



OKLAHOMA CITY



Paramedicine
900 N Portland Ave.
Oklahoma City, OK 73107

osuokc.edu

EMERGENCY MEDICAL TECHNICIAN

Enrollment Guide

OSU-OKC Paramedicine Program
900 N. Portland Avenue
3501 W. Reno (Physical Address)
Oklahoma City, Oklahoma 73107

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Enrollment Information Guide

A. Admission to the Program:

1. Complete the admissions process as outlined in the school catalog, or;
2. Be a current student in good standing; and
3. Provide all required documentation and vaccination records.

B. Required Documentation

1. Completed Enrollment Paperwork;
2. Two negative tuberculosis skin tests or one negative blood draw;
3. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or signed declination form;
4. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity;
5. Two MMR vaccinations OR positive titers showing immunity;
6. Seasonal Influenza vaccination (Not applicable to summer semesters);
7. "Clear" GroupOne criminal background check;
8. Tdap shot received within the past 10 years;
9. Current BLS for Healthcare Provider card – American Heart Association or American Red Cross
10. 9-panel urine drug screen (see below)

C. Clinical Rotation Shifts

1. The EMT course (EMSP 1148) includes required clinical component that consist of 60 clock hours, for the completion of performance objectives in local emergency departments (ERs), with local ambulance services, and/or in pediatric and geriatric facilities. There are generally a wide variety of clinical sites, dates, and shift times available for these EMT clinical rotations.
2. All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available during orientation.



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D. Urine Drug Screen

1. Students are required to complete their drug screen prior to the paramedic program orientation. Payment is required at testing and is paid directly to the testing site.
2. A “non-negative” or a “positive” drug screen will result in the student’s Administrative Withdrawal from the course. Said student may re-enroll for a future semester.
3. Any student whose urine drug screen is reported as ‘diluted,’ will be expected to repeat the urine drug screen exam at the incurred cost to the student.
4. See attached form for contact information.
5. Any student who is absent from the class or the program for 30 days or greater must re-submit a negative urine drug screen.



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Oklahoma County Health Department Information

Anyone needing a vaccination should contact their private physician to be vaccinated or go to their local city/county health department. If you have any questions, please contact your physician, or call the Oklahoma -county Health Department at (405)-425-4450. Several different clinics in the Oklahoma City area have been established by the Oklahoma City-County Health Department at the following locations:

<u>LOCATION</u>	<u>ADRESS</u>	<u>CITY</u>	<u>HOURS OF OPERATION</u>
Church of Christ	1101 E. 9th	Edmond	M-F 8:30 – 11:30AM
SE Child Help	2825 Parklawn	Midwest City	1st, 2nd, and 4th Tuesday 8:30 – 11:00AM
County Health Department	921 N.E. 23 rd	OKC	M,T,W,F 0800-1530

Vaccination/Titer Information

Midwest Regional Medical Center	3921 S.E. 29 th	Midwest City	M-F 0800-1600
Baptist– Employee Health	3435 N. W. 56 th	OKC	M-F 0730-1130
Southwest Medical Center	4300 S. Western Ste. 214		M-F 0730-1130

Approximate Prices Vaccinations/Titers

<u>Vaccine/Titer</u>	<u>Cost</u>
• Tubercoliuous Skin Test	\$40.00 per test
• Rubella Titer	\$25.00
• Rubeola Titer	\$30.00
• Hepatitis B Series	\$40.00 per dose
• Hepatitis B Titer	\$40.00
• MMR	\$35.00
• Varicella	\$90.00 per dose
• Varicella Titer	\$20.00
• MMR + Varicella*	\$85.00
• MMR + Varicella+ Hep B*	\$100.00
• Twinrix (Hep A & Hep B)*	\$57.00 per dose
• Chest X for positive TB Skin Test	\$35.00



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***Inquire with your physician or clinic of your choice about combination vaccinations; often combined vaccinations are cheaper but may not be covered by insurance.**

****Please note: You may receive live vaccines (MMR or varicella) and a TB skin test on the same day. However, if you receive an MMR and/or varicella vaccination one or more days prior to any TB skin test, you will be required to wait approximately 6 weeks to receive a TB skin test!**

Even if you have had or been exposed to Varicella, you would still need to have a titer drawn for verification. "History of disease" written on a shot record is not sufficient.



