



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: September 12, 2023

Class Ends: December 12, 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 Readiness 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.

This course is a challenging 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: 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.**

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 <https://shopcpr.heart.org/heartcode-bls> and then provide the completion certificate with your application.
The second hands-on portion will be done in class.



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shopcpr/heart.org/heartcode-bls

All Products Courses Product Type Topics Course Cards Instructor Materials

Home / Courses / BLS / HeartCode® BLS

HeartCode® BLS

Product Number : 20-3553 | ISBN: 978-1-61669-796-9

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 [AHA Training Center](#) 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 **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.) 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 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, Please attach a copy of your COVID vaccination card to your application. **Student Initials:**

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.**



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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. Please complete the background check packet and turn it in with your application.

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 multi-state background check included with student.

Timeline of application and payment:

- **August 5th:** The application deadline is closed if class is closed or at the latest August 5th.
- **August 6th:** All approved applications will receive an invoice via Intuit/Quickbooks as soon as deadline closes by Kitsap County EMS.
- **August 11th:** All Fees are due.
- **August 11th:** Books and supplies are handed out to students who have paid.
- **August 18th:** All students who have not paid their tuition are removed from class next applicant will be moved into their spot.

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. **The school will retain the \$500 Non-refundable fee, with the student will keep their book and stethoscope.**

If the student completes this amount of training:	The school may keep this percentage of the tuition cost:
Once supplies have been handed out up to the first week. 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%



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Registration Deadline: **Student Initials:** _____

- Applications are taken up to August 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: August 5th or until class is full.



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Student Name: _____
First Middle Last

Contact Phone: _____ T-shirt size: _____

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:

- Drivers License. Must be older than 18
- BLS Provider CPR Training
- One of the following: High School Diploma, or GED, College Transcript, College Diploma. – Must have graduated HS.
- Proof of reading comprehension: One of the following. College Transcript with ENG 101, College Diploma, Accuplacer Exam placing in ENG 101. **See above.**
- Immunization Record. **See above**
- COVID Vaccination Record Card
- Background check packet

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: _____



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The completion of this application does not guarantee admission to the EMT class. Applications will be reviewed and all information will be verified. Applicants shall be notified by email 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 the application with the 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