

# Central Jackson County Fire Protection District

## EMT-Basic Course Evening Class Begins July 2019

May 2019

Dear Prospective EMT Student,

Thank you for your interest in our EMS program! Our next EMT-Basic Class will begin on Tuesday, July 9<sup>th</sup>, 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 make payments in 3 quarters, with a \$400.00 payment due the first night of class.

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 June 30, 2019.***

Again, thank you for your interest. I hope this answered some of your questions. 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

**Jeff Grote**  
**Fire Chief**  
805 N.E. Jefferson  
Blue Springs, MO 64014  
816-229-2522 Fax: 816-229-5110  
[www.cjcfpd.org](http://www.cjcfpd.org)

**CJCFPD**

## **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 1<sup>st</sup> 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 after Oct 1, 2019.**
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

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

- Release Authorization: I request and authorize Central Jackson County Fire Protection District on my behalf of the information needed for entry into the EMT course. I am aware and agree that this information may be shared with the clinical sites that are required part of this educational 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. I understand and agree that after the first day neither my voluntary withdrawal nor my involuntary removal from the program will release me of my financial obligation to Central Jackson County Fire Protection District.
- I have reviewed the information presented on this form and I agree that it is correct as stated.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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

Application Received _____
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