



Saving Lives Through Education
PARAMEDIC / TACTICAL / EMS
www.rescue1.us
912.692.8911

GEORGIA / NATIONAL REGISTRY
PARAMEDIC
(PARAMEDIC Program)

January 24, 2012
COURSE APPLICATION
Savannah, Georgia

STUDENT NAME _____

Return completed application to:

RESCUE TRAINING, INC.
9-A Mall Terrace
SAVANNAH, GA 31406
ATTN: DIRECTOR OF EDUCATION AND DEVELOPMENT

December 19, 2011

Thank you for your interest in the up-coming 2012 Paramedic Course. This course exceeds the DOT National Standard Curricula and having "state" approval allows the successfully completing student to take the National Registry exam for certification as Paramedic.

This course will be held primarily on Tuesdays and Thursdays, which will allow the student to complete the course in less than nine months. This course is limited to 24 students.

Please complete the enclosed application and return it to us prior to January 17, 2012. Remember placement in the course is on a first come basis. Register early. Confirmation of enrollment is granted **after** receipt of payment. All monies are due no later than January 20, 2012 and class starts on January 24, 2012. (The course may be postponed if enrollment is low).

Most of your questions about the course should be answered in the application package and brochure. If for some reason you need to talk to someone about information not addressed or may not be clear in this packet, please call either Carol Crockett or Misty Hall at (912) 692-8911.

Again, thank you for your interest. I look forward to another very constructive, resourceful, and beneficial paramedic course. If I may ever be of assistance to you please call.

Sincerely,

David E. Hall, Jr., NREMT-P
CEO, Rescue Training, Inc.

DEH/mh

Attachments

Saving Lives Through Education!

PROGRAM INFORMATION

PARAMEDIC COURSE

FACULTY

The faculty of Rescue Training, Inc. is composed of qualified, experienced and respected educators who serve as instructors, advisors, consultants and preceptors for the students enrolled in programs at Rescue Training, Inc.

The faculty members are drawn from appropriate emergency disciplines and function as a catalyst to instruct, assist and guide students in their learning programs.

In addition to faculty responsibilities at Rescue Training, Inc., some faculty members also serve on the faculty or administrative staffs of other local colleges, hospitals, technical schools, or Emergency Medical Services.

President/ CEO:

Dave Hall, NREMT-P, 30 years EMS experience, Tactical Paramedic, Ga EMT-Level II Instructor, Flight Paramedic, PHTLS, ACLS, CPR, EMT-D and AED Instructor, State of Florida Paramedic.

Medical Director:

Richard O. Shields, Jr., M.D., F.A.C.S., Georgia Emergency Associates, Over 20 years practice as Emergency Physician – most of which has been in a large Regional Trauma Center. Board Certified – American Board of Emergency Medicine - American College of Emergency Physicians, Georgia College of Emergency Physicians. Several Publications.

Lead-Instructor/Coordinator:

Carol Crockett, NREMT-P, State of Georgia Paramedic and EMT Instructor, CPR Instructor Trainer, Neonatal certified, BTLIS Instructor, ACLS Instructor, Pre-hospital Pediatric Life Support Instructor, Confined Space Rescue, Street Survival, 15 years experience. Advanced Medical Life Support Instructor, EMD Certified.

Assistant Instructors:

Assistant Instructors, other physicians, paramedics, preceptors and qualified instructors will also be assisting throughout the course.

PREREQUISITES TO ADMISSION

An applicant should meet the following prerequisites in order to be admitted into the **Paramedic**.

1. An applicant must have earned a High School Diploma or G.E.D.
2. An applicant must be currently certified as an Emergency Medical Technician or must have completed an Emergency Medical Technician course and waiting test results.
3. An applicant **must** obtain a National Registry EMT Basic or Intermediate, or a State EMT certification in order to be eligible to sit for the Paramedic Exam.
4. An applicant must be at least 18 years of age.
5. An applicant must sign the Felony Form. If unable to sign this form you must obtain the "waiver" form from the Director of Education.
6. An applicant must sign the "Guidelines and Agreements", (upon acceptance) agreeing to all course guidelines.
7. Submittal of proper tuition.
8. An applicant must complete the attached application and emergency information form.
9. An applicant must sign the "Substance abuse form ".

***PRIOR TO CLINICAL ROTATION**

10. An applicant must provide copy of current CPR card, Drivers License, and proof of health insurance.
11. An applicant must provide a letter from a physician stating good physical health.
12. An applicant must provide proof of immunizations.
13. An applicant that becomes pregnant at any time during this course, will not be able to complete this particular course but is eligible for the next course, due to the dangers, risks, rules and regulations of expectant mothers completing clinicals and National Registry practical exams or any other physical demands that may be asked of a Paramedic.

