EMT-Basic Course Application: 02/21/05 through 06/15/05; State Test 06/25/05
Course Location: Read Mtn Fire & Rescue Instructor: Kae Bruch, EMT-ST/FF, RN
Days & Times Course Meets: Mondays & Wednesdays (No Saturdays), 6pm – 10pm

Name _____
First Middle (Maiden) Last

Date Of Birth _____/_____/_____ Age_____ SS # _____

Address _____

City _____ State _____ Zip_____

Occupation _____ Work Phone_____ Pager_____

Home Phone _____ Cell _____ e-mail: _____

Agency Affiliation (if any) _____ Chief Officer Endorsement_____
Signature & Title

I understand that, if accepted as a student in this course, in addition to attending classes and completion of class assignments, I will be required to participate in clinical &/or field rotations.

_____ _____
Date Signature of Applicant

ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

_____ Copy of front & back of current CPR Training Card from one of the following: AHA - BLS "Healthcare Provider," ARC - "Professional Rescuer," ASHI – "CPR-PRO," National Safety Council – "Professional Rescuer," or Medic 1st Aid "BLS-Pro."

_____ Check for $ 125.00 made payable to Communications Systems. Fee includes: Required Text and Workbook; Handouts, Testing Materials, and Equipment use; and State Required Testing Fee ($25). Payment due at time of application.

_____ PERMISSION FORM if Less Than 18 Years Old.

_____ Optional:
_____ AHA Healthcare Provider CPR Course 01/29/05 9a-5p; $35 (includes text).

_____ AHA Healthcare Provider CPR Re-Train 02/26/05 9a-3p; $25 (includes text).

MAIL OR RETURN WITH THE ABOVE TO:
Kae Bruch
Communications Systems
5024 Harvest Ridge Road
Roanoke, VA 24019-6014

APPLICATION DEADLINE: February 7, 2005 (Acceptance Subject to Availability)

Questions/Information Contact: Kae Bruch at (540) 815-4102 or kbruch@cox.net

Virginia Office of EMS Requirements for EMT-B Class enrollment

Be proficient in reading, writing and speaking the English language.

The minimum age for enrollment is 16 years of age at the start of the training program. Students less than 18 years of age attending the course must provide the Instructor with documentation from an Officer of their agency, where applicable, and the signature of a parent or guardian verifying approval of the student attending the course.

Have never been convicted of a felony involving any sexual crime.

Not be convicted of any act, which is a felony under the laws of this state or of the United States, except that such felon is eligible for certification if within five (5) years after the date of final release no additional felonies have been committed.

Shall hold current certification in an approved course in Cardio-Pulmonary Resuscitation (CPR) at the start date of the training program. Approved courses are: AHA - BLS "Healthcare Provider," ARC -"Professional Rescuer," ASHI –"CPR-PRO," or National Safety Council –"Professional Rescuer." After 7/1/04, Medic 1st Aid –"BLS-Pro."

Emergency Medical Technician (4 year certification)

The Emergency Medical Technician (E.M.T.) Program is the basis for all higher levels of certification in Virginia. This program provides general instruction in all areas of human body systems and initial care for a wide range of medical conditions. This course requires a minimum of 110 hours of classroom and skills instruction plus 10 hours of clinical observation in a hospital or pre-hospital setting.

Components of this course include the categories listed below. These same categories are used to develop exam questions and study materials.

E.M.T. COURSE TOPICS

	Name	Description
1.	Preparatory	Well-Being of the EMT, Medical/Legal/Ethical issues, the human body, vitals signs, SAMPLE history and lifting & moving.
2.	Airway	Airway management, oxygen therapy, airway adjuncts, and suctioning.
3.	Patient Assessment	Initial, Focused - Trauma, Focused - Medical, Detailed, and On-Going assessments. Communications and documentation.
4.	Medical / Behavioral / OB/GYN	Respiratory, cardiac, diabetic, altered mental status, environmental, behavioral, poisoning, and allergy related emergencies. Childbirth and gynecological problems.
5.	Trauma Emergencies	Bleeding and shock(hypoperfusion), soft tissue injuries, musculoskeletal injuries, head and spine injuries.
6.	Infants and Children	Patient assessment variations, medical and traumatic emergencies relating to children.
7.	Ambulance Operations	General EMS operations, gaining access to patients, hazardous materials, and triage.

Virginia E.M.T. certification is the minimum requirement for provision of patient care as the Attendant-In-Charge on a basic life support ambulance in Virginia.

EMERGENCY MEDICAL SERVICES BASIC LIFE SUPPORT STUDENT PERMISSION FORM

For Students Less Than 18 Years Old

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in being certified as an Emergency Medical Services Provider. The Office Of Emergency Medical Services, Virginia Department of Health requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son, the EMT instructor, or someone at the Office of Emergency Medical Services. (1-800-523-6019)

The Emergency Medical Services (EMS) Basic Life Support (BLS) Course is a program which trains people to assist injured or ill individuals outside the confines of a hospital. The curriculum used in Virginia is a nationally recognized program developed by the U.S. Department of Transportation. The curriculum requires a minimum of number of hours of classroom instruction and for Emergency Medical Technician programs an additional 10 hours of clinical experience either by hospital emergency department observation, or a ride-a-long on an ambulance. Following successful completion of a State approved course, the student is allowed to take the State Certification Examination. Passing both the written and practical aspects of the State examination certifies the student to perform the duties of an EMS provider. Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone less than eighteen (18) years of age must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program.

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tend to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

(over)

By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters. The Office of Emergency Medical Services welcomes all interested individuals to participate as an informed member in this very rewarding activity.

I, _____, have reviewed this letter and

(parent/guardian) (PRINT)
discussed with my daughter/son the activities associated with being an EMS provider. Having no further questions, I consider my daughter/son, _____, to possess the
DAUGHTER/SON NAME (PRINT)
necessary maturity to perform the duties of an Emergency Medical Services Provider and authorize their enrollment in this
_____ course.
Name of EMS Program

SIGNED:_____ **DATE:**_____
PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO APPLICANT:_____

ENDORSEMENT OF APPLICANT BY AGENCY OFFICER

If the applicant is a member of an agency providing prehospital medical care, the endorsement of the applicant by an officer in the agency is required to insure agency insurance coverage, etc. in the event of student's course related injury or liability.

I, _____, _____ for
NAME OF OFFICER (PRINT) OFFICER TITLE
the _____
NAME OF AGENCY
have spoken to _____ and I recommend that
PARENT / GUARDIAN
_____, a member in good standing with the above
NAME OF APPLICANT
agency be allowed to take the Emergency Medical Services' BLS program for certification.

SIGNED:_____ **DATE:**_____
SIGNATURE OF OFFICER DATE

This letter must be presented to the EMT Instructor who will keep it on file with the records for the Emergency Medical Services program the above applicant has enrolled. This letter must be returned to the EMT instructor within one week after receipt by the student in order to remain in the course.