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TUTION AND FEES

<u>Item</u>	<u>Cost</u>
Tuition for OSU-OKC is currently	\$151.25 per credit hour.
EMT Lecture and Lab totals	8 credit hours
EMS Operations	3 credit hours
Campus General Fees: Spring/Fall	\$37.00
Summer	\$25.00
Online Course Fee (per credit hour for online courses)	(\$10.00)
EMS Lab fees	\$90*
EMS Student Liability Insurance Fee	\$16.00*
Approx. Total:	\$1,795-\$1,915

***Must be paid every semester. Students are responsible if tuition is not paid prior to scheduling clinical.**

**** All tuition and fees are subject to change. Most up to date fees are here:**

<http://www.osuokc.edu/future/costs>

ESTIMATED OUT OF POCKET EXPENSES:

<u>ITEM</u>	<u>COST</u>
Books (some can be rented for cheaper)	est.\$300.00
Uniform (estimated. This depends on sizes and options)	\$150.00
Stethoscope	\$ 30.00
FISDAP online registration	\$ 55.00
CPR Card—Approximately	\$ 50.00
Group One Background Check	\$ 45.00
Urine Drug Screen	\$ 30.00
My Clinical Exchange	\$ 36.50
TOTAL:	\$ 696.50*

***All costs are an approximation in addition to fees/costs required beyond the tuition. Further details regarding these additional fees/costs will be provided during orientation.**

THIS IS YOUR DRUG TESTING FORM!!!!



THIS IS YOUR DRUG TESTING FORM!!!!

AUTHORIZATION FOR SERVICES

300 N. MERIDIAN, STE. 105 – OKLAHOMA CITY, OK 73107
405.943.6465 FAX 405.943.6460

Hours of Operation: Mon. – Fri. 8:00am – 5:00pm

*****DONOR MUST BRING PHOTO IDENTIFICATION*****

DATE: _____

TIME: _____

EMPLOYER NAME: OSU – OKC

PROGRAM (circle): NURSING CARDIOVASCULAR DIETITIC EMS

STUDENT PRINTED NAME: _____

STUDENT SOC. SEC. / ID#: _____

STUDENT SIGNATURE: _____

OFFICE USE ONLY

***USE ALERE COC**

****COLLECT \$30 FROM STUDENT**

REASON FOR TEST

OTHER

DRUG TESTING SERVICES

OSU/OKC NON-DOT DRUG SCREEN (ALERE COC)

INSTRUCTIONS

- Please have a photo ID ready to present when you arrive for your collection.
- You will be providing a urine sample for a drug test – please drink enough fluids to ensure you can provide a sample when you arrive for your drug screen collection.
- The cost of the drug screen is \$30 and must be paid in cash prior to taking the test.
- We do not need a list of Rx medications at this time. If something shows up on your test you will be contacted by a physician to discuss Rx medications prior to your test results being reported to OSU-OKC.
- By paying for and submitting to testing, you authorize CRG Laboratories to release result of your test to OSU-OKC.

Registering for and Signing Into mCE

Dear myClinicalExchange Student,

Welcome to the mCE program where we are making your clinical rotations more organized, more efficient and easy to manage! This letter is divided into two parts: **Registration Directions** which are followed by **Instructions on How to Log In**.

Registration Directions

Navigate to <https://myclinicaexchange.com>. We recommend that you follow this link or copy/paste it into your web browser. In the upper right corner, click the **Student** button and then select **Registration**. You will be navigated to a registration page like this one.

The screenshot shows the myClinicalExchange registration interface. On the left, the 'New Registration' form is highlighted with a red box. It includes a dropdown for 'State' (set to Colorado), a dropdown for 'Institution' (set to --- Select ---), and a text input for 'Email'. A 'Continue' button is at the bottom right of this section. To the right, the 'Validate Email Code' section has an 'Email' input, a 'Validation Code' input, and buttons for 'Validate & Continue' and 'Resend code'. A '(OR)' label is positioned between the two sections.

Fill out all the information on the left side only. The system will prompt you to enter your University-Issued e-mail address. You must use a proper e-mail address as the system will send you a Validation Code in the next step. (You may use a personal e-mail address if your University does not issue university-based e-mail addresses.) Then click **Continue**. On the next page, you will see:

The screenshot shows the 'Student Registration Form - Step 2'. The form is titled 'National American University' and 'student.student@UnivName.edu'. It contains fields for First Name, Middle Name, Last Name, Gender, Ethnicity, StudentID, and Phone (with radio buttons for Cell, Home, and Work). There are also dropdowns for Program, Degree, and Cohort. At the bottom, there is a security question: 'For security purpose, please enter the numbers from the image into the box in the same sequence.' The image shows a grid of numbers: 5, 6, 5, 9, 2. Below the security question is a checkbox for 'By checking this box, you acknowledge you have read, understood and agree to the Privacy and Terms and Web App Usage Terms of Service'. There are 'Submit' and 'Close' buttons at the bottom.

