



Kitsap County EMS & Trauma Council

Emergency Medical Technician Course

EMS Training Application

Further information contact: Tamarah Hoffman, EMS Training Coordinator
e-mail: training@kitsapcountyems.org Phone: 360-447-2068

Class Starts: September 6, 2021

Class Ends: December 11, 2021

Course days and times: Monday, Wednesday and Friday 6:00 P.M. to 9:00 P.M.
and Saturday Full day. Time dependent upon COVID restrictions

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

Course Description:

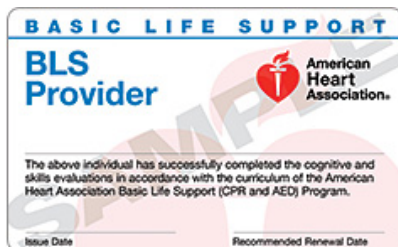
This course will prepare students to provide emergency medical care to the sick and injured. The course content will be delivered through reading assignments, classroom lecture, handouts, workbooks, and practical exercises. Students are required to perform a hospital rotation and field rotations on an 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 attached to application for the application to be complete and considered for the course.

1. Must be 18 years old and have a High School Diploma or GED
2. Proof of a Health Care Provider CPR Card.

DO not get the Adult CPR Card. You need the higher level BLS provider Card.



Example of an American Heart Health Care Provider card.

3. Show proof of reading comprehension by **one** of the following ways:
 - An associate degree or higher from an accredited college or university. **OR**
 - Completion of English 101 or equivalent from an accredited post-secondary institution (High School AP courses will not be considered adequate for this requirement.) Proof of English 101 can be provided by **unofficial** college transcript. **OR**



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- An Accuplacer test score qualifying the student for English 101. An Accuplacer test be done at: <https://www.olympic.edu/services/assessment-testing-services/accuplacer-assessment>

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)

A COVID vaccine is required, have you had a COVID vaccine? _____
If not at this time, will you be getting your vaccine when your phase is available? _____

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 must be completed with application to be complete. These criminal background checks are performed by the Kitsap County EMS and Trauma Care Council.

Course Tuition:

Student Initials:

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

Course cost: \$1400

Course cost for KCEMS&TCC: \$1300 with multi-state background check included with student.

Timeline of application and payment:

- June 15th: KCEMS Applicants preferred entrance deadline is closed.
- June 20th: All approved applications will receive an invoice for the full amount along with background check application via email by Kitsap County EMS.
- June 25th: \$ 400 non-refundable fee and background application is due.
- June 26th: All students who have not paid their \$400 deposit are removed from class next applicant will be moved into their spot.



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- September 1st: (One week prior to class) The remaining \$1000 tuition must be paid in full . NO EXCEPTIONS!
- September 2nd: All students who have not paid their remaining tuition are removed from class next applicant will be moved into their spot. They do not receive their \$400 deposit back.

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

Cancellation / Withdrawal Policy: Student Initials: _____

- Students who cancel or withdraws before the course begins, will receive a refund minus all fees/supplies (\$400).
- Students who withdraw during the first week of class, will receive 50% of the course tuition.
- **No refunds will be given after the first week of class.** Student Initials: _____

Registration Deadline: Student Initials: _____

- Applications are taken up to August 1, 2021, 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 June 15th, 2021.
- Course must have a minimum of 13 students to commence. If the minimum amount of students have not be reached by deadline, all enrolled students will be notified immediately and receive a full refund.

Application DEADLINE: August 1st



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Student Name: _____

First

Middle

Last

Contact Phone: _____ T-shirt size: _____

Email: _____

To complete the application student must attach proof of the following:

YES	NO	
		I am or will be at least 18 years of age at the beginning of the course
		A current Health Care Provider CPR Card
		High School Diploma or Equivalent
		Immunization record.
		TB skin test within past 12 months/completed
		Proof of reading proficiency (see examples listed above).
		A valid driver’s license
		I have access to a computer with reliable internet access and printer.
		I have read and understand the payment and withdrawal policy above
		I have this form signed by the appropriate affiliated agency representative (if affiliated).

****If a no box is checked on any of the items above request for variance MUST BE FILLED OUT.**

****If you have a documented learning disability and you like to have available alternative testing methods, please contact the training coordinator.**

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: (Signature Required)

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

Sponsoring EMS Agency Payment _____

Billing email: _____

*Responsible party signature(required) _____ Title: _____

The 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.



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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:

Email application with attached documents to info@kitsapcountyems.org (No photographs of the application will be accepted.)

For further information you may contact:

Tamarah Hoffman, EMS Training Coordinator

Email: training@kitsapcountyems.org

Phone: 360-447-2068