



2017/18 ADVANCED EMT APPLICATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Idaho EMT Number: \_\_\_\_\_ Year Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NREMT Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Agency

Affiliation? Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

When affiliated? \_\_\_\_\_ May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Agency Affiliation: \_\_\_\_\_ May we contact them? Yes No \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you attend high school? \_\_\_\_\_ Year Graduated or Equivalent: \_\_\_\_\_

Course Desired: \_\_\_\_\_

- I will attend all class periods and clinical sessions as assigned? Yes \_\_\_ No \_\_\_
- I understand the proposed schedule of the program? Yes \_\_\_ No \_\_\_
- I have reliable transportation available that will allow me to possibly travel over 200 miles from College of Southern Idaho Twin Falls Campus for clinical and/or Fire/EMS ride experiences? Yes \_\_\_ No \_\_\_
- I DO NOT \_\_\_ DO \_\_\_ have any medical problems that would preclude my completing the course.
- I understand the all course fees, tuition and other course related costs are to be paid in full by CSI and AEMT Program Due Dates. Additionally; All Course Fees are NON-REFUNDABLE Yes \_\_\_ No \_\_\_
- I understand that if my conduct, grades or course performance is not meeting minimum standards of both the program and the National Standards; I may be dismissed from the program with due process & disciplinary committee review. Due process may include my right to appeal the dismissal. Yes  No

ON TIME APPLICATIONS DUE JUNE 1ST  
LATE APPLICATIONS WILL BE CONSIDERED BUT ARE DISCOURAGED



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- I understand that I must abide by all course and program rules as stated and updated in the CSI EMS Program Student Manual/Handbook. Yes \_\_\_ No \_\_\_**

By signing this application form you are agreeing to all program terms and conditions including allowing the College of Southern Idaho EMS Program to evaluate your worthiness to enter and likelihood of completion of the Advanced EMT Course.

The applicant is aware that all CSI, State and NREMT application fees, tuition and related course costs are non-refundable or transferable. Course costs and fees descriptions can be found in the CSI EMS Course Student Manual/Handbook.

Applications that are not accepted by the CSI AEMT Program for the current program may still be considered should a vacancy occur or if the student is able to meet entrance requirements at a later date. There is no promise that simply by applying for the course students will be accepted to participate. Based on the nature of the course all requirements may be met and a student may not be accepted based on the entrance committee's estimation that the student will not succeed. This does not mean that the student may not reapply after more preparation is completed.

The applicant must attach to this completed application the following documents:

1. Copy of current Idaho, NREMT and all other EMT Certifications
2. Copy of current BLS/Health Care provider CPR card
3. A typed resume
4. One letters of reference attesting to the applicant's character, academic abilities and overall experience in EMS.
5. A letter of intent and interest to participate in the program.
6. Description of patient care experience in the medical field, this may be as a volunteer or professional medical provider.
7. Proof of completion of the following pre-requisites (official or unofficial transcripts showing at least a passing grade of "C" or better)
  - a. A minimum of Introduction to Medical Terminology Or
  - b. A minimum of Introduction to A & P or equivalent
  - c. If you do not have one of these courses completed, you may still be considered for the

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AEMT program at the discretion of the EMS Program Staff.

The applicant understands that in addition to the items listed they will also be required to provide proof of completion the following prerequisites:

- a. Pre-course written and skills testing achieving a minimum score
  - d. Exam will consist of Basic EMS Knowledge
- b. Proof of Immunizations with Adult Boosters including Hepatitis A and B Series must be completed prior to first day of class
  - e. Hepatitis A and B may be series under way. A complete list is found in the Student Manual/Handbook.
- c. Proof of TB testing after September 1<sup>st</sup> of the current year or yearly
- d. Successful completion of the entrance interview

I, \_\_\_\_\_, have read and understand the entrance requirements for The College of Southern Idaho AEMT Course. I am aware of the no-refund policy of the course and agree to that provision. I also will allow The College of Southern Idaho and any related clinical and/or Fire/EMS agencies to complete a background check to prove my character and worthiness to enter the CSI AEMT Course and serve in the clinical/field setting. I am aware of and agree to all FERPA requirements\*.

I am aware of the unique physical and mental strains the CSI AEMT Course will place on my family and me. I am willing to commit the amount of time required to make my experience a successful one. I recognize the length of the course is approximately 1 semester (following the CSI semester schedule) or approximately 4 months, with unique scheduling and class times. There may be out of class hours required for clinical rotations.

If accepted to the program I understand that if I decide to leave the program for any reason that my tuition and course fees will be forfeited. I also agree to abide by the course rules and regulations as set forth by College of Southern Idaho, the College of Southern Idaho EMS Programs, the National Registry of EMT's and the Idaho Bureau of Emergency Medical Services.

I understand that I forfeit my right to legal action against College of Southern Idaho and/or the College of Southern Idaho EMS program and related companies or any employees related to the course for actions or occurrences that may arise during or outside of class time. I recognize the nature of this course and that it may place me in dangerous and stressful situations. I also agree to

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carry personal health and accident insurance to cover any and all injuries or illnesses that may occur to me during the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

More information can be found at: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

\*\*\*To be considered a serious applicant for the CSI Paramedic Program you must have all required documentation accompanying this application. If an item is missing or in progress, please provide an explanation in writing with your application. Only applications that contain all required information and documentation will be considered complete

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