Anything with a red asterisk is required. Read the [Privacy and Terms](#) and [Web App Usage Terms of Service](#) before checking the box on the bottom left and clicking **Submit**.

The system will return you to the first Registration page (first picture above) AND send a Validation code to the e-mail address you provided. If you do NOT receive the validation e-mail, click **Resend Code** (right side of the page). You will also want to check these troubleshooting tips.

Troubleshooting Tips

- 1.) **What e-mail address are you using?** Please make sure to use your University-Issued e-mail address AND that the domain is spelled properly.
- 2.) **Have you checked your junk mail folder?** The e-mail will be from donot-reply@myclinicalexchange.com. Please mark e-mails from the domain "myclinicalexchange.com" as a "Safe Sender" so that future correspondence comes immediately to your inbox.
- 3.) **Are you are using Internet Explorer, v8 or lower?** If so, you will either need to update Internet Explorer to v9 or higher. Alternatively, try again in Chrome, Safari or Firefox.
- 4.) If you are still experiencing issues, you can e-mail support@myclinicalexchange.com. Please provide your name, the University you attend, and a brief description of the issue you're experiencing.

Once you receive the Validation Code, enter the e-mail address you JUST registered with and the Validation Code in the boxes on the right side. Click **Validate & Continue** and you will be navigated to the payment page.

The screenshot shows the myClinicalExchange website interface. At the top, the logo 'myClinicalExchange' is on the left, and 'Welcome Student Registration' is on the right. Below the logo is a 'New Registration' form with fields for 'State' (Colorado), 'Institution' (--- Select ---), and 'Email'. To the right of this form is a '(OR)' label, followed by a 'Validate Email Code' form. This second form has fields for 'Email' and 'Validation Code', and buttons for 'Validate & Continue' and 'Resend code'. A red rectangular box highlights the 'Validate Email Code' form.

THIS SPACE INTENTIONALLY LEFT BLANK. CONTINUE TO NEXT PAGE.

Review the pricing on the left. If you have a PayPal account, choose the option at the top, log in and pay via your PayPal account.

Your order summary

Descriptions	Amount
myClinicalExchange Item price: \$36.50 Quantity: 1	\$36.50
Item total	\$36.50
Total \$36.50 USD	

Choose a way to pay
PayPal securely processes payments for ClientSolv.

Have a PayPal account?
Log in to your account to pay

Don't have a PayPal account?
Pay as a guest now, sign up for PayPal later

Country: United States

First name: Amber

Last name: Castagna

Address line 1: []

Address line 2 (optional): []

City/State: [] []

ZIP code: []

Phone type: Mobile

Phone number: 555-555-1234

Email: amber.castagna@school.edu

Continue

Payments processed by **PayPal**

If you do not have a PayPal Account, fill in all the information in the lower box and click "Continue". You are navigated to the payment page.

Your order summary





Descriptions	Amount
myClinicalExchange Item price: \$36.50 Quantity: 1	\$36.50
Item total	\$36.50
Total \$36.50 USD	

Choose a way to pay

Payment Method

Credit or Debit Card

Card number

Payment Types    

Expiration date mm / yy
 /

CSC

[What is this?](#)

PayPal - get more time to pay

- Bill Me Later is an instant credit line added to your PayPal account
- Apply and get a decision in seconds

Get more time to pay on this purchase
[See terms](#)

Billing Address [Change](#)

Amber Castagna
 13266 Saturn Dr.
 Englewood, CO
 80111

Contact Information [Change](#)

3033001024
 amber.castagna@school.edu

[Review and Continue](#)

Fill in your credit card information. Click **Review and Continue** at the bottom of the page to review your final purchase.

After reviewing click the final submit button. A confirmation page will appear showing that you have paid and giving you a receipt number. Keep this for your records.

You are now registered for myClinicalExchange and can be scheduled into a rotation. When you have been scheduled for a Rotation, you will receive an e-mail from the myClinicalExchange system asking you to log on.

