division of Emergency Medical Services regarding the applicant's request for special accommodations.
    - 2) A statistically significant deficit in some area of cognitive processing which would impact one's ability to successfully complete the Division of Emergency Medical Services examination as written. Such cognitive processing deficits should be documented through appropriate standardized testing.
  - B. School and/or work records, which demonstrate that special education services or accommodations were provided due to a learning disability in the area of reading decoding and/or reading comprehension. Appropriate documentation of the learning disability as defined above will also be required.
2. Evidence of Attention- Deficit/ Hyperactivity Disorder (ADHD), which would negatively impact one's performance on the written examination. A childhood history of diagnosis with ADHD is not sufficient to warrant accommodations on the written portion of the examination. While ADHD is frequently chronic, the symptom picture often is changed by the time one reaches adulthood. Therefore, documentation of a current diagnosis of ADHD is required to receive accommodations. Such documentation must include at least one of the following:
- A. Diagnosis of ADHD by an appropriate health professional licensed to perform such examinations. Such documentation may include a developmental history that defines symptom onset, evidence of a negative impact on education (i.e., an individual educational plan), and evidence of a negative impact on current functioning. Additionally, the ADHD symptoms must not be the result of a psychiatric condition alone (i.e., Major Depression, Bipolar Affective Disorder or Anxiety Disorder).
  - B. Documentation may include standardized and/or computerized tests of attention such as the Delis- Kaplan Executive Function System, TOVA Gordon Diagnostic Battery or the Connors' Continuous Performance Test. Self-report measures such as the Brown ADD Scales are acceptable but must be administered by an appropriate health professional.

**Written Examinations**

The types of accommodations which may be requested by persons qualifying for special accommodations on the written examination due to documented learning disability or ADHD (as described above) are as follows:

1. Extended Time: The Division of Emergency Medical Services will permit those persons who qualify for special accommodations on the written examination due to a documented

learning disability or ADHD as described above to take the standard format of the examination but receive an extended amount of time in which to complete the examination. Applicants qualifying for this option will normally receive three (3) hours and forty-five (45) minutes versus the standard two (2) hours and thirty (30) minutes. This accommodation will require prior appointment/arrangements with the Division of Emergency Medical Services in advance of testing.

2. **Distraction – Free Space:** The Division of Emergency Medical Services will permit those persons who qualify for special accommodations on the written examination due to a documented learning disability or ADHD as described above to complete the standard format of the examination in an environment that minimizes distraction as much as possible. Depending upon the disability, distraction may result from noise, or movement, or both. Applicants qualifying for this option will result in the placement of the individual alone in a (proctored) room without phones, street noise or other distractions. This accommodation will require prior appointment/arrangements with the Division of Emergency Medical Services in advance of testing.
3. **Test Schedule Variation:** The Division of Emergency Medical Services will permit those persons who qualify for special accommodations on the written examination due to a documented learning disability or ADHD as described above to complete the standard format of the examination with an allowance towards time of day and test schedule. Functioning levels may vary during the day because of effects of medications or flagging energy levels. This accommodation will require prior appointment/arrangements with the Division of Emergency Medical Services in advance of testing.

Please note that test accommodations will apply only to the written examination.

### **Psychomotor Skills Examinations**

The Division of Emergency Medical Services has determined, based on an emergency medical technician functional job analysis that no accommodations will be provided in the conduct of State EMT psychomotor skills examinations. The use of certain auxiliary aids, which are to be determined to be safely and effectively used in the field will be permitted on an individual basis. The use of aids is not considered an "accommodation" for ADA purposes. Such auxiliary aids should not eliminate or interfere with the ability of the candidate to perform the required examinations. (e.g. a blood pressure cuff employing digital readings.)

October 1993  
Rev. August 1995  
Rev. January 1, 1997  
Rev. January 1, 1999  
Rev. January 1, 2006

## **REQUIRED DOCUMENTS FOR CLASS ENROLLMENT:**

American Safety Programs & Training, Inc.

Last Revised: 12.21.2023

### **1. Required Vaccines:**

#### **IMMUNIZATIONS:**

#### **DOSAGE:**

<b>Measles, Mumps &amp; Rubella (MMR)</b>	(2) Dose Series <b>OR</b> Positive Blood Titer
<b>Varicella</b>	(2) Dose Series <b>OR</b> Positive Blood Titer for Varicella
<b>Tuberculosis Screening (PPD)</b>	a.) Proof of two negative PPDs within the last 12 months (two-step testing) <b>OR</b> b.) QuantiFERON blood test  If TB is positive, or was positive in the past, negative chest x-ray is required.
<b>Tdap</b>	(1) Dose within the last ten years
<b>Hepatitis B</b>	(3) Dose Series <b>OR</b> Positive Blood Titer
<b>Annual Flu Shot</b>	(1) flu shot within the last year
<b>COVID-19</b>	Proof of initial immunization

### **2. Background Check (BCI):**

- a. Students only need to obtain a State of Rhode Island BCI, not Federal.
- b. Address to obtain BCI: 4 Howard Avenue, Cranston, RI 029020
- c. Hours of Operation: Monday-Friday 8:30am-4:30pm.
- d. Required Documentation to obtain State Background Check:
  - i. Valid State or Federal photo identification
  - ii. Credit/debit payment - \$5.00

*Allied Health Students (CNA, PHL & EKG): American Safety will keep the original BCI and the student will receive a copy for their records.*

*All Other Students: ASPT will make a copy of the BCI for our records and the student will keep the original \**

### **3. Photo Identification:** Please provide at least one of the following:

- a. Valid state issued driver's license;
- b. Valid state issued identification card; or
- c. Valid United States passport