

WEATHERFORD COLLEGE

EMR (ECA) Application Packet

Emergency Medical Services



Registration Request Form Due	Mandatory Orientation
5/19/2026 @ 4:00 pm	5/21/2026 @ 5:00 pm
First Day of Online Course Work	First Day of In-Person
5/25/2026	6/1/2026

Thank you for your interest in the Emergency Medical Attendant/Responder program offered through the Weatherford College Emergency Medical Services (EMS) Department. Before submitting your registration request, we encourage you to carefully review all information and steps and to ensure you have the necessary documentation to successfully complete the process.

The Emergency Medical Responder (EMR) is the nationally recognized title for the foundational level of emergency medical services. In Texas, this level is referred to as Emergency Care Attendant (ECA). The EMR/ECA serves as the entry point into EMS and is commonly utilized in volunteer and rural EMS services. EMRs provide immediate, basic lifesaving care at the scene and help stabilize patients until higher-level providers, EMTs, Advanced EMTs, or Paramedics arrive. They play a critical role in ensuring patient safety and continuity of care, often acting as the first trained responder at emergencies.

This course serves as a prerequisite and is strictly intended for students planning to enroll in the EMT program. It is not designed for other allied health professions, will not satisfy science course requirements for an associate or other healthcare degree, and does not include clinical rotations. Completion of the EMR program prepares students to enter the EMT program, which is required for those who wish to eventually advance to the Paramedic program, the highest level of emergency medical provider.

Students will learn all required cognitive and psychomotor content as outlined by the National EMS Education Standards and Texas DSHS competency requirements. The program maintains rigorous expectations: students must achieve passing scores on both the final exam and the overall course to be eligible for the national EMR certification exam. At the completion of the program, students are required to take the national EMR certification exam, which is an additional cost separate from tuition. Passing this exam is mandatory to advance into the EMT program and to be officially recognized and credentialed as an EMR. Students who do not pass or do not take this exam will not be able to work as an EMR. All students are expected to adhere to the rules and standards of the EMS program, consistent with the expectations of both the EMT and Paramedic programs.

Weatherford College and the EMS Department are committed to providing an environment free from discrimination based on race, gender, gender identity or expression, disability, age, religion, national origin, genetic information, or veteran status. Please review the program requirements carefully to assess your ability to perform essential functions. If you have a disability and require accommodations during the application process or throughout your enrollment, please contact the EMS Department promptly. While we strive to provide equal opportunities, all students must be able to successfully complete program requirements, with or without reasonable accommodations.

If you have any questions or need assistance, please don't hesitate to contact us. We are happy to help.

Sincerely,

Samantha Grimsley
EMS Program Coordinator/Lead Instructor
(817) 598-6394
SGrimsley@wc.edu

Information on a Career in Emergency Medical Services as an EMR

ESSENTIAL JOB FUNCTIONS/DESCRIPTIONS

(Information obtained from the DSHS – EMS Education and Training Manual)

Introduction

The following general position description for the ECA is provided as a guide for advising those interested in understanding the qualifications, competencies, and tasks required for emergency medical services certification. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

Qualifications

To qualify for EMS certification or licensure, an individual must successfully complete a Texas Department of Health-approved course and achieve competency in each of the psychomotor skills. In addition, the individual must achieve a passing score on the state written certification or licensure examination.

EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. EMS personnel must have the ability to communicate verbally via telephone and radio equipment; ability to lift, carry and balance up to 125 pounds (250 pounds with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read and understand English language manuals and road maps; ability to 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. EMS personnel should possess good manual dexterity, with the ability to perform all tasks related to the highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold, and moisture is vital. The ability to work in low light, confined spaces, and other dangerous environments is required.

COMPETENCY AREAS:

ECA – Emergency Care Attendant

The ECA must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the United States Department of Transportation (DOT)/First Responder curriculum and the Federal Emergency Management Administration (FEMA) document entitled “Recognizing and Identifying Hazardous Material,” and to include aids for resuscitation, blood pressure by palpation and auscultation, oral suctioning, spinal immobilization, patient assessment and adult, child and infant CPR. Automated external defibrillation is a required skill.

DESCRIPTION OF TASKS:

Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses the 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. May use equipment (based on competency level) such as, but not limited to, defibrillator, electrocardiograph, perform endotracheal intubation to open the airway and ventilate the patient, inflate pneumatic anti-shock garment to improve the patient's blood circulation, or stabilize injuries. Assists in lifting, carrying, and transporting the patient to the ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling the patient and undue haste, and searches for the 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, and provides additional emergency care following established protocols. Complies with regulations in handling the deceased, notifies authorities, and arranges for the protection of property and evidence at the scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, and asks for direction from hospital physician or emergency department. Observes patient in route and administers care as directed by the physician or the emergency department or according to published protocol. Identifies diagnostic signs that require communication with the facility. Move the patient into the emergency facility from the ambulance. Reports verbally and in writing concerning observations about the patient, patient care at the scene, and en route to the facility, and provides assistance to emergency staff as required. Maintains familiarity with all specialized equipment. 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, gasoline, water in battery and radiator, and tire pressure.

