



INTER CITY FIRE PROTECTION DISTRICT
EMS EDUCATION

EMT Course Application Packet

Admission Criteria and Prerequisites

Course Admission

1. At least 18 years of age by course completion.
2. Have graduated from a recognized high school or the US Department of Education-accepted equivalent.
3. Computer and Internet Access are required, as well as a working email address.

Clinical Requirements: Healthcare regulations require all persons who are involved in patient care activities have criminal background checks and other healthcare related checks, immunizations and vaccinations.

1. Evidence and maintenance of active health insurance.
2. Successful background clearance required by regulation and clinical agencies.
3. Successful drug screening clearance required by regulation and clinical agencies.
4. Health examination and participation clearance (current within six month of admission).
5. Evidence and maintenance of current immunizations/vaccinations or evidence of serologic immunity as required by regulation and clinical agencies, signed by a healthcare provider.

Certification/Licensure Requirements

1. Please review the National Registry of Emergency Medical Technicians' guidelines regarding eligibility criteria and procedures for certification. www.NREMT.org
2. Please review the respective State EMS licensing guidelines regarding eligibility criteria and procedures for licensure. Missouri- <http://www.health.mo.gov/safety/ems/>

Emergency Medical Technician Certificate Course

This course prepares students to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This course is based upon the National Education Standards for Emergency Medical Technicians and includes up to 140 hours of classroom and skills lab and requires at least 5 patient contacts and up to 48 hours in clinical settings such as in an Emergency Room and on an Ambulance. After successful completion of the EMT course, students will be eligible to take the National Registry of Emergency Medical Technician (NREMT) didactic and psychomotor examinations to become certified nationally.

Emergency Medical Technician Certificate Course Fees and Estimated Expenses

Course Fee: \$(TBA), plus \$100.00 Non-Refundable Application Fee

Includes: Textbooks, CPR Certification, Supplies, Skills lab Expenses, Uniform T-Shirt, and ID Badge.

Additional Expenses

A uniform shirt is included; however, students will need full length dark blue or black slacks (e.g. EMS pants) and matching belt, socks that come above the top of the footwear, leather or nylon footwear that come over the ankles and are dark in color (no tennis, running type shoes, or large climbing boots), and watch with a second hand.

Online Learning Platform for Quizzes and Exams (approx.. \$50). Participation in clinical rotations requires Student Professional Liability Insurance (approx.. \$38), a criminal background check (approx.. \$40), documentation of current health insurance (variable), and certain health requirements which will vary by student and personal health history.

Students will arrange for psychomotor(practical) and didactic(written) examinations upon course completion with the National Registry of Emergency Medical Technicians and should allow at least \$160 for these tests, plus additional fees if multiple testing attempts are required.



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Applicant Information

Name: _____ Date: _____
Last First Middle

Former Name(s): _____ Date of Birth: _____

Address: _____
Street Address or Apartment/Unit #

_____ Email: _____
City, State, Zip

Phone 1: _____ Home/Work/Cell Phone 2: _____ Home/Work/Cell

(It is the applicant's responsibility to contact the EMS program if your contact information changes.)

Have you ever been convicted of a Felony or Misdemeanor? Yes No

Attach all misdemeanors and/or felony convictions including the dates they occurred. Students with records of felonies or misdemeanors may apply for admission. However, it is possible that certain types of convictions may prohibit the issue of certification and/or licensure, regardless of class completion. Questions on specific matters related to this issue should be directed to the National Registry of Emergency Medical Technicians <http://nremt.org> and the Missouri Department of Health and Senior Services Bureau of Emergency Medical Services at <http://health.mo.gov/safety/ems/>

Emergency Contact Information

Person to notify in case of an emergency:

Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Education

High School/or US Dept. of Education Equivalence

School Name: _____ City/State: _____

Did you graduate? Yes No Dates Attended _____ To: _____



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Core Performance Standards (Functional Abilities)

EMS Education strives to make its programs accessible to all individuals, in compliance with Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990. Its purpose to create and maintain an environment in which students may achieve their fullest potential, limited to the least extent possible by individual disabilities. Such disabilities include physical or mental impairment that substantially limit major life functions. All faculty, staff and students of the university are expected to adhere to this philosophy of equal access to educational opportunity and to assume broad responsibility for its implementation.