Logging into myClinicalExchange

When you receive this notification, navigate back to <https://myclinicaexchange.com>

- 1.) Click on "Student Login" in the middle, right side of the page.
- 2.) Under the Login area, click on the "[Need help, click here](#)" link.
- 3.) From the options, select "[I forgot my password](#)"
- 4.) mCE will prompt you for your Username which is the e-mail address you just registered with.
- 5.) Click **Email Password** (Do NOT select "Change Password". You cannot change a password until you have set your security questions which you will do as part of the log in process.)
- 6.) Please check your inbox for an e-mail from donot-reply@myclinicaexchange.com assigning you a password.
 - a. If you do not see an e-mail from this address, please check your junk folder. You will want to designate donot-reply@myclinicaexchange.com as a "Safe Sender" so that further e-mails from myClinicalExchange come directly to your inbox.
 - b. If you still do not see the e-mail or if you are receiving an error message from the system when you try to get your password, please see the troubleshooting tips on page 5.

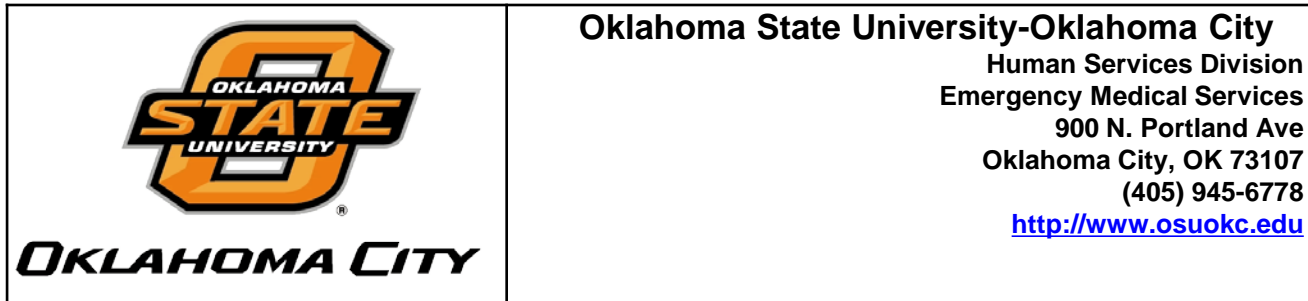
Once you log in please do the following:

- 7.) Click your name in the upper right corner to reset your password with a password of your choice.
- 8.) Your Home Screen will display your University Compliance Checklist at the top with a link to "Click here to view/edit".
 - a. You can, at the very least, view your compliance information. Take note if anything is set to expire soon so that you can get it updated with your University.
 - b. You may also be allowed to submit edits on your Compliance Checklist. If that is the case, please refer to the FAQ link (top left of the page) for instructions on how to update the compliance checklist OR navigate to YouTube to access the Help Videos https://www.youtube.com/results?search_query=myclinicaexchange.
- 9.) Any rotations that you have been scheduled for are listed on the right side of the page.
 - c. Click the Rotation # to the left to see more details about your Rotation.
- 10.) **On the left is your Alert Center.** If you have pending items for a Rotation, an alert will display here. **Click the alert to begin filling out and submitting various items for your Rotation.**
 - d. **Survey Alert** – you need to fill out a Survey in response to your recent Rotation. This link will not appear until the end of the Rotation.
 - e. **Pending Paperwork** – these are the required documents from your Rotational Hospital. You may be required to give electronic consent and/or upload supporting documents back into the platform. If you do not have a scanner OR if you do not know how to do this, please refer to the FAQ link (top left of the page) and look for the FAQ titled, "I don't have a scanner."
 - f. **Orientation** – the Hospital has one or more modules for you to view in mCE.
 - g. **Test/Exam** – the Hospital is pushing you an exam to complete BEFORE the start of your Rotation.

11.) If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

We wish you a successful year and trust you will find mCE a simple and helpful tool in your academic career!



OSU-OKC Paramedicine Program Uniform Policy

“A How To Guide”

Black Paramedicine Uniform: Required for all EMT/Paramedic Students



Black Paramedicine Uniform

- OSU-OKC patch on right sleeve
- EMT patch on left sleeve (paramedic students)
- Name plate over right shirt pocket flap
- Student ID badge on left shirt pocket flap
- All uniforms must be neatly pressed and free of wrinkles
- All of these items may be purchased in the OSU-OKC bookstore.



