EKG General Course Information

EKG Technician:

The EKG Technician course provides students the skills need to work as EKG technicians in hospitals and cardiac care facilities. This course will cover the fundamentals of cardiovascular anatomy and physiology. This course includes basic electrocardiography procedures, interpretation of basic dysrhythmias, and appropriate treatment modalities. This course will prepare you for the ASPT (EKG) Technician exam.

Course Objectives:

- To provide the skills and knowledge necessary to sit for state and national certification exams.
- To provide fundamental training in the function and proper use of the EKG machines, the normal anatomy of chest wall for proper lead placement, 12 lead placement, and other clinical practices.

Course Information:

ECRD
4.5 Continuing Education Units
6 Weeks/45 Hours
$338.00
Location: Paramount Building, 301 N. Market Street, Room TBA
*No Clinical Available

The national ASPT EKG exam is $85.00 (subject to change). The instructor will provide application and test fee information during the first week of class.

Supplies:

EKG caliper and ruler

Admission Requirements:

Admission to the EKG Technician course is available to any interested student who meets the following:

1. High School diploma or GED equivalent (or concurrent enrollment with GED must provide registration information)
2. Current CPR certification (see El Centro’s current schedule for next available CPR courses) MUST BE AHA BLS
   [http://www.elcentrocollege.edu/Program/CE/schedule/](http://www.elcentrocollege.edu/Program/CE/schedule/)
3. WorkKeys Test Score: Reading for Information (4) will accept a (3) with concurrent enrollment in courses such as Workforce Prep, GED, or other Program of Study.

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Certificate Requirements:
Complete ECRD.1011 in order to take the national exam. Students will need to pass the (EKG) Technician exam administered by the American Society of Phlebotomy Technicians (ASPT).

Application Form

Applicants to Continuing Education health courses are responsible for retaining a photocopy of all documentation submitted for their personal records. Once this documentation has been submitted to Continuing Education the documentation becomes the sole property of Continuing Education and will not be returned nor photocopied for the applicant, their instructors or any other party.

Continuing Education Health Careers

DCCCD STUDENT ID NO. / / DATE

NAME BIRTHDATE

ADDRESS

TELEPHONE ( ) ( )

EMAIL

*submit a good email that you check regularly. This is how you will be notified of enrollment approval and next steps.

HEALTH QUESTIONNAIRE - (To be completed by the applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? Yes ____ No ____

Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health profession? Yes ____ No ____

Do you have any other condition which might interfere with your ability to practice a health profession? Yes ____ No ____

If you have answered "yes" to any of the above, please explain your limitations in detail below:

I certify that the information provided by me is complete and accurate.

___________________________________________ ________________________
Applicant’s Signature Date

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