BACKGROUND CHECK

Licensure requires a criminal background check that will assess two categories of crimes:

- Students entering into the program may never have convictions, including a conviction for an attempt, conspiracy, or solicitation at any time from any state or jurisdiction for an offense listed in section 250.006(a) or (c) of the Texas Health and Safety Code or in section 301.4535 of the Texas Occupations Code as may be amended or recodified.
- Students entering into the program may not have convictions in the last five (5) full years from any state or jurisdiction for an offense listed in section 250.006(b) of the Texas Health and Safety Code as may be amended or recodified.

Students who have concerns about whether or not they will be accepted based on their background should consider submitting a preauthorization with the Texas State Department of Health Services at <https://www.dshs.texas.gov/dshs-ems-trauma-systems/criminal-history>

Class Schedules

Classes meet on Tuesday and Thursday from 5:00 p.m. to 9:00 p.m.

Courses

Upon registration into the program, you will be enrolled in 1 course for 8 credit hours:

- EMSP 1305-Emergency Care Attendant-Basic

At no time will a student register themselves for the EMSP courses.

CPR Certification Requirement

Students enrolling in this course must obtain an American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers CPR card.

- This certification must be completed no later than the third-class day of the program.
- Students who do not have a valid AHA BLS Provider card by that deadline will be withdrawn from the program.
- Heartsaver CPR courses (AHA or American Red Cross) will not be accepted, as they are not designed for professional healthcare providers.
- Weatherford College offers the required course through Workforce Education, and additional AHA BLS Provider courses can be found through local training centers or online searches.

Orientation

The orientation session is scheduled for May 21st at 5 PM. Failure to attend will also result in forfeiture of your spot.

Costs

One-time program tuition fee.

	Program Cost <i>(Regardless of Residency)</i>
Tuition	\$650
Parking Fee	\$30
Total	\$680

All tuition and fees are subject to change.

Additional Fees Outside of Weatherford College:

Lab Tracking Software:	Textbooks: <i>(Varies based upon place of purchase)</i>	Uniforms/Other Expenses: <i>(Varies based upon needs)</i>	NREMT Examination Fee: <i>(Per attempt)</i>
\$25	\$120	\$250	\$88

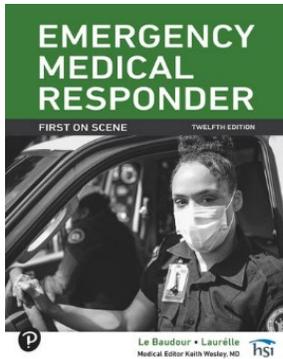
All additional fees are subject to change.

Books

To be successful in this program, you will need to purchase and read the course textbook. The textbook may be purchased from Pearson. The MyLab is not required to be purchased.

<https://www.pearson.com/en-us/subject-catalog/p/emergency-medical-responder-first-on-scene/P200000010399/9780138100407>

Emergency Medical Responder: First on Scene, 12th edition |Chris Le Baudour, Kaitlyn Laur elle, Keith Wesley| ISBN-13: 9780138100407



Class Supplies

Students will be required to purchase a stethoscope, pen light, and safety goggles for use during laboratory sessions. Purchase of a blood pressure cuff is encouraged. A laptop that is capable of internet access for use during class and homework. Students accepted into the program can rent one from the college.

Uniforms

The EMS Academy uniform must be worn in full each day unless otherwise directed by program faculty. Students are responsible for obtaining the following required items at their own expense:

- Light-blue EMS Academy uniform shirt (short- or long-sleeved)
 - EMR (ECA) Students: *Right sleeve (Backwards American Flag Patch)*
- Dark navy EMS/tactical-style uniform pants
- Academy program-specific T-shirt (worn as undershirt)
- Silver metal nameplate (first initial, last name, black lettering)
 - *Centered above the right chest pocket*
- Black leather inner belt
- Black polishable uniform boots
 - *All-black shoes may be worn in the classroom/lab only*
- Black crew socks (required with low-quarter shoes or boots)
- Wristwatch with a second hand (*subject to Director approval*)
- Pen and pocket notepad (*carried at all times*)
- Appropriate undergarments

Optional Items:

- Navy blue or black ball cap with the WC EMS Program logo only
 - *Permitted only during outdoor program activities*
- Cold weather wear: plain black soft-shell jacket with or without approved logos or navy quarter-zip job shirt with PSP-approved logo formats.
- Tattoo sleeves (for coverage): tan, white, or black only

Note: No part of the EMS uniform may be worn outside of Academy-related activities without prior authorization from the Program Director.

