

EMERGENCY MEDICAL TECHNICIAN
Class #23
Grand County EMS

80% GPA Required for Passing

HOURS

Classroom & Lab.....	160
Clinical Rotations.....	32
TOTAL CLOCK HOURS	192
(14 Week 2018)	
May 21, 2018 thru August 25, 2018	
Registration Deadline 5/1/2018	

Required Texts

All texts are subject to change

AAOS: Emergency Care and
Transportation of the Sick and Injured
11th ed Text
(Included in the price of the class)

STUDENT ELIGIBILITY

Step I – Prerequisites: Copies of the following MUST be submitted at the time of application:

- COMPLETED APPLICATION (signed & dated)
- Birth certificate, driver's license or other documentation of applicant's age.
 - (18 years minimum requirement for National Registry Certification)
- Documentation of high school diploma, GED, college transcript or college diploma or letter of good standing from current high school
- Current health care provider CPR
- Tuition paid in full (\$1200.00) by the registration deadline
- Minimum of 5 students must be registered for the class to make.

Step II - Submit application by class registration deadline. Registration deadline is May 1, 2018 by 5:00 pm. Incomplete applications, including missing documentation or processing fees, will be returned.

Step III - Student acceptance

Candidates meeting all prerequisites will be accepted into the program based upon space available. Successful candidates will be notified.

Step IV - Upon acceptance into the course the following items will be required:

- Physician's verification of good health within the last 12 months or letter from Response agency attesting to receiving annual physicals.
- Proof of Measles, Mumps, and Rubella Vaccination/Illness Immunity Record.
- Hepatitis B Vaccination Series (started).
- Flu Vaccine Seasonal
- Tdap—Pertussis booster is highly recommended.
- Tuberculosis Testing (PPD only acceptable test) within the last 6 months
- Urine drug screen within the last 30 days prior to registration deadline.
- Student background check thru Student Check prior to in hospital clinical time (\$49.50-student's responsibility, information provided first day of class—please do not add this in the tuition paid)
- Obtain student uniform for clinical time-information given the first day of class.

Submitting an application does not guarantee acceptance into the program. **ONLY COMPLETED APPLICATIONS** (including required documentation & application fee) will be processed. Incomplete applications will be returned. Students failing to submit physician's verification of good health including MMR record, hepatitis B vaccination, flu vaccine and/or tuberculosis testing, prior to the start of clinicals, will not be allowed to finish the program and will need to re-apply for admission. Acceptance into course will depend upon space available.

CANCELLATION POLICY:

Individuals canceling five (5) business days prior to the first day of class will be refunded the registration fee **less an enrollment processing charge of \$50.00 and the cost of the EMT book.** If St. Anthony's or Grand County EMS cancels the courses, a 100 percent refund will be given. The refund will be exclusive of books, tools, and supplies.

EMT TRAINING

The EMT must respond quickly, care for a patient with skill and knowledge, and competently transport the patient to the correct medical facility. Some of their duties, which are included in this course, are management of the airway, oxygen administration, bleeding control using compression, shock treatment, bandaging and splinting, environmental (heat/cold) emergencies, emergency childbirth, Hazmat awareness, and auto extrication. This course includes 160 hours of instruction with the new Department of Transportation curriculum, 32 hours of clinical experience in the emergency room, triage, and on an ambulance. The principles of auto extrication are also presented. The course concludes with written and practical examinations in accordance with the National Registry of Emergency Medical Technicians regulations.

CERTIFICATION:

Successful completion requires you pass both a final written and a practical examination conducted according to the National Registry of Emergency Medical Technicians. Graduates will be eligible to test for certification as an EMT with National Registry of Emergency Medical Technicians.

This Institute does not discriminate on the basis of race, color, national origin, ancestry, marital status, gender, sexual orientation, religion, age, disability, or veterans status.

We reserve the right to cancel/alter courses.

Grand County EMS
PO Box 1457
81 W. Agate Ave.
Granby, CO 80446
970-887-2732
Fax: 970-887-1698
Contact Person:
Education Division
Audrey Jennings
ajennings@co.grand.co.us

Applicants may apply in person or by mail.

