



APPLICATION PACKET : ADVANCED EMERGENCY MEDICAL TECHNICIAN PROGRAM

Thank you for considering Emergency Medical Education and Resource Group (EMERG) for your academic and professional endeavors. The following application for admission is intended for those students seeking admission into the Advanced Emergency Medical Technician (AEMT) Education Program at EMERG.

Please fill out the application completely and type or print the information neatly. Your enrollment in this class is assured when you have been notified of acceptance into the program. You must pay the tuition deposit before having your enrollment confirmed. A confirmation letter will be sent via email with orientation instructions upon acceptance into the program.

Tuition is payable by cash, check, credit card, money order or PayPal. Returned checks or declined credit cards will be charged a \$50 fee. Tuition is fully refundable (less any fees already incurred) if written notice is given 30 days prior to the first day of class. If notice is provided less than 30 days prior to first day of class, tuition refunds are given on a pro-rated basis. No refunds are given after the first day of class.

ALL OF THE FOLLOWING ARE REQUIRED BY THE FIRST DAY OF CLASS

- Completed/Signed "Application for Admission" (1 page)
- Completed/Signed "Background Questionnaire" (1 page)
- Completed/Signed "Functional Job Description Acknowledgement" (1 page)
- Completed/Signed "Tuition and Fees Acknowledgement" (1 page)
- Completed/Signed "Educational Records Release" (1 page)
- Completed/Signed "Waiver of Liability" (1 page)
- Completed/Signed "Insurance Notice" (1 page)
- Completed/Signed "Communicable Disease Exposure" Form (1 page)
- Completed/Signed "Health Insurance Portability and Accountability Act" Form (1 page)
- Completed/Signed "Photo Release form" (1 page)
- Copy of Current Driver's License or State Identification Card
- Copy of TX DSHS EMT License or Verification
- Submit Group One background check information online (you will be sent a link by EMERG)
- Immunization Records
 - *Proof of negative 2 step TB skin test within the last 6 months. If you tested positive, you must provide a chest x-ray. (TB Skin tests are available from EMERG for an additional fee)*
 - *Proof of either: (a) Positive Varicella [chickenpox] titer; OR (b) Varicella vaccine*
 - *Proof of either: (a) Positive Measles, Mumps, and Rubella (MMR) titer; OR (b) MMR vaccine*
 - *Proof of either: (a) Positive Hepatitis B titer; OR (b) Hepatitis B vaccine [at least 1 dose completed]*
 - *Proof of Tetanus/Diphtheria/Pertussis (Tdap) vaccine [within last 10 years, must not expire during course]*
 - *Proof of Flu vaccine (Seasonal)*

(Flu shots are available from EMERG for an additional fee)



Application for Admission

FOR WHICH PROGRAM ARE YOU APPLYING FOR ADMISSION?

Advanced EMT Education Program

Course start date: 5/11/2021

APPLICANT INFORMATION

NAME: _____ AGE: _____ DOB: ____/____/____
First Name - Middle Initial - Last Name

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SSN: _____

DRIVERS LICENSE # / STATE: _____ EMAIL: _____

EMPLOYER (if any): _____

UNIFORM SHIRT SIZE (Circle One) : S M L XL XXL XXXL

EDUCATION INFORMATION

What is the highest level of formal education that you have completed?

_____ High School / GED _____ Associates Degree _____ Bachelor's Degree
_____ Graduate Degree _____ Post-Graduate Degree _____ Trade/Technical School

Where have you attended EMS classes previously? * _____ Year: _____

*Must have a current valid Texas EMT license.

MILITARY SERVICE

Are you currently, or have you ever previously been, under any service obligation with any branch of the US Military; including, but not limited to Active Duty, Active/Inactive Reserve, National Guard, or Individual Ready Reserve?

_____ YES _____ NO

If "YES", please explain: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE #1: (_____) _____ - _____ PHONE #2: (_____) _____ - _____



BACKGROUND QUESTIONNAIRE

All information you provide in the below questionnaire is voluntary; however, in addition to answering the following questions, you will be required to complete a criminal background screening/investigation conducted through a contracted third party entity. While ultimately, the decision to allow you to enroll in the EMERG AEMT course belongs to the Program Director; please note that both the Texas Department of State Health Services and the National Registry of Emergency Medical Technicians both conduct thorough background investigations prior to granting any certification/licensure, and both maintain their own requirements that may or may not be similar to those of EMERG. If you have any questions about certification/licensure, you can contact TXDSHS at 512-834-6700 and NREMT at 614-888-4484.

