

# ENTRY LEVEL EMT COURSE APPLICATION +



201 Oak Street, Second Floor, Pembroke, MA, 02359  
Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

Course Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address (required) \_\_\_\_\_

Primary Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Last four(4) # \_\_\_\_\_

What EMT Course Are You Applying For?

Day  Evening

Have you been a student in any Paramedic class sponsored by **EMTS, Inc.** or any other training institution?  Yes  No

If yes, name of institution and address. \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduated \_\_\_\_\_

College Attended \_\_\_\_\_ Graduated \_\_\_\_\_

EMT Course Attended \_\_\_\_\_ Completed \_\_\_\_\_

**Have you ever been certified as an EMT in Massachusetts or another state before?**  Yes  No

**Has your EMT Certification ever been suspended or revoked?**  Yes  No

**Have you ever been convicted of a felony?**  Yes  No

**Have you ever been convicted of any offense relating to controlled substances?**  Yes  No

If you answered **YES** to any of the questions above, please explain in detail below or on a separate sheet of paper.

## PLEASE READ

The following items **MUST** be returned with your application:  
*(Incomplete applications will not be processed!)*

1. One hundred seventy-five (**\$300.00**) dollar non-refundable application fee.

### Credit Card Information

Number: \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_  
Exp \_\_\_\_\_

By signing below you attest that:

- The above information provided is correct and true.
- You understand that providing false information will be cause for your application to be removed from consideration.
- You agree to the admissions criteria and competency requirements
- You further understand that if accepted full tuition will be due in the amount detailed to you when you called for tuition information.
- I understand that this class may be canceled if minimum enrollment is not met and my deposit will be returned to me.

PRINT NAME

SIGNATURE

DATE



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In order to be accepted into this program student participants must be able to complete the following requirements:

1. Successfully complete all initial evaluations required in the **Platinum EMS Testing** program (provided upon submission of application and fee)
  - a. Reading Level Evaluation
  - b. Paramedic Course Entry Assessment (80% Passing grade for acceptance)
  - c. Math Assessment (80% Passing grade for acceptance)
  - d. Testing Anxiety Assessment
  - e. Personal Motivational Assessment
  - f. Learning Style Assessment
2. Have a High School Diploma or GED.
3. Hold a current certification as an **EMT Basic** or **Advanced EMT** and hold a current **BLS Health Care Provider** card. Copies of these cards **MUST** accompany the application.
4. A copy of the student's current health insurance card or certificate must be submitted with the application.
5. Be in physical health to permit him/her to complete all portions of the training program. This shall include all didactic, laboratory, clinical rotations and field internships. In addition, students must meet the requirements of the document entitled:

**All course admission criteria must be completed prior to acceptance into the program**

6. Complete all **Competency Requirements** prior to attending clinical rotations.

## COMPETENCY REQUIREMENTS:

Competency requirements **MUST** be maintained as current throughout the process of clinical and field rotations. Failure to do so will result in a suspension from clinical and or field rotations.

1. All students shall have a titer (blood test) for the following diseases in order to determine immunity status:
  - Measles, Mumps, Rubella**
  - Hepatitis B**
  - Varicella** (Chicken Pox)

**A letter from your physician or other health care provider is unacceptable. The only acceptable immunization record for this course is a titer for the specific antibodies noted above**
2. The following tests will require legible, written verification of completion:
  - Tetanus / Diptheria** (within the past ten years); dates shall be clear and legible.
  - Mantoux Testing** (tuberculosis testing); a negative result must be documented. The dates and results of the testing must be clear and legible. The process shall be the "two step" process only. If the student has tested positive for TB in the past, a chest X-Ray must be taken and a report from the student's physician must indicate a normal X-Ray. **This requirement shall be required on an annual basis from the date of the test results being read until the student completes all field internship requirements.**
3. Students may be required to submit to random drug testing and or a ten panel drug screening tests prior to beginning clinical rotations. Students shall bear the costs of this testing when required by the Program Director.
4. CORI and SORI evaluations.
5. Submission of documentation of a physical performed by the students' primary care physician. A form will be provided.
6. All above documentation shall be completed and provided to **EMTS, inc.** prior to beginning clinical rotations.

**Costs associated with immunization requirements, drug screening and CORI/SORI screens and physicals shall be borne by the student.**

7. A copy of the student's current malpractice insurance certificate.

Students **MUST** have presented **EMTS, Inc.** with a new certificate of insurance prior to the expiration date of their initial insurance in order to prevent interruptions in clinical rotations or field internships. Malpractice insurance does not need to be purchased until the end of the didactic portion of the program.

# STATEMENT OF UNDERSTANDING



**EMTS** inc.

Emergency Medical  
Teaching Services, Inc.

201 Oak Street, Second Floor, Pembroke, MA, 02359

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I, \_\_\_\_\_ have read and understand the Paramedic Course Admission Criteria from Emergency Medical Teaching Services, Inc. together with the Competency Requirements. I agree to successfully complete all entry requirements and to provide the information and documentation required as specified. I agree that my failure to comply with these requirements and policies may result in my disqualification for consideration as a participant in the program or will result in my permanent removal from the Paramedic Training Program and the loss of any and all fees and tuition.

\_\_\_\_\_  
Student name (print)

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date