

Dear prospective EMT student:

This letter is an agreement between yourself and the EMS department at Dona Ana Community College concerning course requirements. In order for you to complete your class you will need to do ride along/hospital rotations. Note: these requirements are current as of April 2026, but additional requirements may be enacted by hospitals or field services. You must be 18 years or older to participate in this program. In order for you to be able to register for the classes required to obtain your EMT certificate, the following highlighted items must be uploaded to BridgesEXP (instructions in this packet)

- TB Gold or 2-step skin test within the last 12 months, positive reactors are to have signed a symptom checklist within the last 12 months
- 2 MMR vaccines both since 1980 or Mumps, Rubella and Rubeola titers
- Tetanus, diphtheria, and pertussis vaccine within the last 10 years (TDAP)
- Hepatitis B series (3 shots) or declination waiver
- Proof of Varicella immunity- titer or proof of 2 vaccines accepted
- Flu Shot required if in season (Spring and Fall Semesters only)
- COVID-19 vaccines (if not vaccinated you will be required to submit exemption request letter.)
- 10 panel drug screen within the last year - American Data Bank (Cost Approx \$32)
- Background check within the last year - Idemia - See application - (Cost Approx \$89 - You will need to meet with the EMS Advisor to complete this component)
- Proof of health insurance (optional)
- Complete all checklist items in BridgesEXP (\$11.99; price update \$15 starting July 1)
- Should either your background check or drug screen come back positive (including for marijuana), you may not be allowed in the class and may not be allowed to return to the program in the future.

Classroom/Lab/Field/Clinical Dress Code

- EMT-Basic/EMT-Intermediate students: Maroon Polo shirt with DACC Logo which can be purchased at Sports Accessories online at <https://www.boosterclubsales.com/collections/dacc-ems-paramedic>
- Plain white undershirt
- Black or Navy EMS pants
- Black belt
- Black boots
- Socks
- Uniforms will be cleaned and pressed and the uniform shirt will be worn tucked in
- Tattoos will be covered at all times when in the field/clinical/setting
- One set of earrings (small)-no hoops, gauged earrings or other visible piercings are allowed when in the field/clinical setting
- Good hygiene-no cologne or perfume in the field/clinical setting
- EMS Student Badge will be worn during field/clinical rotations
- Facility ID will be worn at designated clinical sites.
- AHA BLS CPR card on your person while in Field/Clinical sites
- Personal Protection Equipment as required by the organization - this will be provided by DACC or the facility

Required Supplies:

- Good Quality Stethoscope (\$15-\$30)
- Trauma Shears
- One or two Blue/Black ink ball point pens with non-erasable ink
- Small notebook or scratch pad
- Pen light (non-halogen bulb)
- Watch with second indicator
- Field/clinical notebook (available in Canvas)
- Driver's License (Or some type of legal U.S. Department of Health accepted identification)
- Purchase access to Platinum EMS Testing once class starts (EMT - \$55 of October 2025)

All records will be required PRIOR TO the start of the clinical course EMSS 1121 or EMSS 2121. If you fail to turn them in you will be dropped from that course. You are required to be in full uniform on the first day of class.

You will need to read the first three chapters of your book before the first day of class. This material will be covered on that day and you will be required to know the material. Books are available at the bookstore through the Books4Less program once registered.

The following must be successfully completed with a C or better or the classes must be taken as co-requisites:

EMT-Basic

EMSS 1116 BLS Clinical Preparations

EMSS 1120 Emergency Medical Technician Lecture

EMSS 1120L Emergency Medical Technician Laboratory

EMSS 1121 Emergency Medical Technician Clinical

*EMSS 1153 Introduction to Anatomy and Physiology for the EMS Provider

*This course can be substituted for another Anatomy and Physiology course that is at least 3 credit hours with a C or better.