Black EMS Uniform

- **Black Paramedicine shirt with black epaulette covers with orange piping with “EMT Student” or “Paramedic Student” embroidered in orange**
- **5.11 Tactile Dark Navy EMS pants (men’s or women’s)**
- **Black leather or tactical belt**
- **Black, polishable boots that cover the ankle**
- **Trauma shears**
- **Pen Light**
- **Stethoscope**
- **All of these items may be purchased in the OSU-OKC bookstore.**
- **All Paramedicine students are required to purchase their own gloves for lab**



Black Uniform Shirt with Safety Vest: Required for all EMT/Paramedic students

- **For all Paramedicine clinicals you need to have an ANSI approved safety vest.**
- **This vest must be worn on all scenes worked in the roadway (for example a motor vehicle collision).**
- **The vest can have no writing on it.**
- **The safety vest may be purchased in the OSU-OKC bookstore.**



Cold Weather Gear

NREMT Patch



OSU-OKC Patch



**Solid black or navy blue
jacket**

**If you still have questions please
see your syllabus or contact your
instructor.**

EMERGENCY MEDICAL TECHNICIAN CERTIFICATE**Degree Sheet***2019-2020 Catalog*

Technical Occupational Specialty			11 Credit Hours	Credit Hours	Prerequisites
EMSP	1143	EMS Operations		3	None
EMSP	1148	Emergency Medical Technician		8	Advisor Approval

Total to Graduate 11

The courses in this certificate program are embedded within the Fire Protection A.A.S. & Paramedicine A.A.S. degrees

This program has not been approved by the Dept. of Education to be eligible for federal student aid

ADDITIONAL GRADUATION REQUIREMENTS:

- 2.0 Graduation/Retention GPA
- 3 credit hours earned in residence at OSU-OKC
- To graduate with this certificate, students must successfully pass the National Certification exam.
- Students must complete the prerequisite course with a grade of 'C' or better to advance to the next course in the required sequence

NOTES LEGEND:

- FA= Fall, SP=Spring, SU=Summer
 [R] Reading Proficiency/Placement
 [W] Writing Proficiency/Placement
 [M] Math Proficiency/Placement

PARAMEDICINE A.A.S.**Associate in Applied Science****Degree Sheet**

2019-2020 Catalog

General Education Courses			23 Credit Hours	Credit Hours	Prerequisites
BIOL	1212	Human Anatomy Lab		2	[R] ICSM 0104, Pre/CoReq: BIOL 1515
BIOL	1515	Human Anatomy and Physiology		5	[R] ICSM 0104
ENGL	1113	English Composition I		3	[R] [W]
Choose One:				3	
ENGL	1213	English Composition II			ENGL 1113
ENGL	2333	Introduction to Technical Report Writing			ENGL 1113
SPCH	1113	Introduction to Speech Communication			[R] [W]
Choose One:				3	[R] [W]
HIST	1483	U.S. History to 1865			
HIST	1493	U.S. History since 1865			
Choose any 3 credit hour College Level Math course:					
MATH				3	Varies
POLS	1113	American Government		3	[R] [W]
PSIO	2311	Human Physiology Lab		1	Pre/CoReq: BIOL 1515

Technical Occupational Specialty 51 Credit Hours

EMSP	1143	EMS Operations		3	None	♦
EMSP	1148	Emergency Medical Technician		8	Advisor Approval	♦
EMSP	1234	Pharmacology		4	Pre/CoReqs: BIOL 1515, EMSP 1246	
EMSP	1246	Paramedic Care I		6	EMSP 1148	
EMSP	1263	ECG Interpretation		3	Pre/CoReq: BIOL 1515	
EMSP	1348	Paramedic Care II		8	EMSP 1246	
EMSP	2549	Paramedic Care III		9	EMSP 1348	
EMSP	2559	Paramedic Care IV		9	EMSP 2549	
FIRE	1721	Emergency Vehicle Operations		1	None	

Total to Graduate 74**ADDITIONAL GRADUATION REQUIREMENTS:**

- 2.0 Graduation/Retention GPA
- 15 credit hours earned in residence at OSU-OKC
- Students must complete the prerequisite course with a grade of 'C' or better to advance to the next course in the required sequence

NOTES LEGEND:

- ♦ Courses are part of an embedded certificate
- FA= Fall, SP=Spring, SU=Summer
- [R] Reading Proficiency/Placement
- [W] Writing Proficiency/Placement
- [M] Math Proficiency/Placement



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Oklahoma State University – Oklahoma City EMS Office Information: Program Faculty/Staff/Adjuncts

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Pre-Enrollment Requirements Checklist for EMT Students

Compliance items in checklist below need to be completed and all documentation must be uploaded as a PDF to MyClinicalExchange by orientation.

<https://www.myclinicalexchange.com> Tutorial for MyClinicalExchange is further on in this document.

