

Visit www.weber.edu/eh for information on application deadlines for each cohort.

Visit www.weber.edu/eh for information on application deadlines for each cohort.

- **Background Criminal Investigation – Urine Drug Screening – Immunizations:**
 - These items must be completed by all accepted applicants through **Verified Credentials**. Please plan on a \$110 fee due at the time you create the account (fee is subject to change without notice)
 - Further information will be included in your acceptance package
 - **Do not create your Verified Credentials account until you hear from the department confirming your acceptance status in the upcoming cohort.**

Weber State University Paramedic

Program Drug Screen & Background

Check

Testing Guidelines

Urine Drug Screen:

Certified Laboratories/MRO:

Drug Test 9 - Panel + ecstasy, oxycodone & 6-AM

Testing a urine sample for the presence of substances that include the following. All positive drug screens should be reviewed by an MRO to prevent legal liability.

Marijuana (THC, Cannabinoids)
Opiates/morphine (not synthetic, not oxy)
Amphetamines (includes meth)
Cocaine
PCP
(phencyclidine)
Benzodiazepine
Barbiturate
Propoxyphene
Methadone

Visit www.weber.edu/eh for information on application deadlines for each cohort.

Failed Test:

The presence of illegal drugs without MRO justification.

The presence of prescription drugs and/or metabolites for which the tested individual does not have a current prescription.

Diluted, tampered, or questionable urine sample.

Criminal Background Check:

Upon review, relevant considerations include:

The time, nature, and number of convictions.

How the conviction bears upon the duties of the job; and
successful efforts towards rehabilitation.

If the conviction is of sexual or violent nature, or involved drugs, the individual would not be eligible for clinical rotations. This is automatic exclusion criteria for all clinical and field agencies.

Visit www.weber.edu/eh for information on application deadlines for each cohort.

Weber State University Paramedic Program

IMMUNIZATIONS

Immunizations listed may be revised as recommended by the Centers for Disease Control and Prevention ("CDC") or our clinical or field sites. Such revised revisions shall become binding upon and adhered to by the parties on and after the effective date as designated by the CDC or by the clinical or field sites. Immunizations listed may or may not be a requirement of the CDC, clinical or field sites, regardless of the requirements of the University. Any exemption from the listed immunizations is at the discretion of the clinical or field sites and may delay or restrict the completion of the paramedic program.

1. **Tuberculosis screening requirements.** One of the following:
 - a. 2-step TST (2 separate Tuberculin Skin Tests, aka PPD tests) within three weeks of each other. The last TST should be completed at the time the student/worker begins their training/work assignment at any healthcare facility. This is an annual requirement
 - b. One (1) QuantiFERON Gold blood test with negative result
 - c. One (1) T-SPOT blood test with negative result
 - d. If previously positive to any TB test, student/worker must complete a symptom questionnaire and have a chest X-Ray read by a radiologist with a normal result. If chest X-Ray is abnormal, the student/worker needs to be cleared by their physician or local health department before beginning their training/ work assignment at any healthcare facility
2. **COVID-19 vaccine(s)** – one (1) or two (2) shot series.
3. **Measles (Rubeola), Mumps and Rubella requirement.** One of the following:
 - a. Proof of two (2) MMR vaccinations
 - b. Proof of immunity to Measles (Rubeola), Mumps and Rubella through a blood test (Positive Surface Titer)
4. **Tdap**
 - a. Proof of one (1) Tdap vaccination after age ten (10) and updated every ten (10) years
5. **Varicella (Chicken Pox) requirement.** One of the following:
 - a. Proof of two (2) Varicella vaccinations
 - b. Proof of immunity to Varicella through a blood test (**Positive Surface Titer**)
 - c. Healthcare provider documentation of varicella disease
6. **Flu vaccination**
 - a. Proof of annual influenza vaccination administered after August 1st of the incoming flu season.
7. **Hep B** The Hepatitis B series should be offered to anyone who is at risk for an occupational exposure, which is defined as someone with a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their duties. One of the following should be performed:
 - a. Documentation of three (3) Hepatitis B vaccinations and blood test with "Reactive" result
 - b. Documentation of three (3) Hepatitis B vaccinations given less than 8 weeks prior to

start date with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has a significant exposure to blood or body fluids)

- c. Blood test with “Reactive” result (**Positive Surface Titer**)
- d. Documentation of six (6) Hepatitis B vaccinations with blood test result of “Not Reactive” (this person is considered a “Non-Responder”)