EMT-Intermediate

EMSS 2120 Advanced EMT Lecture

EMSS 2120L Advanced EMT Laboratory

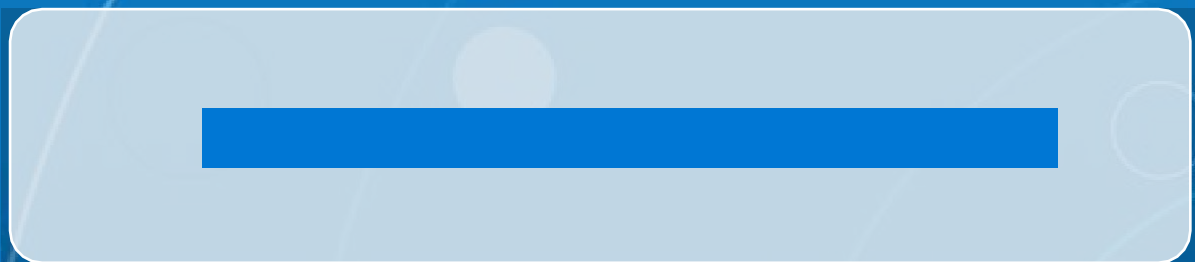
EMSS 2121 Advanced EMT Clinical

EMT-Intermediate requires current NM EMT license and 80% or better on the entrance exam prior to registration.

BridgesEXP™
powered by **self.me**

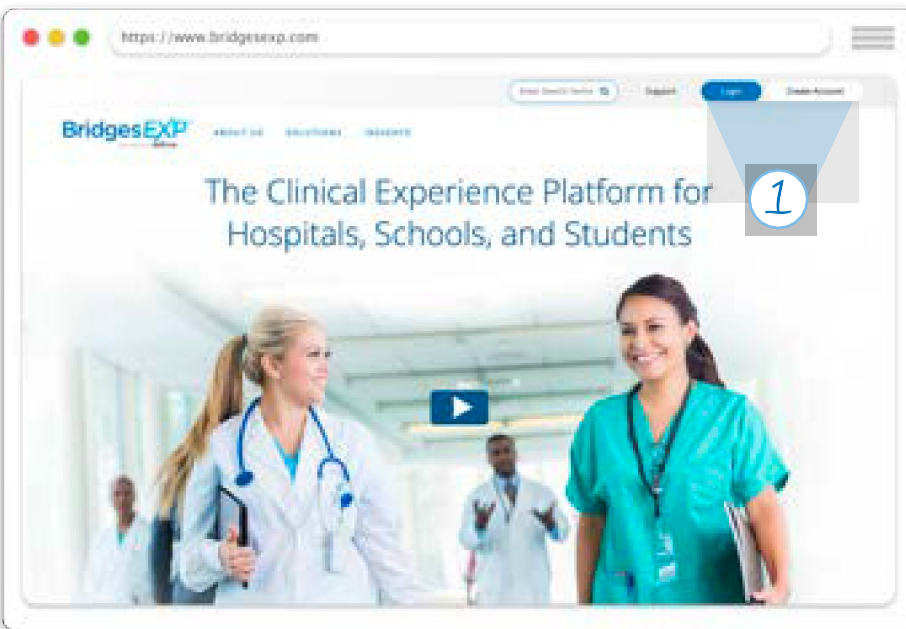
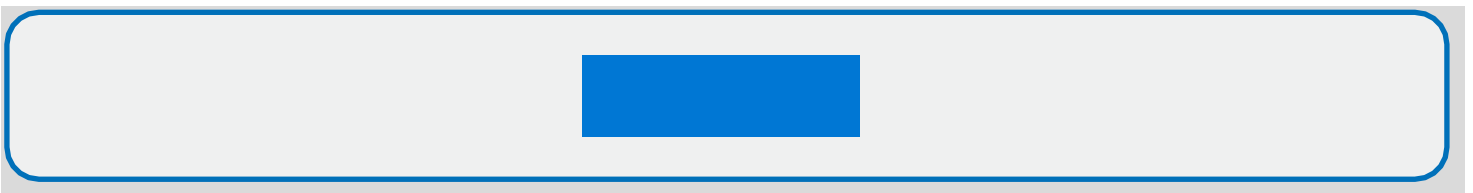
STUDENTS GUIDE

Placing An Order & Completing
Clinical Requirements



WELCOME TO BRIDGES EXP™!

Bridges EXP™ is a platform designed to help you **manage your clinical education experience**. Getting up and running **takes a few minutes** once your account is activated. To begin, visit www.bridgesexp.com.