Uniform and Supply Vendors

Students who need to purchase uniforms may do so from any source. However, the uniforms must meet the specifications of the EMS program.

North Texas Uniforms- Provides pants, uniform shirts, under shirt, belts, patches, cold-weather wear, and boots.

151 College Park Dr. Weatherford, TX 76086

(817) 599-7160

MedEdTech - Provides all listed class supplies, name bar, under shirt, and cold-weather gear. www.medtechkits.com/wc-emr

Payment

Once registered, students are responsible for logging into Coyote Connect and making payments through the student finance portal. It is the student's responsibility to ensure a payment plan is in place before the drop dates outlined on the WC website.

This program does not qualify for financial aid or military funding.

You can enroll in a payment plan. All payment plans have a \$25 enrollment fee. Late payments are subject to a \$25 late payment fee. During the enrollment period for payment plans, follow the instructions below:

1. Log into Coyote Connect
2. Click *Student Finance*
3. Click *Payment/Refund Options*, and continue to Payment Center
4. Click *Enroll in Payment Plan*
5. Select the Term, review, and select an available plan, click *Continue*
6. Click *Display Payment Schedule*. Payment amounts and due dates will display. Click
7. In the Payment Method list, select the preferred payment method. Options are:
 - New Electronic Check
 - Credit or debit card
 - Previously stored information
 - **If scheduled payments are required, the \$25 enrollment fee will be charged immediately, and monthly payments will automatically post on the due dates.**
8. Read the Payment Plan Agreement
 - Click *I Agree*, then click *Continue*
9. Read the ACH agreement and click the "I agree to the above terms and conditions" box, then click

Additional charges, adjustments, or payments on the student account that occur after enrollment in a payment plan may result in an adjustment to your plan. If this occurs, an email will be sent explaining the effect on the payment plan amounts.

Effective immediately, students who have had 4 failed payments within one long semester will be restricted from enrolling in a payment plan through the next long semester. The balance must be paid in full.

Scholarship Opportunities: <https://wc.edu/paying-for-weatherford/scholarship-opportunities/index.php>

Disability Accommodations

Students or prospective students with disabilities can contact the Office of Disabilities and Accommodations. The Office of D/A exists to assist students with documented disabilities as they pursue their goal of a college education. The office serves as a liaison between students and the college in matters of communication and action toward the achievement of reasonable accommodations. Each student is encouraged to act as his or her advocate and take the major responsibility for securing accommodations. The Office of D/A provides students with the voluntary and confidential means to seek accommodations for academic and related needs. Early and regular contact will ensure the timely identification of needed services and the location of resources and options available to the student.

Eligibility for disability services at Weatherford College is dependent upon the nature of the disability and its impact on learning. A disability is defined as any mental or physical condition that substantially limits an individual's ability to perform one or more major life activities. These disabilities may be: physical, visual, or auditory, neurological, or psychological in nature, and also include chronic health problems and learning and communication disorders.

The Office of D/A is located in ACAD 121. Due to the high volume of students who receive services through this office, it is highly recommended that students make appointments with the counselor in the Office of Disabilities and Accommodations located in Student Services or call 817-598-6350.

Step-by-Step Instructions for Program Registration for the EMR (ECA) Program

STEP 1: READ THE LETTER FROM THE PROGRAM COORDINATOR ON PAGE 2 AND THE ESSENTIAL FUNCTIONS ON PAGE 3.

Confirm that you can meet the program's physical and mental requirements and that you are taking this course for its intended purpose.

STEP 2: APPLY TO WEATHERFORD COLLEGE

1. **Online Application:** Visit www.WC.edu and click "Apply Now". Select the appropriate checklist based on previous or new college experience and follow the checklist steps.
2. **List Major on Application:** Emergency Medical Technician-Basic Certificate
3. **Submit official copies of all transcripts (High School and Any College) online to the College AND bring hard copies to the coordinator.**
4. **Complete the TSI English, Math, and Reading/Writing Exam (unless exempt as a college graduate or veteran):** If Military, please contact Tammy Peters at 817-598-6243. This program does not set a requirement for scores.

