

For further information contact: Tamarah Hoffman, EMS Training Coordinator, <u>training@kitsapcountyems.org</u> Phone: 360-447-2068

| Class Starts: | January 9, 202 | Class Ends: April 9, 2023 | |
|------------------------|----------------|---|--|
| Course days and times: | | Monday, Wednesday, and Friday 6:00 P.M. to 9:00 P.M. Saturday Full day. Time-dependent upon COVID restrictions | |
| Location: | Kitsap Readine | ess Center | |

911 Carver St, Bremerton, WA 98312

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, classroom lectures, handouts, workbooks, and practical exercises. Students are required to perform a hospital rotation and 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.

As part of this course you will also receive your final portion of your BLS CPR card, and a Supraglottic Endorsement.

<u>This course is a challenging course of study!</u> 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** <u>higher than average</u> academic success in the past, will find this course <u>very difficult</u>.

<u>Student Prerequisites: The following documents must be attached to the application to be complete and</u> <u>considered for the course.</u> 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.**

1. Must be 18 years old and have a High School Diploma or GED

2. Part 1 of the BLS Provider CPR card. Purchase the following course <u>https://shopcpr.heart.org/heartcode-bls</u> and then provide the completion certificate with your application.

The second hands-on portion will be done in class.



| roducts Courses v Product Type v To | pics v Course Cards Instructor Materials | | |
|--|---|--|--|
| Home / Courses / BLS / HeartCode® BLS | | | |
| | HeartCode® BLS | | |
| | Product Number : 20-3553 ISBN: 978-1-61669-796-9 | | |
| gi masti Varianse a dige kara 💼 a a ba ga aphata Masta | 🛱 Blended and eLearning 🛛 ¥ Online Course 🖉 🧐 Student 🛛 🐯 BLS 🖉 CE | | |
| | Notes: After completing the online portion of this course, you must complete a hands-on session (sold separately) with an <u>AHA Training Center</u> to obtain a course completion card. Contact an AHA Training Center in your area for more details or to schedule a hands-on session. | | |
| | Quantity 1 🗘 | | |
| | \$32.50 Add to Cart | | |

- 3. Show proof of reading comprehension in **<u>one</u>** 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.) An unofficial college transcript can provide proof of English 101. **OR**
 - □ 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 Pr

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.
- \Box 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. <u>Student</u> Initials:

Computer Requirement:

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



Criminal Background Check:

All students must pass a multi-state criminal background check before beginning any clinical or field rotation. Forms for the criminal background check must be completed with the application to be complete. The Kitsap County EMS and Trauma Care Council or your affiliated agency will perform these criminal background checks. <u>Please complete the background check packet and turn it in with your application.</u>

Course Tuition: Student Initials:

Course tuition includes the required textbook, online workbooks, and the National Registry Test prep program. **Course cost: \$1500**

Course cost for KCEMS&TCC: \$1400 with mulit-state background check included with student.

Timeline of application and payment:

- December 5th: Application deadline is closed.
- December 6th: All approved applications will receive an invoice via email by Kitsap County EMS.
- December 9th \$ 500 non-refundable fee is due.
- December 10th: Books and supplies handed out to students who have paid.
- **December 12th:** All students who have not paid their \$400 deposit are removed from class next applicant will be moved into their spot.
- January 2nd: (One week prior to class) The remaining \$1000 tuition must be paid in full. NO EXCEPTIONS!
- <u>January 3rd:</u> 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 \$500 deposit back.

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

Cancellation / Withdrawal Policy: <u>Student Initials</u>:

- 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 with retain the \$500 Non-refundable fee, with the student will keep their book and stephscope.

| 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 December 5th, or until the course is full, with 24 students
- Course must have a minimum of 13 students to commence with a maximum of 24 students. If the minimum number of students have not be reached by deadline, all enrolled students will be notified immediately and receive a full refund.
- Students receive a seat number based upon date of application submitted and completion of application.
- Students over 24 will be put on a waiting list and will be moved up based upon completion and date of submission.

Application DEADLINE: December 5th or until class is full.

| - Sear | | K | Emergency Medio | /IS & Trauma Council cal Technician Course ing Application |
|---------|--------------------------------------|--|----------------------------|--|
| Student | Name: | Middle | last | |
| | First | Ivildale | Last | |
| Contact | Phone: | | T-shirt size: | |
| Email: | | | | |
| and da | te of completion. | ructions regarding each n student must attach | | ons are noted by take of received |
| | Drivers License. Mu | st be older than 18 | | |
| | BLS Provider CPR C | ard | | |
| | One of the followin graduated HS. | g: High School Diploma | , or GED, College Transcri | pt, College Diploma. – Must have |
| | - | mprehension: One of th r Exam placing in ENG | | script with ENG 101, College |
| | Immunization Reco | rd. See above | | |
| | COVID Vaccination | Record Card | | |
| | Background check p | oacket | | |
| | ACCEP | TANCE OF FINAN | CIAL RESPONSIBILIT | Y: (Signature Required) |
| | • · | | | ency is sponsoring your attendance |
| | in the course. (Spor | sorship is not necessar | ry for course attendance.) | |
| | Sponsoring EMS Ager | icy Payment | | |
| | Billing email: | | | - |
| | *Responsible party si | gnature(required) | Titl | e: |



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.

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 training@kitsapcountyems.org.

For further information you may contact: Tamarah Hoffman, EMS Training Coordinator Email: training@kitsapcountyems.org Phone: 360-447-2068