NEW USERS:

SET UP YOUR BRIDGES EXP™ PROFILE

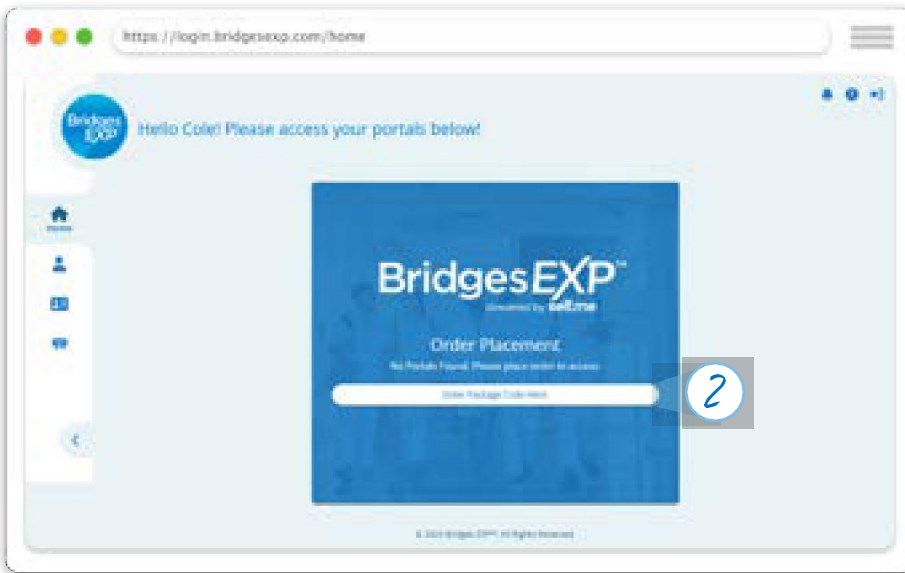
Select "**Create Account**" in the top right menu of the home page and follow the on-screen prompts to create your Bridges EXP™ account with multifactor authentication. Enter the required information to finish setting up your Bridges EXP™ Profile.



EXISTING USERS: Select "**Login**" in the top menu of the home page and enter your Bridges EXP™ username and password. Once in your account, on the left menu, locate and select the "**Account**" tab. Under **Order Details**, type in the package code and select "**Submit**." On the next screen, enter the required information to submit your Bridges EXP™ order.

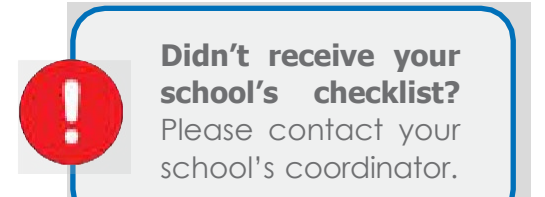
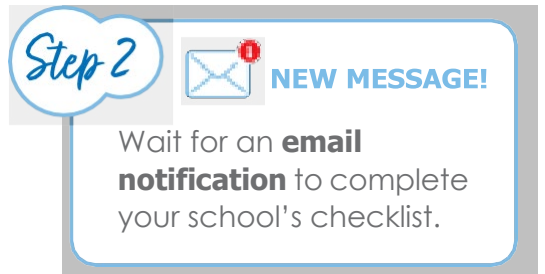
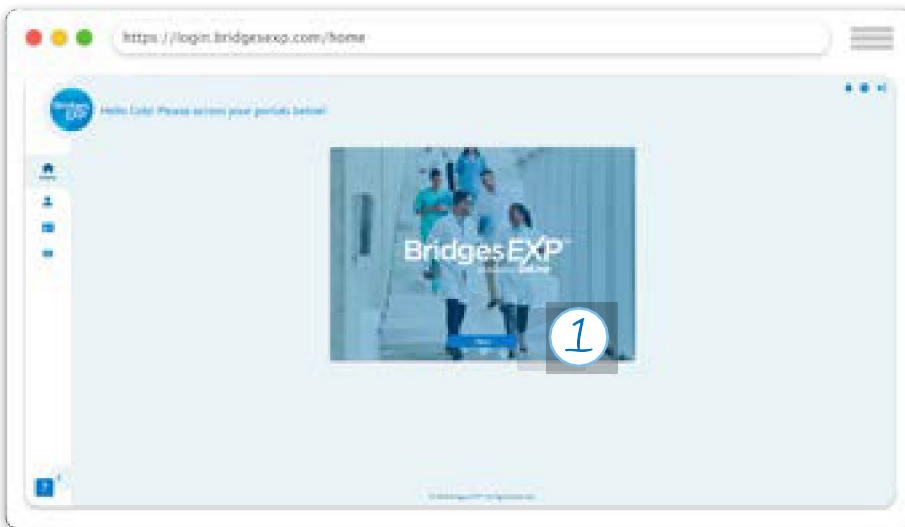
PLACE YOUR ORDER

Congratulations, you have created your Bridges EXP™ account! Next, you will need to place your Bridges EXP™ order by entering the package code into the **Order Placement** tile. Type in the package code and select “**Submit**.” On the next screen, enter the required information to submit your Bridges EXP™ order.