Are you currently awaiting trial for and/or have you ever been convicted of, been assessed deferred adjudication for, or pled guilty or “nolo contendere” to: a traffic violation above the level of a Class C Misdemeanor? You must include DWI/DUI.

YES NO Applicant’s Initials: _____

Are you currently awaiting trial for and/or have you ever been convicted of, been assessed deferred adjudication for, or pled guilty or “nolo contendere” to: any crime involving the use, sale, possession, and/or distribution of drugs or controlled substances? You must include prescription medications.

YES NO Applicant’s Initials: _____

Are you currently awaiting trial for and/or have you ever been convicted of, been assessed deferred adjudication for, or pled guilty or “nolo contendere” to: a crime of assault, burglary, and/or theft?

YES NO Applicant’s Initials: _____

Are you currently awaiting trial for and/or have you ever been convicted of, been assessed deferred adjudication for, or pled guilty or “nolo contendere” to: a crime involving misappropriation of fiduciary property and/or monetary funds?

YES NO Applicant’s Initials: _____

Are you currently awaiting trial for and/or have you ever been convicted of, been assessed deferred adjudication for, or pled guilty or “nolo contendere” to: any other crimes, including those involving forgery and/or securing documents by deception?

YES NO Applicant’s Initials: _____

Are you currently under investigation by and/or have you ever faced disciplinary action and/or reprimand from, an Emergency Medical Services regulatory/certification/licensing agency; whether local, state, regional, and/or national?

YES NO Applicant’s Initials: _____

If you answered “YES” to any of the questions above, please explain: _____

A “YES” answer to any of the questions above does NOT automatically disqualify you from admission and/or enrollment into the program. All final admission decisions related to criminal background lies with the Program Director.

APPLICANT NAME: _____ SIGNATURE: _____ DATE: _____



AEMT FUNCTIONAL JOB DESCRIPTION

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competence level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient at the scene and en route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

APPLICABLE COGNITIVE AND PSYCHOMOTOR KNOWLEDGE, SKILLS AND ABILITIES

Ability to communicate verbally, via telephone and radio equipment. Ability to lift, carry and balance up to 125 pounds (250 with assistance). Ability to interpret written, oral and diagnostic form instructions. Ability to use good judgment and remain calm in high-stress situations. Ability to appropriately apply all applicable US Department of Transportation competencies according to appropriate skill level. Ability to work effectively in an environment with loud noises and flashing lights. Ability to function efficiently throughout an entire work shift. Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints. Ability to read and understand English-language manuals and road maps, and accurately discern street signs and address numbers. Ability to interview patient, family members, and bystanders. Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such. Ability to converse in English with coworkers and hospital staff as to status of patient.

Good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light, confined spaces, and/or other dangerous environments.

ACKNOWLEDGEMENT

I, _____ (“applicant”), have fully read and reviewed the “Functional Job Description” and “Applicable Cognitive and Psychomotor Knowledge, Skills, and Abilities” and further attest that with the appropriate education and training, I am fully capable of performance of all information contained here within.

APPLICANT SIGNATURE: _____

DATE: _____



Education Records Release

(if applicable)

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____ - _____ - _____

EMPLOYER INFORMATION / PARENT INFORMATION

DEPARTMENT/AGENCY NAME: _____

DIRECTOR/CHIEF/OTHER: _____ PHONE #: (_____) _____ - _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

RELEASE

I, _____ (“student”), hereby consent and grant Emergency Medical Education and Resource Group, Inc., full authority and permission to duplicate and release my student information and academic records and status to the above named EMS/Fire Agency/Department; as I am either (a) currently employed by the above named Agency/Department; (b) currently seeking employment with the above named Agency/Department; (c) currently being sponsored by the above named Agency/Department or (d) I wish to release my academic records to another individual or organization.

This Consent to Release Records is limited to the Agency/Department expressly named herein. Any further release of records to any other person, group, corporation, or other entity of any kind or nature is expressly prohibited without the further written consent of the student. The applicable information/records/status will be released in unedited form except as otherwise provided by the Family Educational Rights and Privacy Act of 1974 and Regulations there under, applicable state law, and the policies and procedures of EMERG.

THE STUDENT HAS THE RIGHT TO DENY ACCESS TO THE RECORDS LISTED ABOVE AND/OR TO REVOKE THIS CONSENT AT ANY TIME.

In signing this consent form, the student agrees to permit the release of these records.