**APPLICATIONS MISSING ANY DOCUMENTATION or
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

ST. ANTHONY HOSPITAL

EMERGENCY MEDICAL TECHNICIAN PROGRAM APPLICATION

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ e-mail _____

Date of birth _____

Fire/medical response agency affiliation (if applicable) _____ years with agency _____

**PHOTOCOPIES OF ALL DIPLOMAS, CERTIFICATES and COLLEGE TRANSCRIPTS
MUST ACCOMPANY THIS APPLICATION**

CERTIFICATIONS

CPR Healthcare Provider Certification	Issued by _____	expiration date _____
EMT Certification	Issued by the state of _____	expiration date _____
EMT-Intermediate Certification	Issued by the state of _____	expiration date _____
National Registry * Level _____	number _____	expiration date _____

EDUCATION

Initial EMT	School _____	year attended _____
Initial EMT-Intermediate	School _____	year attended _____
IV Approval Course	School _____	year attended _____
EKG Course	School _____	year attended _____
Anatomy & Physiology I	College _____	year attended _____
Anatomy & Physiology II	College _____	year attended _____
High School _____	years of attendance _____	diploma ___ GED ___
College _____	years of attendance _____	degree _____
additional (list) _____		

WORK EXPERIENCE (starting with current employer)

Company	Address	Phone	Dates of employment
1. _____			
2. _____			
3. _____			

List two friends or relatives who may be contacted in an emergency.

Name	Phone	Relationship

Have you ever been convicted of a felony? yes _____ no _____
If yes, please explain.

I have previously attended courses at St. Anthony yes _____ no _____

I would like to continue my education and become a paramedic. yes _____ no _____

STUDENT AGREEMENT: I understand that should I fail to comply with any of the specified requirements of this application, or if I have made any misrepresentations in the information contained herein, that I could be dismissed or my certificate of completion withheld, without refund of tuition and/or fees paid. I further understand that acceptance into any course is left to the discretion of the Institute and available space. I also understand that submission of an application does not guarantee acceptance into the program.

In addition, I understand that I am (or my legal guardian) responsible for payment of all fees and tuition **IN FULL**, by the registration deadline, unless other arrangements for payment have been made in advance. I further understand that I am responsible for providing my class apparel, books, and other personal items needed for successful course completion.

Applicant's signature

Date

Print name

Legal guardian (if student is under 18)

Date

This Institute does not discriminate on the basis of race, color, national origin, ancestry, martial status, gender, sexual orientation, religion, age, disability, or veteran's status. We reserve the right to cancel any program that does not meet the minimum number for student enrollment.

**ST. ANTHONY HOSPITAL
INSTITUTE OF EMERGENCY MEDICAL TRAINING
STUDENT HEALTH INFORMATION**

Students/agency personal are required to supply health and immunization information prior to participating in class and/or the clinical area. If there are any questions, you may contact our office at 970-887-2732.

Please complete the following questions – use the back of page if necessary:

Are there any physical limitations that may prevent you from fulfilling the functional and physical requirements of the class/clinical? If yes, explain _____

Are there any medications you are taking that might prevent you from fulfilling the functional and physical requirements of the class/clinical? If yes, list medication _____

Have you had any previous workman's compensation injuries? If yes, explain _____

IMMUNIZATION RECORD (attach documentation)

A. MMR record (Measles, Mumps, and Rubella) and Chicken Pox

1st date received: _____ 2nd date received: _____

Chicken Pox vaccination (if given separate) _____

or Date of Illness: Red Measles _____ 3-Day Measles _____ Mumps _____ Chicken Pox _____

Note: Individual born prior to 1957 may not have been vaccinated.

Individuals born since 1957 will need documentation of 2 measles vaccinations since 1967.

B. Tuberculosis Testing (PPD only acceptable test and within the last 3 months)

Date Tested: _____ Date Read: _____ Positive/Negative (circle one)

If you have tested positive for TB, you need to bring proof of successful follow up treatment.

C. Hepatitis B Vaccine (3 shot series - must have received at least 1st shot)

Date 1st vaccine received: ____ 2nd vaccine received: ____ 3rd vaccine received: ____

Titer Date (if applicable): _____ Results: _____

STUDENT AGREEMENT: I understand that should I fail to comply with any of the specified requirements of this form, or if I have made any misrepresentations in the information contained herein, that I could be dismissed from the clinical area and/or program.

Print Name _____ Date of Birth _____

Signature _____ Date _____

_____ Date _____

Signature of Legal Guardian (if student is under 18)