ACCESS YOUR BRIDGES EXP™ ACCOUNT

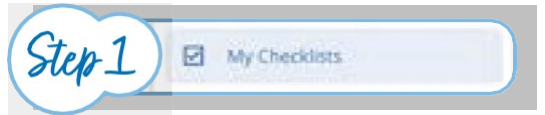
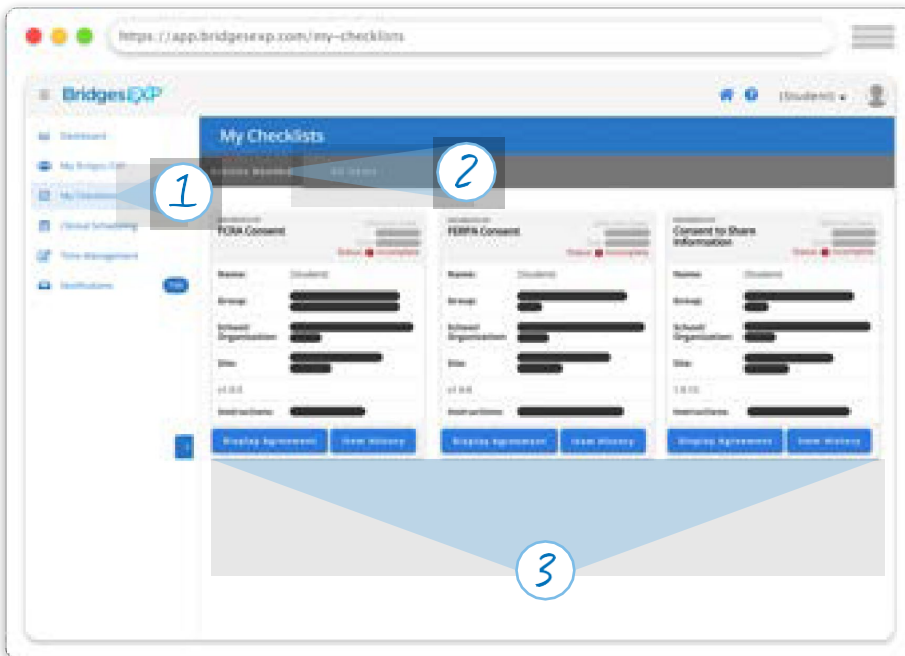
Log into Bridges EXP™. A new tile for Bridges EXP™ will be available on your home screen. Select “**Open**” on the Bridges EXP™ tile and follow the on-screen prompts to complete your **eSignature** and **Terms of Use agreements**. You've successfully set up your Bridges EXP™ account!



