



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 4, 2019 **Class Ends:** November 16, 2019
Course days and times: Monday, Wednesday and Friday 6:00 P.M. to 10:00 P.M.
and Saturdays. 09:00 A.M. to 4:00 P.M.

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

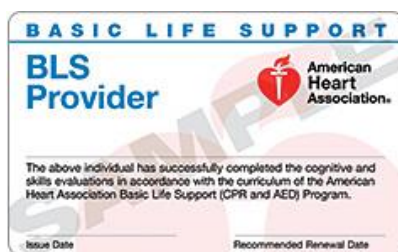
Course Description:

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. (High School AP courses will not be consider adequate for this requirement.)
 - A passing score of 75% on the “*I/O Solutions Selection Inventory Test*”.

The I/O Solutions Test will be given on August 5th or 6th.

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. (When it is available)

Proof of immunizations must be turned in 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 on the first day of class. 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 September 4, 2019 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 26, 2019. **Tuition must be paid in full on the first day of class!**

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

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 4, and 9, 2019 will receive 50% of the course tuition.
- No refunds will be given after September 10, 2019.

Do not return the above pages with your application!

Kitsap County EMS Council
EMT TRAINING COURSE APPLICATION
(Please write very legibly)

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 successfully completed High School.
- _____ I will have a copy of my **BLS Provider CPR** or approved equivalent 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.
 - Completion of English 101 or equivalent from an accredited post-secondary institution.
 - An Accuplacer test score qualifying the student for English 101
 - A passing score of 75% on the “*I/O Solutions Selection Inventory Test*”.
- _____ I will 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 and printer.
- _____ I have this form signed by the appropriate affiliated agency representative (if affiliated).

Agency Affiliation: Please provide the following information if an agency is sponsoring your attendance in the course. (Sponsorship is not necessary for course attendance.)

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 all information verified. Applicants shall be notified by e-mail or phone regarding their acceptance to the class.

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

Signature _____ Date _____

Return the application as follows

By mail or in person to
Kitsap County EMS and Trauma Care Council
5300 NW Newberry Hill Road
Silverdale, WA 98383

(Applications may be accepted Monday through Friday 9:00 A.M to 4:00 P.M.)

or

by Digital File to

info@kitsapcountyems.org

(No photographs of the application will be accepted.)

For further information you may contact:

Joe Schweiger, EMS Training Coordinator

Email: joe@kitsapcountyems.org

Phone: 360-447-2068