JANUARY 2012 PARAMEDIC COURSE

This Course will provide **advanced** emergency medical training at an accelerated rate and will prepare the students to function as a paramedic outside the classroom. The course will prepare the student who maintains a passing grade in each division to meet the requirements for taking the National Registry Paramedic Exam. The clinical and didactic training should prepare the student to enter or continue in the emergency medical field with an above average ability. This course contains approximately 600 hours of classroom instruction and 356 hours of clinical rotation that will be both a time consuming and a rewarding experience.

START DATE: January 24, 2012

END DATE: TBA 2012

LOCATION : 9-A Mall Terrace

CLASS DAYS : Tuesday & Thursday

CLASS TIMES: 9:00 AM - 5:00 PM

National Registry Exam: TBA

COST : \$4,950.00 * Pay per month options available

Cost includes: all books and instructional materials, instructor fees, ACLS provider course fees, books, expendable supplies, equipment rental, medical teaching aids, Paramedic class certificate (upon successful completion of the entire program).

Cost does not include: Any state certification fees, National Registry exam fees, or expenses to travel to the exam(s). Also not included are any required personal or professional insurance policies, personal medical equipment, clinical uniforms, kits, or tools. Notebooks, writing paper, pens, the cost for any required inoculations, physical, or health insurance, etc. (It is estimated, that upon completion of the course, the National Registry exam and certification fees will be approximately \$250. It is also estimated that student professional liability policies will cost less than \$200 for the duration of the course if you must purchase this policy)

RESCUE TRAINING INC PARAMEDIC PROGRAM

APPLICATION CHECKLIST

- COMPLETED APPLICATION FORM
- EMERGENCY INFORMATION FORM
- SUBSTANCE ABUSE/FELONY FORM
- COPY OF BASIC EMT LICENSE
- LETTER OF RECOMMENDATION FROM EMPLOYER OR EMS RELATED

- COPIES OF CURRENT CPR CARD
- COPY OF DRIVER'S LICENSE
- PROOF OF HEALTH INSURANCE/HOSPITALIZATION
OR NOTARIZED WAIVER

- GOOD PHYSICAL HEALTH LETTER FROM PHYSICIAN

- PROOF OF IMMUNIZATIONS/TB TEST ***
- COPY OF HIGH SCHOOL DIPLOMA OR GED

Submit two copies of all of the above items!

APPLICATIONS WILL BE ACCEPTED THROUGH January 17, 2012 WITH CLASS BEGINNING ON January 24, 2012.

*** = MUST PROVIDE PROOF OF ALL IMMUNIZATIONS (EVEN CHILDHOOD) AND TB TESTS (WITH A NEGATIVE READING WITHIN THE LAST YEAR, OR (AT YOUR OWN EXPENSE), GET ALL NECESSARY IMMUNIZATION BOOSTERS, TITERS, or TESTS.

JANUARY 2012 - PARAMEDIC COURSE APPLICATION

Rescue Training, Inc.
9-A Mall Terrace
Savannah, Georgia 31406
(912) 692-8911

It is the policy of Rescue Training Inc to provide equal opportunities to all applicants and employees and potential students without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Course Applied For: **2012 PARAMEDIC COURSE**

Applicant **Full** Name: _____

Address: _____

City/State/Zip: _____

Cell phone: _____ Home phone: _____

E-MAIL ADDRESS _____

Social Security Number: _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____ Evening phone: _____

Shirt Sizes: _____ T-Shirt _____ Polo Shirt

JANUARY 2012 PARAMEDIC COURSE APPLICATION

Referral Source: Who referred you to our company?

Are you at least 18 years old? _____ Yes _____ No

Driver's License Number: _____

What state issued your license? _____

Have you ever been convicted of any crime, not - including traffic violations?

_____ Yes _____ No If yes, please describe:

**Applicant complete and sign form: "Felony Statement"

Applicant Employment History: List your current employment.

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Dates of Employment (Month/Year): _____

Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? ___ 9 ___ 10 ___ 11 ___ 12 Diploma? _____ Yes _____ No

Other Training (graduate, technical, vocational):

EMS courses or Training:

References: List any two people who would be willing to provide a reference for you.

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

JANUARY 2012 PARAMEDIC COURSE APPLICATION

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or, if attendance commences, immediate termination.

I authorize Rescue Training Inc to contact employers and educational organizations regarding my employment and education. I authorize my employers and educational organizations to fully and freely communicate information regarding my employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

2012 PARAMEDIC COURSE APPLICATION

Felony Statement

By signing below I am stating that I have never committed, nor been charged with, nor being investigated for, nor prosecuted for any felony offense in the state of Georgia or any other state. I fully understand that my failure to disclose this information regarding a felony record or investigation my result in my dismissal from the Paramedic class or denial by the Georgia State Office of EMS to issue a Paramedic certification. I fully understand that to attend the Paramedic class with a felony offense or an on-going investigation will require permission from the Georgia State Office of EMS. Any felony offense should be immediately brought to the attention of the “Director of Education and Development”, so as to forward such information to the Georgia State Office of EMS for consideration of possible permission to attend the Paramedic Class.