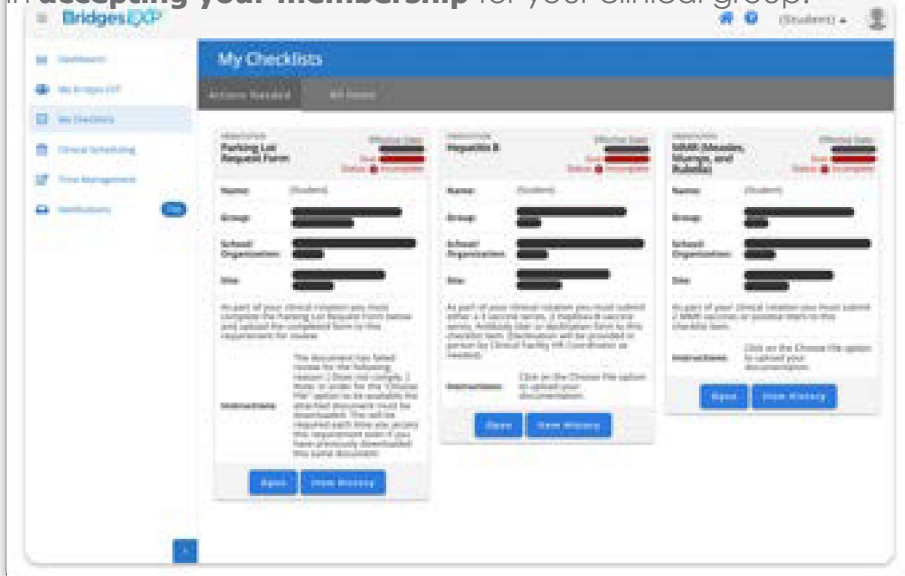
BEGIN YOUR CHECKLIST

Once you receive an email notification that a new checklist has been added, select “**Open**” on the Bridges EXP™ tile on your home screen. Select “**My Checklists**” from the panel on the left and ensure you are viewing the “**Actions Needed**” tab. Your **Membership Requirements** will display and you will need to **review and sign** the following items:

- FCRA (Fair Credit Reporting Act) Consent
- FERPA Consent
- Consent to Share Information



Once your **Membership Requirements** are completed, your **Clinical Requirements** will populate in the “**Actions Needed**” tab. Please **complete all items** that appear in this list as this is the last step in **accepting your membership** for your clinical group.

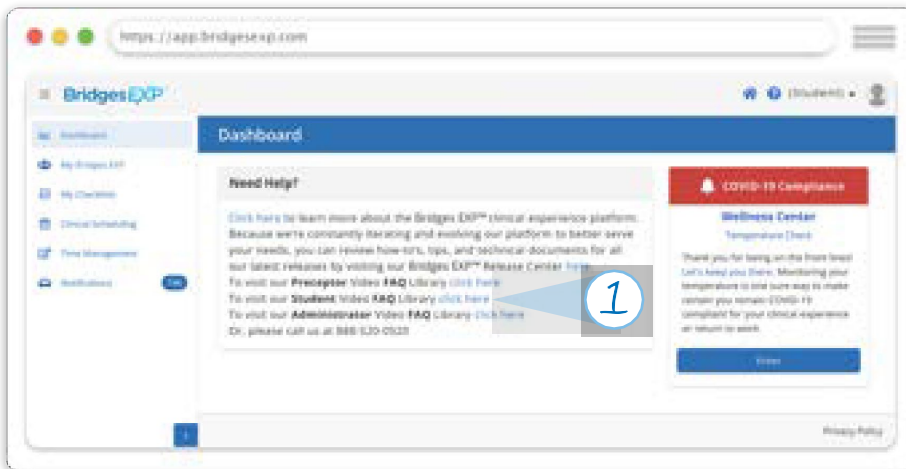




Monitor your email!
Some items may require review **before they are considered complete**. Items that are waiting to be reviewed will have a status of **Pending**.

QUESTIONS?

Visit our **Student Video FAQ Library** by selecting the “**click here**” link in the **Need Help?** tile of your Bridges EXP™ Dashboard.



Step 1

To visit our **Student Video FAQ Library**

Step 2

WE'RE HERE TO HELP!



The User Experience Help Desk is available to assist you via **phone** and **email**.

Monday—Friday: 8am—6pm EST

888.520.0520

studentsupport@bridgesexp.com

****BridgesEXP does not notify your school you have created an account, you need to email your advisor Nicole Marcak at nmarcak@dacc.nmsu.edu so she can add you into the group so you can begin uploading your documents.****

Make sure your name and DOB are showing on all records. Do not crop pages.

For background checks you will need to make an appointment with Nicole Marcak to submit your online registration and pay the \$88.30. To make an appointment email nmarcak@dacc.nmsu.edu.

