

EMT-Basic Course Evening Class Begins January 3, 2019



Central Jackson County Fire Protection District
Jeff Grote
Fire Chief

November 2018

Dear Prospective EMT Student,

Thank you for your interest in our EMS program! Our next EMT-Basic Class will begin on Thursday, January 3, 2019. Class will be held each Tuesday and Thursday at Central Jackson County FPD Education Center, in Blue Springs, MO. Class times will be from 5:30pm to 10:00pm.

Our courses are instructed by a variety of pre-hospital providers and nurses, with many years of clinical experience and many areas of expertise. Our curriculum exceeds the requirements of the DOT, MO Bureau of EMS and the National Registry of Emergency Medical Technicians.

Course tuition is **\$1200.00**, which is all inclusive of student expenses (Text books, uniform shirts, lab fees, and software fees for didactic study, testing and clinical tracking). **Students will be responsible for their National Registry testing fees.**

Initial deposit to guarantee your position in class is \$50.00. This is a non-refundable application processing fee. You can pay in full at any time, a payment plan is offered as follow; first night of class \$350.00, then 2 quarterly payments of \$400 each.

You may mail or return your application and deposit any day Monday through Thursday from 8am to 4:30pm at the CJCFPD Education Center, at 4715 W 40 Highway, Blue Springs, MO 64015. Class size is limited and will be filled on a first come first serve basis. ***Applications need to be received no later than December 21, 2018.***

Again, thank you for your interest. If you need further information, please do not hesitate to call.

Sincerely,

EMS Education Staff
Fire and EMS Education Facility
4715 E 40 Hwy
Blue Springs, MO 64015
816-229-9118* Fax 229-2152

Entrance Requirements

All applicants to the Central Jackson County Fire Protection District's EMT-Basic Program must meet the following criteria to be considered for program acceptance.

1. Required to be 18 years of age or older prior to course completion.
2. Complete EMT-Basic student program application.
3. Able to perform the normal functions of an EMT.
4. Verification of required immunizations and additional required documents.

Required documents below must be submitted the 1st night of class

1. Provide copy of driver's license.
2. Submit felony statement (if applicable).
3. **Verification of required immunizations**
 - **Current Hepatitis B Series (3 shots series) or Hepatitis B Titer**
 - **Varicella (Chicken Pox) Titer or record of receiving 2 immunizations**
 - **Measles/Mumps/Rubella (MMR) Titer or record of receiving 2 immunizations**
 - **Current Tdap-Record of receiving one in last 10 Years**
 - **TB Skin Test-Record of TB Skin test or negative chest x-ray within last year.**
 - **Record of receiving Influenza Vac for 2018-2019 season.**
4. Provide at least one letter of recommendation from a person currently in the healthcare field.
5. Submit a one-page essay on why candidate is applying to the program.

Central Jackson County Fire Protection District EMT-Basic Student Application

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|--|--|-----------------------|--|--------------------------|----------------|-----------------------------|
| Last Name: | | First: | | | Middle: | |
| Home Address: | | | | | | |
| City: | | State: | | Zip: | | |
| Home Phone: | | Cell Phone: | | E-mail: | | |
| Emergency Contact Name: | | | | Phone Contact: | | |
| Age: | | Date of Birth: | | Social Security # | | |
| Have you ever been convicted of a Felony: | | | | | No | Yes (Attach Details) |

Will you require any special accommodations for learning during the EMT program? YES/NO Circle One

- I have reviewed the information presented on this form and I agree that it is correct as stated.
- I agree to provide all required documentation by first day of class. If not, I understand that I could be asked to surrender my seat in the Paramedic Program.
- I agree to the total tuition due and payment plan for money owed to Central Jackson County Fire Protection District. I understand that failure to pay any installment when due may result in my removal from the program.

Applicants Signature

Date

Shirt Size (circle) S M L 1X 2X 3X 4X

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| Application Received _____ |
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