

Kitsap County EMS & Trauma Council

Emergency Medical Technician Course

EMS Training Application



For further information contact: Tamarah Hoffman, EMS Training Coordinator,

training@kitsapcountyems.org

Phone: 360-447-2068

Class Starts: Nov 1, 2022

Class Ends: December 16, 2022

Course days and times: Online- at your own pace chapters Monday – Thursday
Skills lab Friday: 900hrs. to 1700 hrs

Location: Olympic Ambulance
2502 Cherry Place, Bremerton, WA 98310

Course Description:

This course prepares students to provide emergency medical care to the sick and injured. The course's content is delivered through reading assignments, online lectures, and practical exercises. Students are required to perform a field rotations on an ambulance. This course 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.

Student Prerequisites: The following documents must be attached to the application to be complete and considered for the course. Applications are noted by taking of received and date of completion. Students may turn in an incomplete application to be noted for the class. However, they will not be considered for a seat unless the application is complete. **Class seats are allocated by the application's completion date.**

Student Requirements and Immunizations:

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

- Washington DOH Credential (PNR, Physical therapist, etc.)
- 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, Please attach a copy of your COVID vaccination card to your application.

Student Initials:

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Computer Requirement:

Each student needs 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.

Course Tuition:

Student Initials: _____

Course tuition includes the required textbook, online workbooks, and the National Registry Test prep program.

Course cost: \$650

Timeline of application and payment:

- October 20th : Application deadline is closed. Applications are sent to training@kitsapcounty.org
- October 21st: Bills will be sent by Olympic Ambulance for payment. Payments are sent to Olympic's billing information.

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

Cancellation / Withdrawal Policy:

Student Initials: _____

1. Students must prepare a written notification and submit it to the school director. This document must contain the student's name, address, and date. All financial obligations on the part of the school and the student will be calculated using the last recorded date of attendance.
2. Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:
 - a. School will retain the \$350 Non-refundable fee, with the student will keep their book and stepscope.

If the student completes this amount of training:	The school may keep this percentage of the tuition cost:
One week or up to 10%, whichever is less	10%
More than one week or 10% whichever is less but less than 25 %	25%
25% but less than 50%	50%
More than 50%	100%

Registration Deadline:

Student Initials: _____

- Applications are taken up to October 20th 2022, or until the course is full.

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- Course must have a minimum of 6 students to commence with a maximum of 24 students. 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: October 20th or until class is full.

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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Student Name: _____
 First Middle Last

Contact Phone: _____ T-shirt size: _____

DOH Credential Number: _____

Email: _____

Please read the above instructions regarding each element below. Applications are noted by take of received and date of completion.

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

- Must current have a DOH credential number.
- Immunization Record. **See above**
- COVID Vaccination Record Card

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: _____ Phone: _____

*Responsible party signature(required) _____ Title: _____

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

Signature _____ Date _____

Email application with attached documents to training@kitsapcountyems.org .

For further information you may contact:

Tamarah Hoffman, EMS Training Coordinator

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