SIGNED: _____ DATE: _____



Waiver of Liability

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____ - _____ - _____

WAIVER OF LIABILITY

STATE OF TEXAS COUNTY OF ELLIS

I, the undersigned, _____, a private person, for and in consideration of the opportunity to participate as an AEMT student in the EMERG Education program and recognizing that routine activities associated with AEMT education/training involve certain inherent dangers, do hereby agree to assume the risk attendant to such activities; to include, but not limited to, personal injury, acquisition of infectious disease, and/or motor vehicle accidents on either public streets or private property; and do hereby release Emergency Medical Education and Resource Group, Inc., its affiliated Fire Departments, EMS agencies, agents, and employees; in both their public and private capacities; from any and all liability, claims, suits, demands, or causes of action which may arise from participating in any or all aspects of AEMT education/training.

Signed this the _____ day of _____, 20____, A.D.

AFFIANT SIGNATURE: _____



Insurance Notice

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____-_____-_____

NOTICE

Due to potential unforeseeable hazards that may be encountered while enrolled in the EMERG AEMT program, it is recommended that each student maintain their own personal Medical Insurance coverage. Medical Insurance is not offered to students by EMERG; therefore, it must be purchased independently from an outside, third-party source.

As stated in the “Waiver of Liability”, Emergency Medical Education and Resource Group, Inc. is not liable if you become ill and/or injured during the course of classes and/or clinical rotations.

I, _____ (“student”), fully understand and accept that I maintain full personal responsibility for any accrued medical bills and/or medical disabilities.

SIGNATURE: _____ DATE: _____

WITNESS NAME: _____ WITNESS SIGNATURE: _____



Communicable Disease

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____ - _____ - _____

NOTICE

As per Title 25, Part 1, Chapter 97, Subchapter A, Rule §97.11, of the Texas Administrative Code; a licensed hospital is required to notify a health authority in certain instances when an emergency medical service employee, peace officer, detention officer, county jailer, or fire fighter may have been exposed to a reportable disease during the course of duty from a person delivered to the hospital under conditions that were favorable for transmission.

As a student in the EMERG AEMT program, there exists the possibility for you to be exposed to a communicable disease during routine patient contacts. In the event that EMERG becomes aware of a possible communicable disease exposure, you will be personally notified.

EMERG also requests that you immediately notify your AEMT Education Coordinator if you suspect that you may have been exposed to one or more of the following communicable diseases during the course of a hospital-based or field-based clinical internship:

- (a) chickenpox; diphtheria; measles (rubeola); pertussis; pneumonic plague; SARS; smallpox; pulmonary or laryngeal tuberculosis; and any viral hemorrhagic fever, if the worker and the patient are in the same room, vehicle, ambulance, or other enclosed space;
- (b) Haemophilus influenzae type b infection, invasive; meningitis; meningococcal infections, invasive; mumps; poliomyelitis; Q fever (pneumonia); rabies; and rubella, if there has been an examination of the throat, oral tracheal intubation or suctioning, or mouth-to-mouth resuscitation;
- (c) acquired immune deficiency syndrome (AIDS); anthrax; brucellosis; dengue; ehrlichiosis; hepatitis, viral; human immunodeficiency virus (HIV) infection; malaria; plague; syphilis; tularemia; typhus; any viral hemorrhagic fever; and yellow fever, if there has been a needle stick or other penetrating puncture of the skin with a used needle or other contaminated item; a splatter or aerosol into the eye, nose, or mouth; or any significant contamination of an open wound or non-intact skin with blood or body fluids;
- (d) Methicillin-resistant *Staphylococcus aureus* (MRSA) wounds, skin infections or soft tissue infections, if there has been contact of non-intact skin to these infections or drainage from these infections.
- (e) SARS-CoV-2 (COVID 19)

As stated in the “Waiver of Liability” and the “Insurance Notice”, Emergency Medical Education and Resource Group, Inc. is not liable and/or financially responsible if you become ill and/or injured during the course of classes and/or clinical rotations.

I, _____ (“student”), fully understand my role and responsibilities in the event of possible communicable disease exposure.

SIGNATURE: _____

DATE: _____



HIPAA Privacy

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____-_____-_____

NOTICE

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

As a student in the EMERG AEMT program, you are required to hold all patient and/or institutional information in the strictest confidence at all times. It is a violation of federal law, punishable by a fine and/or possible jail time, to divulge patient information to anyone not directly involved in the care of that patient.

The discussion of any patient information outside of the clinical and/or classroom setting is NOT permissible and will result in immediate dismissal from the program and potential severe Federal and State fines.

More information can be found at the US Department of Health and Human Services website, located at: www.hhs.gov.

Further/additional guidance will be provided prior to the beginning of clinical internship rotations.

I, _____ (“student”), fully understand my role and responsibilities as it applies to the handling of protected health information (PHI) and the Health Insurance Portability and Accountability Act (HIPAA).

