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PROGRAM DATE:

MARCH 14, 2023 – JUNE 30, 2023

Application & Entrance Exam Due 03/03/2023

Classes will be held weekly:
Tuesday and Thursday with some
Saturday classes

9:00 a.m. to 4:00 p.m. at The
Franklin Center, Rocky Mount

Mike Garnett

Program Director

6580 Valley Center Dr. Ste 152

Radford, VA. 24141

Office (540) 562-3482

Chris Christensen

Clinical Director

1944 Peters Creek Rd

Roanoke, VA. 24017

Office (540) 562-3482

Western Virginia EMS Council Training Center

-Advanced-

EMT

Program

APPLICATION

APPLICATION INSTRUCTIONS

IMPORTANT – READ CAREFULLY

APPLICANTS ARE NOT CONSIDERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED.

The following items are required to qualify for the AEMT Entrance Examination for the program:

- Provide the following documentation:
 - Driver's license/other Government issued photo ID.
 - High School Diploma OR General Equivalency Diploma (GED) OR evidence of post-secondary education.
 - Current CPR card. (Current CPR certification must be on the list of VOEMS accepted disciplines.)
 - VAOEMS EMT Certification Card.
- Review the **WVEMS AEMT Admission Policies and Enrollment Requirements** and sign the **Acknowledgement Page**.
- Completed **Course Application**.
- Completed **Recommendation for ALS Education Program**. TO BE COMPLETED AND SIGNED BY YOUR AGENCY DIRECTOR AND/OR DESIGNEE AS WELL AS YOUR AGENCY OPERATIONAL MEDICAL DIRECTOR. The WVEMS AEMT program requires that each enrollee receive the endorsement of their agency and OMD in order to be considered for enrollment into this program. This form is to be signed and sealed in a separate envelope by your Agency Director or designee and returned along with your completed application.
- Return the completed **Advanced EMT Program Application** directly to Chris Christensen, in person.

AEMT ENTRANCE EXAM REQUIREMENTS: Once your application has been reviewed and accepted, you will be notified by the Program Director or his designee and required to schedule and complete the AEMT Entrance Exam.

You will be provided one (1) opportunity to complete and pass this exam. You must achieve a satisfactory score of 70% or greater to be considered. Failure to pass the exam will mean your application will be withdrawn from consideration for this program. The deadline to turn in this application and complete the AEMT Entrance Exam will be close of business on **Friday, March 3, 2023**.

NOTICE OF ACCEPTANCE INTO PROGRAM: Beginning of March applicants to the program will be emailed notification and advised their status in the upcoming program.

TUITION FOR THIS PROGRAM IS \$2,475.00.*

EMS agencies or other organizations can be invoiced for the tuition. Students who are delinquent in payment of the program fees will be subject to dismissal from the program.

**Scholarships may be available for providers and agencies through the Virginia Office of EMS.*

Tuition cost covers:

- **Instruction**
- **Textbook (Brady Advanced EMT 2nd Edition E-text w/BradyMyLabs)**
- **National Registry Written Exam (initial only)**
- **National Registry Psychomotor (Practical Testing - initial only)**
- **Clinical Uniforms (Polo and EMS Job-shirt)**
- **Drug & Criminal History Screening**
- **Class Technology (Platinum Education Testing/Planner)**

Please be sure read through entire application, if you have any questions, please contact Chris Christensen: (540) 562-3482 or cchristensen@vaems.org

**Please deliver completed applications to:
Western Virginia EMS Council
ATTN: Chris Christensen
1944 Peters Creek Rd, NW
Roanoke, Virginia 24017**

WVEMS AEMT Admission Policies and Enrollment Requirements

The Western Virginia EMS Council Training Center is an equal opportunity program. Students shall not be discriminated against with regard to disability, age, race, color, sex, marital status, sexual orientation, pregnancy, religion, or national origin. All applicants must meet the minimum requirements and provide documentation prior to entry into an Advanced Life Support program.

An enrolled student in an ALS certification program shall comply with the following:

1. The applicant must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC5-31-1521, ALS Course Student Requirements (see below)**:
 - ✓ *Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms and interpret protocols.*
 - ✓ *Be a minimum of 18 years of age at the beginning date of the certification program.*
 - ✓ *Certification as an EMT.*
 - ✓ *Possess a High School or General Equivalency Diploma.*
 - ✓ *Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification, including the ability to function and communicate independently and to perform appropriate patient care, physical assessments and treatments.*
2. The applicant must hold a current and approved certification in CPR.
3. The applicant shall complete an EMT level knowledge-based entrance examination and must achieve a satisfactory score of 70% or greater to be considered. The applicant will have one (1) opportunity to successfully complete this exam.
4. I understand that I must consent to criminal history check and drug screening in a manner specified by the Western Virginia EMS Council Training Center by the deadline established for the program which is a requirement for participation in the clinical component of the program.
5. Program completion is defined as completing all program requirements necessary to qualify for the certification examinations.
6. No tuition refunds will be made after the third class.
7. I also understand that completion of this program **does not** guarantee that I will be allowed to participate in any certification processes. That decision is at the discretion of the Program Director, Clinical Director and the Program Medical Director.

If accepted into the program, documentation of all immunizations as listed below must be submitted to the program's designated infection control officer **BY THE FIRST NIGHT OF CLASS:**

- A. **Proof of immunization or results of rubella (German measles) titer. (Required.)**
- B. **Proof of immunization or results of mumps titer. (Required.)**
- C. **Proof of immunization or results of rubeola (measles) titer. (Required.)**
- D. **Proof of current flu vaccination. (Required.)**
- E. **Proof of COVID vaccination/boosters. (Required.)**
- F. **Hepatitis B vaccine status. (Recommended. If vaccination is declined, a declination form must be supplied or completed.)**
- G. **Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, submit documentation from your health care provider attesting to the history of the disease.)**
- H. **Results of tuberculin skin test (TST). Two-step TST is required if you do not have a documented negative TST result during the preceding 12 months. If you have a documented negative TST result during the preceding 12 months, you need only complete one-step TST. A TB blood test (QuantiFERON®-TB Gold Test) may be substituted for the tuberculin skin test.**

WVEMS AEMT ADMISSION POLICIES AND ENROLLMENT REQUIREMENTS

ACKNOWLEDGMENT PAGE

TO BE READ AND SIGNED BY APPLICANT

I have read the attached **WVEMS AEMT Admission Policies and Enrollment Requirements** and understand the requirements and meet all of those listed and applicable.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADMISSION TO THE COURSE. ADMISSION DECISIONS ARE FINAL.

I hereby affirm that the information I have submitted on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation. I further affirm that I am eligible for certification as a Virginia EMS provider under **12 VAC5-31-910** (criminal or enforcement history) of the Virginia Administrative Code (EMS Rules and Regulations).

Signature of Applicant

Date

Course Application:

Section-1: APPLICANT INFORMATION [PLEASE PRINT CLEARLY]

Last Name First Name Certification Number Expires

Street Address

City/Town State Zip Code Phone (Home)

E-mail address Phone (Alternate – *specify type*)

EMS Agency Affiliation Date of Birth

Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY [PLEASE PRINT CLEARLY]

Last Name First Name MI Relationship

Street Address Phone (Home)

City/Town State Zip Code Phone (Alternate – *specify type*)

Section-3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the Western Virginia EMS Council Training Center and the Virginia Department of Health, Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature

Date : _____