STEP 3: APPLY TO THE EMS PROGRAM

SUBMIT THE FOLLOWING DOCUMENTS TO THE EMS COORDINATOR IN-PERSON OR BY EMAIL BEFORE THE PROGRAM REGISTRATION DEADLINE:

- 1) Fill out the application/personal history statement and cadet waiver form located at the back of the packet.
 - The cadet waiver form must be signed in front of a notary. *(Submit in-person)*
- 2) Proof of Meningitis Vaccine (if under 21): Provide proof of a meningitis vaccine within the last 5 years to the coordinator.
- 3) Proof of an American Heart Association BLS Provider CPR Card or schedule course date (See page 5 for more information)
- 4) Color copy of driver's license front and back. *(Submit in-person)*

STEP 4: SET UP STUDENT EMAIL

All communication occurs through the WC email assigned to the student. Visit www.wc.edu, click on "Current Students," and then "Student Email." Set up your student email on your phone, tablet, or computer. ***If you encounter issues:*** Contact Technology Services at (817) 598-6364.

STEP 5: WAIT FOR REGISTRATION EMAIL FROM THE COORDINATOR

After submitting Steps 3 and 4, students will need to regularly monitor their Weatherford College email for confirmation of their registration to the program. Once notified, it is the student's responsibility to complete payment arrangements with the college. Failure to make payment by the college's mandatory deadline will result in the student being dropped from the course.

STEP 6: OBTAIN UNIFORM, SUPPLIES, AND BOOKS

Once registration into the program has been confirmed. Students may begin making arrangements to obtain their uniform, books, and supplies.

STEP 7: ATTEND MANDATORY ORIENTATION



Weatherford College EMS Department



Application and Personal History Statement

Name: _____

Sponsor/Agency: _____

Program Applying for: EMT
 Paramedic
 EMR (ECA)

Date of Application: _____

Year / Semester Applying For: _____

Instructions:

This personal history statement is a required part of the application for the EMS programs. It will be turned in when you come for your interview (EMT) or entrance exam (Paramedic). This meets part of the background check requirement, so it is imperative that you follow the directions.

1. Your application must be typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

Section 1: Personal Information

Weatherford College Student ID Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Other names used: _____

Date of Birth: _____ Social Security #: _____

Driver License #: _____ State: _____ Exp Date: _____

Do you have a reliable form of transportation? Yes No

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home #: _____ Work #: _____

List Email Addresses:

Emergency Contact Name: _____ Relation: _____

Phone Number: _____ Alt. Phone Number: _____

Alt. Emergency Contact Name: _____ Relation: _____

Phone Number: _____ Alt. Phone Number: _____

Section 2: Education

Have you ever attended an EMS course? Yes No

If yes, give dates and program(s) attended.

A. Academy Name: _____

From Date: _____ To Date: _____

Location (City, State) : _____

Program Coordinator or Lead Instructor Name: _____

Contact number: _____

Did you graduate? Yes No

B. Academy Name: _____

From Date: _____ To Date: _____

Location (City, State) : _____

Program Coordinator or Lead Instructor Name: _____

Contact number: _____

Did you graduate? Yes No

Educational History

NOTE: You will be required to furnish transcripts for high school and colleges or universities.

Check applicable: High School Diploma GED

Last high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

2. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

List all colleges or universities attended:

1. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

Degree Earned: _____ Total Credit Hours: _____ GPA: _____

2. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

Degree Earned: _____ Total Credit Hours: _____ GPA: _____

3. Name: _____ City: _____ State: _____
 From Date: _____ To Date: _____ Did you graduate? Yes No
 Degree Earned: _____ Total Credit Hours: _____ GPA: _____

List any trade, vocational, or business schools/institutes attended:

1. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

2. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

3. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

Have you taken the following classes:

1. Medical Terminology	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
2. Anatomy and Physiology 1	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
3. Anatomy and Physiology 2	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

Section 3: Experience and Employment

List ALL jobs you have had in the last 3 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).

1. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

2. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

3. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

Section 4: Additional Questions

1. Have you been convicted of any charge that would preclude you from gaining approval from the State of Texas to practice as an EMS provider? Yes No

2. Are you or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability? Yes No

3. Do you have, or have you ever had, a tattoo signifying membership in or affiliation with a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability? Yes No

4. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Yes No

If you answered "Yes" to any of the above 4 questions, give details, dates, and circumstances. Indicate the corresponding question number.

Why are you interested in earning an EMS certification?

(If applying for Paramedic Program)

If you have no previous medical industry experience, please provide us with any relevant work experience in which you have acquired skills, knowledge, and/or attributes which are necessary to be a paramedic.

Section 5: Social Media Sites

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat, etc.)?

Yes

No

List all social media sites, blogs, and websites that you have created. Provide the website URL and your username.

Section 7: Additional Space

If there is any additional information that does not fit elsewhere on this form (e.g., additional schools, employers, explanations to questions, etc.) use this box. Make sure to identify the corresponding section, question number, and specific item being referenced.