Student Printed Name

Student Signature

Witness Printed Name

Witness Signature

Date

If you are unable to sign this certificate, please contact Carol Crockett (912) 692-8911 as soon as possible.

*Some clinical sites may require a criminal background check at the student’s expense.

Substance / Drug Abuse Statement

I, _____, do swear that I am not currently taking any illegal drugs or substances. I understand that I must not take any illegal drugs during the course of my class, nor should I consume any alcohol prior to any class time or prior to any clinical rotations. I understand if I choose not to follow this guideline that I may be dropped from the course.

Date

Signature

Witness

Instructor

*Some clinical sites may require a drug screening at the student's expense.

Emergency Information Sheet *{confidential}*

STUDENT Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ DOB _____

Emergency Contact

Address _____ Phone _____

Family Physician _____

Address _____ Phone _____

List any Hospitalizations for serious illnesses or injuries

List any major medical problems _____

List any current prescription medications _____

Payment Options

Options to pay tuition for the January 2012 Paramedic Course

Master Card / Visa / Discover accepted.

Refund policy : All classes are prepaid. No student may attend classes without first making payment according to the payment plans as listed above. Refunds will be made for all pre-paid months that have not begun and the student or instructor advises Rescue Training Administration in writing that the student will no longer be attending the paramedic course. There will be no refunds for the current month (\$675.00). No refunds for materials and administration fees (\$325.00).

Option I : (Discount \$400) One lump sum payment of \$4,550.00 by 01/24/12

Option II : Seven payments / Per Month system :

OPTION	Down Payment	Monthly x six	Total Course Cost
2	900	675	4950

Payment Schedule Dates

Down Payment – 01/24/12

1.	JAN '12 (down)	\$900.00
2.	MAR '12	\$675.00
3.	APR '12	\$675.00
4.	MAY '12	\$675.00
5.	JUN '12	\$675.00
6.	JUL '12	\$675.00
7.	AUG '12	\$675.00

I, _____ (print name) understand the above-mentioned plans. I also understand the "refund" policy and accept the terms and request to make payments on my tuition in accordance with

OPTION #

Signature: _____ Date _____

RTI SCHOOL POLICY: Healthcare and Liability Insurance

APPLIES TO: EMT-B, EMT-A, and Paramedic Students

DATE: July 01, 2011

Each student must provide proof of health/accident insurance coverage at the beginning of the course or sign a notarized waiver of health insurance coverage. Rescue Training Inc, Southeast GA EMS, Region IX, and DHR is not responsible for any injury, illness, or health care costs that may be incurred or associated with practice, skills, clinicals, or any other training provided by RTI.

Insurance Information

Name: _____

Insurance Provider: _____

Policy#: _____

SELF PAY or Responsible Party: _____

Contact Information: _____

Emergency Contact: _____

In consideration for working in the EMS field, Rescue Training Inc provides me the opportunity to acquire training and instruction, I, the undersigned, agree to indemnify, protect, and hold harmless Rescue Training, Inc., and its officers, directors, employees agents and assignees, from any and all liability judgments, claims, costs, damages, or injury arising out of or in connection with any and all acts of negligent conduct on the part of the undersigned, however caused, during any instructional, clinical, or training activity.

I agree that I will defend, at my own expense, any and all actions, lawsuits, or proceedings which may be brought against Rescue Training Inc in connection with the above and shall satisfy, pay, and discharge any and all judgments that may be entered against RTI, the Hospital, or EMS Agency in any such actions or proceedings.

Student Professional Liability Insurance

Rescue Training Inc does not require student liability insurance, but our clinical sites do require this insurance to be eligible to utilize their facility for clinical rotations. This may be purchased by the student or a letter verifying coverage of \$1,000,000-\$3,000,000 aggregate from current employer.

A recommended provider of SLI is:
Health Providers Service Organization
Web: www.hpso.com
E-Mail: service@hpso.com
Phone: 1-800-982-9491

I, _____, agree to the insurance policies listed above.
(printed name)

Signature

Date

RTI SCHOOL POLICY: Dress Code

APPLIES TO: EMT-B, EMT-A, and Paramedic Students

DATE: July 26, 2011

Rescue Training Inc has implemented a dress code/uniform policy in accordance with EMS professional standards and appearance expectations. While in uniform you are representing Rescue Training as well as your own professional image to potential future employers and to the public. Each student is issued a number of T-Shirts and collared shirts to wear during class and EMS/Hospital rotations.

All students shall adhere to the Rescue Training dress code policy effective August 1, 2011.

Classroom Attire

- Designated RTI T-Shirt
- Long Pants
- Closed toed-shoes

Clinical Attire

- Designated RTI collared shirt
- Black or blue pants, black belt, & black shoes and socks are required
- Designated Rescue Training collared shirt (should be tucked in)