Disclosure of a disability is not required, but if disclosed, it is the responsibility of the individual to seek available assistance and make needs known. All requests for accommodation, documentation reports, and inquiries should be forwarded to: EMS Education, 1702 Blue Ridge Blvd., Blue Summit, MO 64126, kendra@inter-city-fpd.org EMS education is based upon National Education Standards and includes didactic classroom and/or online activities, lab skills, hospital and ambulance clinical experiences. Students are expected to be in good health and will deal directly with patients in emergency and health care settings. Students are expected to be physically fit to undertake lab and clinical assignments, be free of chemical dependency, and be mentally competent.

EMS professionals should be able to perform the following **Core Performance Standards (Functional Abilities)**:

Core	Functional Ability	Some Examples of Necessary Activities (not all-inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgement.	Make rational patient care and safety decisions under stress.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport with patients, bystanders, community members and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Speak clearly and accurately explain treatment options/procedures in stressful situations, document and interpret observations, care actions and patient/bystander responses.
Mobility	Physical abilities sufficient to move from room to room, in and out of transport vehicles and maneuver in small places.	Moves around in patient residences, work spaces and treatment areas; administer cardio-pulmonary resuscitation procedures. Ability to lift 75 pounds or more 3 or more times daily.
Motor Skills	Gross and fine motor abilities sufficient provide safe and effective medical care.	Calibrate and use equipment; package, move and position patients.
Hearing	Auditory abilities sufficient to monitor and assess health needs.	Hear monitor alarm, emergency signals, auscultate sounds, and cries for help.
Visual	Visual ability for observation and assessment necessary in medical care.	Observe patient responses. Ability to see colors accurately.
Tactile	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic interventions, e.g. insertion of airway adjunct, intravenous cannulation.

If you are unable to perform any of these activities, please circle the issue which you cannot perform and attach an explanation.

Your signature below indicates you have read and understand the Core Performance Standards (Functional Abilities) requirements and can perform them, unless otherwise indicated.

Student Name (Please Print): _____

Signature: _____ Date: _____



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Consent to Release of Background and Drug Screening Information

I ACKNOWLEDGE THAT MY ACCEPTANCE INTO the EMS program at the Inter-City Fire Protection District (ICFPD) is dependent upon meeting all admission requirements. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release ICFPD officials from any potential claim or liability related to the appropriate use of this information.

I have been advised about the background check policy required for the EMS program. If I have engaged in past criminal activities listed in the policy and it is made known to the ICFPD EMS program, I may be subject to termination from the EMS program.

I understand that the National Registry of Emergency Medical Technicians may reject any application to sit for the national certification exam based on a previous criminal record. I understand that State EMS licensing agencies may reject any application for licensure based on a previous criminal record. I understand this may include criminal activities that are not listed in the policy. I am advised to contact the National Registry of Emergency Medical Technicians and State EMS licensing office in the state in which I plan to practice for further clarification of their policy.

This consent and release is effective as of the date signed and it will remain effective until further notice. The ICFPD is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below, I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state, or national law enforcement unit including but not limited to the State Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.

Disclaimer and Signature

Completion of this form with your signature constitutes consent to review all application materials submitted to make a decision regarding admission to the EMS program. It is the responsibility of the applicant to ensure that all parts of the application are received prior to or on the date required. Failure to do so will result in the application not being considered for the program. It is the responsibility of the applicant to ensure that the program has a current email address in order to receive the notification letter.

Return the completed form to the EMS program office at the address indicated. If you have questions or need other information, please include it in a separate letter to the EMS program with this application or call your EMS program director.

Inter-City Fire Protection District's (ICFPD's) EMS Education Program admits students of any age, religion, race, sex, sexual orientation, cultural background, or national and ethnic origin to all of the programs, activities, rights, and privileges generally accorded or made available to students at the ICFPD. It does not discriminate on the basis of these characteristics in the administration of its educational policies, admissions policies, or other department-administered programs.

No qualified disabled person shall be excluded from participation in, be denied the benefits, or otherwise be subjected to discrimination under any department-related program or activity.

I certify that my answers are true and complete to the best of my knowledge.

Student Name (printed): _____

Student Signature: _____ Date: _____