



# Kitsap County EMS and Trauma Care Council Emergency Medical Technician Course

Further information contact: Joe Schweiger, EMS Training Coordinator  
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**Class Starts:** September 5, 2018                      **Class Ends:** December 15, 2018  
**Course days and times:** Monday, Wednesday and Thursday 6:00 P.M. to 10:00 P.M.  
and selected Saturdays. 09:00 A.M. to 5:00 P.M.

**Location:** Central Kitsap Fire and Rescue  
Station 41 – 7600 Old Military Rd. NE, Bremerton, WA 98311

### 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 an American Heart Association Health Care Provider CPR Card.**



**Proof of CPR course completion must be shown of the first day of class.**

- 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 15<sup>th</sup> or 16<sup>th</sup>.**

**Contact [joe@kitsapcountyems.org](mailto: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 on the first day of class!**

### **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: \$850.00

Unaffiliated students: \$850.00

### **Registration Deadline:**

Applications are taken up to the August 31, 2018 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 23, 2018. **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 5-10, 2018 will receive 50% of the course tuition.
- No refunds will be given after September 10, 2018.

**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 will have a copy of my **BLS Provider CPR** or a note with the date in which I am scheduled to take this course on the first day of class.
- \_\_\_\_\_ 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 will have completed a *“Request for Conviction Criminal History Record”* form and bring it with me on the first day of class.
- \_\_\_\_\_ I have have proof of the following records of immunization on the first day of class:
- 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 (if it is available before the start of the class).
- \_\_\_\_\_ I have access to a computer with reliable internet access.
- \_\_\_\_\_ I have this form signed by the appropriate affiliated agency representative (if affiliated).

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**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](mailto:joe@kitsapcountyems.org)

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

**For further information you may contact:**

Joe Schweiger, EMS Training Coordinator

Email: [joe@kitsapcountyems.org](mailto:joe@kitsapcountyems.org)

Phone: 360-447-2068