SIGNATURE: _____

DATE: _____



Photo Release Form

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____ - _____ - _____

PERMISSION TO USE PHOTOGRAPH

I recognize that throughout my training program, EMERG instructors might photograph or video tape training sessions. I hereby grant to Emergency Medical Education and Resource Group, Inc., the right to take photographs and/or video of me in connection with the AEMT course to which I am applying for admission. I authorize EMERG, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that EMERG may use such photographs and/or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content including social media sites (i.e. Facebook, twitter, etc.).

By signing I agree that I have read and understand the above.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF PARENT (IF UNDER 18): _____

If you do not want to allow permission for your photograph to be used for publicity or advertising, please send a written notice to EMERG requesting that your photograph not be used. Please send your full name, social security number, signature and start date of class to:

EMERG
PO BOX 1827
Midlothian, TX 76065



OVERVIEW

The cost of the EMERG Advanced Emergency Medical Technician (AEMT) program that you are applying for admission into is outlined below. This course is offered a once a year and is approximately seven months in duration. The tuition is \$1,950.00, which covers most expenses associated with the program. Remaining fees that each student must pay include National Registry Practical Exam and CBT Testing fees, and State registration fee.

Tuition is payable by cash, check, credit card, money order or PayPal. Returned checks or declined credit cards will be charged a \$50 fee. Tuition is fully refundable (less any fees already incurred) if written notice is given 30 days prior to the first day of class. If notice is provided less than 30 days prior to first day of class, tuition refunds are given on a pro-rated basis. No refunds are given once the course begins.

The class meets during Tuesdays and Thursdays from 6 PM - 10 PM and 8 AM - 5 PM every other Saturday (with some exceptions, see specific course syllabus for actual class meeting dates). All classroom hours are held at the EMERG office located at 1140 Empire Central Drive, Suite 440, Dallas, Texas 75247.

You may mail your completed application with your deposit to the address below or register online at www.emergnow.com:

EMERG
PO BOX 1827
Midlothian, TX 76065
Attn: EMS Education

Please make checks Payable to: EMERG

TUITION AND FEES PAID TO EMERG	ADDITIONAL FEES PAID TO THIRD PARTIES
<p>EMT Education Program Tuition: \$1,950.00 (Deposit \$450.00)</p> <p><i>THE FOLLOWING ITEMS ARE INCLUDED IN YOUR TUITION:</i></p> <ul style="list-style-type: none"> - 2 Uniform Shirts - Textbook/Lab Manual/Assignment Manual - Drug Screen & Background Check - Lab/Clinical Fee - Malpractice Insurance - TX DSHS AEMT Course Completion Certificate - Clinical Internship/Externship Fees 	<p><i>THE FOLLOWING ITEMS ARE NOT INCLUDED IN TUITION:</i></p> <ul style="list-style-type: none"> - National Registry Cognitive or Psychomotor Exams and Testing Fees (www.nremt.org) - State/National Licensing Fees (www.dshs.state.tx.us) - Immunizations <small>Some immunizations are available from EMERG. Contact us for complete details.</small> <p>The following immunizations are REQUIRED:</p> <ul style="list-style-type: none"> • MMR, Tdap, Varicella • Hepatitis B, Current TB test • Flu Shot (Seasonal)

ACKNOWLEDGEMENT

I, _____ (“applicant”), have fully reviewed the “Tuition and Fees Acknowledgement” and fully understand my financial obligations should I be admitted into the EMERG AEMT Program.

APPLICANT SIGNATURE: _____ DATE: _____



Financing Agreement

STUDENT INFORMATION

NAME: _____ DOB: ____/____/____

SSN: _____ - _____ - _____

FINANCING AGREEMENT

I give my permission to Emergency Medical Education and Resource Group, Inc. to make payments to my credit/debit card for AEMT class. I further agree that a financing fee of \$100 will be added to my course tuition. Five equal payments of \$320.00 will be charged on the last day of each month of class. If any of the dates fall on a Saturday or Sunday, the card will be charged the preceding business day. A \$50 fee will be added to all account balances if credit cards are declined. By signing this form, I understand that should I drop the course or be removed from the course, I am still required to pay the tuition and authorize EMERG to charge this account for the remaining balance.

CREDIT CARD INFORMATION

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION: _____ SECURITY CODE: _____

CARD MEMBER'S NAME: _____

CARD MEMBER'S BILLING ADDRESS: _____

CARD MEMBER'S CITY, STATE, ZIP CODE: _____

CARD MEMBER'S SIGNATURE: _____ DATE: _____

SIGNATURE OF STUDENT: _____ DATE: _____