1. _____ **CHECK YOUR STUDENT EMAIL AFTER YOU ENROLL FOR IMPORTANT INFORMATION**
2. _____ Purchase Fisdap activation code. This is in your class email or you can purchase from bookstore.
3. _____ Complete Enrollment Paperwork
 - _____ Applicable Hepatitis B forms, if 3-shot vaccination series is not complete
4. Two negative Tuberculosis Skin tests, or one negative blood draw. (TB Gold or T-spot)
 - _____ Date of TB test #1
 - _____ Date of TB test #2
5. Hepatitis B 3-shot vaccination series, positive titer showing immunity, or declination form signed within the past 12 months
 - _____ Date of Hep Shot #1
 - _____ Date of Hep Shot #2
 - _____ Date of Hep shot #3
 - _____ Or, Date of Blood Titer



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6. Varicella (Chicken Pox) 2-shot vaccination series, or positive titer showing immunity

- _____ Date of Vaccine #1
- _____ Date of Vaccine #2
- _____ Or, dates of Blood Titers

7. Two MMR vaccinations OR positive titers showing immunity to measles (rubeola), mumps, and rubella

- _____ Date of MMR Vaccine #1
- _____ Date of MMR Vaccine #2
- _____ Or, Dates of Blood Titers

8. _____ Tetanus, diphtheria, and Pertussis (Tdap)

- _____ Date of Tdap Vaccine/booster (must be within last 10 years)

9. _____ Seasonal Influenza vaccination (Not applicable to summer semesters)

10. _____ "Clear" GroupOne criminal background check visit this [link](#). Or, find the link on our website at www.osuokc.edu/ems Results come straight to us and we will upload to MyClinicalExchange for you.

11. _____ 9-panel urine drug screen completed. Results come straight to us and we will upload to MyClinicalExchange for you. Form Compliance Resource Group (CRG) is later in this same packet.



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12. _____ Current BLS for Healthcare Provider CPR card (Must include skills portion.

Cannot be an online-only course.)



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Hepatitis B Vaccination Information

Hepatitis B Virus, when present, is found in virtually all body fluids and some secretions. It can be transmitted by puncturing the skin with a contaminated instrument or needle, allowing contaminated blood or body fluid to come in contact with an open wound or mucus membrane, through sexual contact and through contaminated blood products. The Hepatitis B Virus can cause chronic cirrhosis, liver failure, and liver cancer. Health care workers are at high risk for contracting the virus and should be vaccinated.

Hepatitis B has a long incubation period. The vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccination administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody titers.

Precautions: Vaccinations should be delayed in individuals who have any febrile illness or active infection and in individuals who are pregnant or nursing.

Adverse Reactions: The most frequently reported adverse reactions are injection site soreness, fatigue, headache, and dizziness.

Immunization schedule: The usual immunization regimen consists of three (3) injections of vaccine given according to the following schedule: #1: at elected date, #2: 30 days later, #3: 6 months after the first injection, Booster: 5 years later. Antibody test is recommended one month after third injection.

I, _____, have read and understand the above Hepatitis B vaccine information. I understand that if I have not been previously immunized for Hepatitis B, I will need to A) begin the injection series and follow the above schedule for the remaining injections and the antibody test, or B) decline in writing. I further understand that if I do not receive the Hepatitis B vaccine according to the schedule or do not sign the "Hepatitis Vaccination Refusal" form, I will be unable to schedule and attend any clinical shifts.

Student Signature

Date Signed



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Hepatitis B Vaccination Refusal (Declination Form)

I have been informed of my risk of acquiring Hepatitis B and the damage that this disease can do. I have been instructed on the value of being vaccinated for the disease. I have been informed that, as an EMS Student, I am considered high risk for being exposed to blood or body fluids that are potentially contaminated with Hepatitis B, and that vaccination is a safe and effective method of prevention.

I, _____, choose NOT to take the Hepatitis B Vaccine at this time _____
_____ OR have begun the 3-shot series, but not yet completed it _____.

Student Signature

Date Signed



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CPR Classes are held at the beginning of each semester here at OSU-OKC. To register, please contact:

Charity Kitchens
Office Assistant
Center for Safety and Emergency Preparedness
(405)945-3208
kitchec@osuokc.edu

All cards must be American Heart Association approved BLS for Healthcare Providers, or American Red Cross CPR for the Professional Rescuer. Cannot be online-only course and must include a skills portion.

If you need a CPR class but are unable to take the one offered through OSU-OKC, you may take a class elsewhere. You are responsible for finding another class so long as it meets the specifications listed above.