Student information required for Caregiver Criminal History Screening. Please Print Clearly:				
Last Name	Maiden	First Name	Middle Name	Alias/Other Names you have gone by:
Physical Address		City	State	Zip
Mailing Address		City	State	Zip
Date of Birth		Banner #		
Primary Phone #:		NMSU E-mail		
Secondary Phone #:		Other E-mail		

Person To Notify In Case Of Emergency:		
Full Name		Relationship
Address- Number & Street		
City	State	Zip
Primary Phone		Secondary Phone

Information for Caregiver Criminal History Screening & Electronic Fingerprint Request		
Social Security #	Date of Birth	Heritage (circle one) Asian Black American Indian Caucasian Other:
Gender: Male Female	Natural Eye Color (circle one) Black Blue Brown Gray Green Hazel Other:	Natural Hair Color (circle one) Bald Black Blonde Brown Gray Red Sandy White Other: _____
Height:	Weight (lbs):	US Citizen (circle one): Yes No
Place of Birth (City, State, Country)		

List the states that you have lived in the last 7 years include the dates resided. If you need more room please use back of form.								
City/State	Dates From	Dates To	City/State	Dates From	Dates To	City/State	Dates From	Dates To

Driver's License Information		
State Issued In:	License Number:	Expiration Date:

Confidentiality & Permission Statement

All information provided will be kept confidential and is intended solely to ensure that the student can participate in all required activities of the Emergency Medical Services (EMS). I give my permission for DACC Faculty, Health Agencies, and the Department of Health Improvement Caregiver Criminal History Program as needed for clearance to attend clinical or internships for the EMS courses. The EMS Program reserves the right to request additional information if deemed necessary.

Student Name (Print) _____ Signature: _____ Date: _____

Go to the website: donaanacx.com

DRUG SCREEN



Welcome to Dona Ana Community College's Complio Website

Complio is American DataBank's comprehensive tool for student screening, immunizations and compliance. The Complio Screening process is simple and straightforward with just five basic steps to complete. The process should take less than 20 minutes.

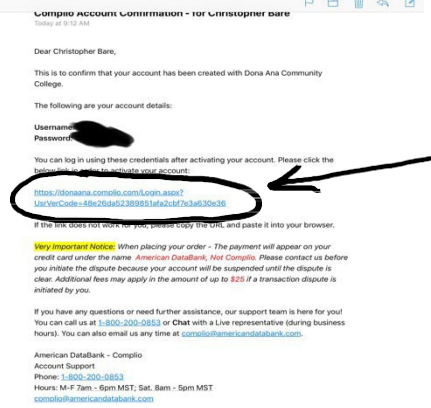
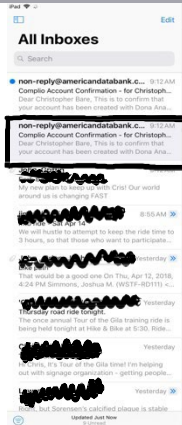
[Click Here to Login](#)



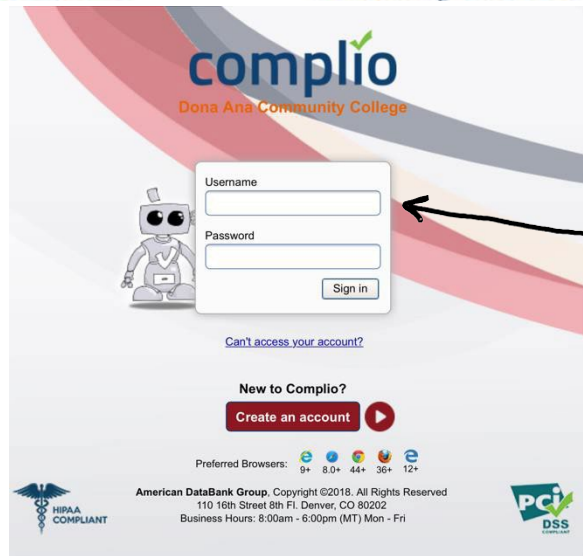
Create an account if you have not already done so.



After selecting create an account, fill in the required information and select proceed



Wait for an email from American Data Bank to arrive and select the link to verify your account



Login Using Your Username & Password
 Create an order selecting Dona Aña Community College as the institution and student as the applicant type. Then, select Emergency Medical Services

Home » Order
Create Order (Step 1)

Please contact your institution if you are unsure what package(s) you need to order.

Identifying Information

Institution Name:

Select Applicant Type: Select Program:

Screening

Emergency Medical Services Student 10 Panel Drug Screen ONLY Package (\$29.00) *Additional fees may apply. [View Package Details](#)

Click "Load Packages" and you should see "Emergency Medical Services 10 Panel Drug Screen ONLY" come up as your only option.

