



Kitsap County EMS and Trauma Care Council Emergency Medical Technician Course

Further information contact: Joe Schweiger, EMS Training Coordinator
e-mail: joe@kitsapcountyems.org Phone: 360-447-2068

Class Starts: September 6, 2017 **Class Ends:** December 16, 2017
Course days and times: Monday, Wednesday and Friday 6:00 P.M. to 10:00 P.M.
and selected Saturdays. 09:00 A.M. to 5:00 P.M.

Location: To be determined

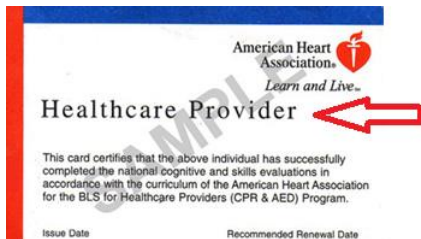
Course Description:

This course will prepare students to provide emergency medical care to the sick and injured. The course content will be delivered through reading assignments, classroom lecture, handouts, workbooks, and practical exercises. Students are required to perform a hospital rotation and field rotations on an ambulance. This prepares the student to take and pass the National Registry of EMT's registration exam. Successful completion of the National Registry exam is required for Washington State certification.

This is a very difficult course of study! The student should expect to spend a minimum of 3 to 4 hours of study time each day outside of the classroom. **Students, who have not had higher than average academic success in the past, will find this course very difficult.**

Student Prerequisites:

- Must be 18 years old and have a High School Diploma or GED
- **Proof of the following current Professional CPR Training courses** (no others will be accepted).
 - American Heart Association **Health Care Provider CPR Card**



Proof of CPR course completion must be turned in before August 3, 2017

- Show proof of reading comprehension by showing one of the following:
 - An Associates Degree or higher from an accredited college or university.
 - An Accuplacer test score qualifying the student for English 101 or completion of English 101 or equivalent from an accredited post-secondary institution.
 - A passing score of 75% on the "*I/O Solutions Selection Inventory Test*".

The I/O Solutions Test will be given on August 10th or 11th 2017.

Contact joe@kitsapcountyems.org for more details.

Student Immunizations:

All students who participate in the Emergency Medical Technician – Basic course in Kitsap County must show proof of the following immunizations:

- MMR (measles, mumps, rubella) vaccination or titer proof of immunity.
- TB testing within the last year.
- Tetanus vaccination within the past 10 years.
- Hepatitis B vaccination.
- Varicella vaccination or titer proof of immunity.
- Current seasonal flu shot.

Proof of immunizations must be turned in before August 31, 2017!

Computer Requirement:

Each student needs to have access to a computer with a **reliable** internet connection. This is necessary to take the required quizzes and tests. Access to a printer is also necessary.

Criminal Background Check:

All students must pass a Washington State Patrol criminal background check prior to beginning any clinical or field rotation. Forms for the criminal background check will be filled out with your course application. These criminal background checks are performed by the Kitsap County EMS and Trauma Care Council.

Course Tuition:

Course tuition includes required textbook, on-line workbooks, and National Registry Test prep program.

Kitsap County EMS and Trauma Care Council stakeholder organization affiliated students: \$650.00

Northwest Region Fire and EMS organization affiliated students: \$750.00

Unaffiliated students: \$850.00

Registration Deadline:

Applications are taken up to the September 6, 2017, or until the course is full.

Priority placement is given to students affiliated with KCEMS&TCC stakeholder organizations then NW Region EMS agencies up to July 18, 2017. **All fees are due immediately upon acceptance to the class.**

Cancellation / Withdrawal Policy:

- Students who cancel or withdraw two business days before the course begins will receive a full refund.
- Students who withdraw on September 6-12, 2017 will receive 50% of the course tuition.
- No refunds will be given after September 12, 2017.

**Kitsap County EMS Council
EMT TRAINING COURSE APPLICATION**

Applicant Name _____
Last First Middle

Mailing Address _____
Street City State Zip

Telephone _____
Primary Alternate

Email address: _____

Print Legibly

EMT Course Check List

- _____ I am or will be at least 18 years of age at the beginning of the course.
- _____ I have attached a copy of my **HealthCare Provider CPR** or a note with the date in which I am scheduled to take this course.
- _____ One of the following proofs of reading proficiency:
 - An Associates Degree or higher from an accredited college or university.
 - An Accuplacer test score qualifying the student for English 101 or completion of English 101 or equivalent from an accredited post-secondary institution.
 - A passing score of 75% on the “*I/O Solutions Selection Inventory Test*”.
- _____ I have completed and attached a “*Request for Conviction Criminal History Record*” form.
- _____ I have attached or will have proof of the following records of immunization:
 - MMR vaccination
 - TB test within last year
 - Tetanus vaccination within last 10 years
 - Hepatitis B vaccination (must have proof of at least the first of the series)
 - Varicella vaccination or proof of titer
 - Seasonal Influenza Vaccination
- _____ I have access to a computer with reliable internet access.
- _____ I have this form signed by the appropriate affiliated agency representative (if affiliated).

Agency Affiliation: Please provide the following information for the agency sponsoring your attendance in the course.

Agency Name _____ Phone _____

Mailing Address _____

Affiliated agency signature:

Chief/Supervisor _____
Print Signature Date

Completion of this application does not guarantee admission to the EMT class. Applications will be reviewed and information verified. Applicants shall be notified by e-mail or phone regarding their acceptance to the class.

I have read and understand all of the above requirements that are mandatory for my enrollment into this EMT training class.

Signature _____ Date _____

Please return this application with payment to:

Kitsap County EMS and Trauma Care Council
5300 NW Newberry Hill Road
Silverdale, WA 98383

or

by Digital File to joe@kitsapcountyems.org

Payment should be by: Check, Money Order or Organization Purchase Order

For further information you may contact:

Joe Schweiger, EMS Training Coordinator

Email: joe@kitsapcountyems.org

Phone: 360-447-2068



WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle
Alias/Maiden Name: _____
Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year
Social Security Number: _____ Drivers Lic. Number/State _____ / ____
(optional)

Information for this background check is for the sole purpose of the KCEMS&TCC EMT training course.

Please complete this form and submitted with your EMT course application.

Thank You