ADB American DataBank

Home » Order
Background Package Detail

Background Package Detail

Display Name	Description
Emergency Medical Services Student Comprehensive Background Check	
FBI Fingerprint3	
FBI Fingerprint (E)	
Criminal Background Check	
DIG	
GSA	
OFAC Database Search	
Criminal Background Search	Criminal Background Search
County Criminal Search	
Statewide Criminal Search	
Nationwide Sex Offender Search	
Drug Screen	
E 10 Drug Test	

Select Continue Order

ADB American DataBank


Home
Create Order (Step 3 Of 9)

After you have completed your online order application American DataBank will email your Drug Screen Registration confirmation.
 If you have paid for your background check via money order, American DataBank will not email your Drug Screen Registration confirmation until this has been received.
 Detailed instructions on how to complete this portion of your background check will be included in your Drug Screen Registration confirmation.
 Once you register for a location you may go to another location if you choose to as long as it is the same vendor who is doing the drug screen.
 If you have additional questions please call American DataBank at [1-800-200-0853](tel:1-800-200-0853).

Electronic Drug Screening Registration - Select a Drug Screening Location

Choose a Test Site

Panel Name: 10-Panel Urine
 Zip Code: 88030 Distance: 99 Find Sites



In Network Sites		
Address	Distance	Lab
3851 E Lohman Avenue Suite 3 Las Cruces, NM 88011 (575) 522-5210	59.5	Quest
2427 S. TELSHORE BOULEVARD LAS CRUCES, NM 88011 (575) 522-5957	61.2	LabCorp
4930 Osborne Dr Suite D El Paso, TX 79922 (915) 875-0789	74.0	Quest
840 E Redd Rd El Paso, TX 79912 (915) 760-5053	74.7	Quest
7420 REMCON CIRCLE EL PASO, TX 79912 (915) 760-6503	76.8	LabCorp
1700 CLIFF DRIVE EL PASO, TX 79902 (915) 533-3001	80.5	LabCorp

Verify information and then choose a test site in your area. An address will be present, so be sure to write it down and use a GPS/map application if you need guidance to the site location.

At this point you will need to provide valid credit card details and pay for the drug screen. After payment, you will need to complete the drug screen test by going to the testing site you selected above. You will receive your results to the email you used for this account. Once received, upload your results to BridgesEXP.



Hepatitis B Assumption of Risk Statement

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection.

I acknowledge that NMSU and DACC recommend that I obtain the hepatitis B vaccination series, at my own expense, and through my personal health care provider.

I have chosen to decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

I understand that if, at any point in the future, I decide that I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series and should consult my personal health care provider.

By signing this waiver, I agree not to hold the Dona Ana Community College, its staff or employees, or any agency or entity with which I engage in clinical activities, responsible for any contamination that may occur, or any subsequent consequence of that contamination.

Student's Signature: _____

Printed Name: _____

Banner ID No.: _____

Witness Signature: _____

Date: _____



Human Resources/Employee Health Services

Name: _____ DOB: _____

Hepatitis B Declination Form- Non Employees

Know the risk of Hepatitis B

Hepatitis B is hardy: The virus can live more than 7 days in dried blood or on exposed surfaces-increasing the chance for infection.

How you can get it: Hepatitis B virus is easier to “catch” than you realize. The virus is mainly found in blood, semen and vaginal fluid, but also been found in saliva and urine.

Your risk increases with:

- Exposure to blood through accidental needle sticks
- Other contact with blood or body fluids-the virus can enter your body through an opening in the skin or through your eyes, nose or mouth.
- Sexual contact with more than one sexual partner in a 6 month period.

It can make you very sick: Hepatitis B attacks your liver and can make you extremely ill-sick enough to affect your job and personal life. The disease can lead to cirrhosis of the liver or liver cancer. In a small percentage of people with Hepatitis B (less than 1%), Hepatitis B is the direct cause or early death.

Hepatitis B can be prevented:

- Three shots of vaccine usually provide protection.
- Current vaccines are not made from blood products. You cannot get HIV or Hepatitis B from the vaccine.
- Soreness, swelling or redness at the site of vaccination are the most common side effects.

HELP PROTECT YOURSELF FROM HEPATITIS B INFECTION:

- Use standard precautions
- Get immunized

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I am declining hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease

Reason for declination: I have already completed the series but do not have documentation

Other: _____

Signature _____ Date _____