



Application Packet

2015-2016 ***EMT-Intermediate***

630 Randolph Street
Danville, Virginia 24541
434.792.1871 ext. 236

Application Instructions/Check List

IMPORTANT - READ CAREFULLY

APPLICANTS WILL NOT BE CONSIDERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE DANVILLE AREA TRAINING CENTER

The following items are required to qualify for admission to the EMT-Intermediate program.

- ❖ Review the **Admission Policy and Enrollment Requirements** and **General Course Policies**
- ❖ Complete the **ENTIRE Course Application Package**.
- ❖ Submit the **Course Application Package** to the Danville Area Training Center

The following items are required to complete the application package:

- ❖ The applicant must have a current student application on file with Danville Community College.
- ❖ The applicant will be required to take the Virginia Placement Tests (Mathematics and English) at Danville Community College unless appropriate college credits (determined by DCC) are possessed by the applicant.
- ❖ Copies of the following:
 - Driver's license or other Government issued photo ID
 - High school diploma OR General Equivalency diploma
 - Current CPR card in a Virginia Office of EMS approved course
 - Current Virginia and/or National Registry EMT Certification
- ❖ Complete the **Personal Health History** form.
- ❖ Complete the **Immunization Record** form and/or submit copies of all information requested on the **Immunization Record** form.

*Payment arrangements for the program **MUST** be finalized with the Danville Area Training Center before the start date of the program. Contact Jeffrey Reynolds, DATC Director of Program and Student Development, for payment options.*

*COST FOR THE PROGRAM IS **\$1,600.00**. This includes ALL costs for the program (drug screening, criminal background check, uniforms, etc.) EXCEPT for textbooks, testing fees or any supplemental courses (ACLS, ITLS, PEPP, etc.) offered in conjunction with the program.*

All required textbooks will be available through the Danville Area Training Center. Approximate cost of required textbooks is \$475.00.

*Testing Fees: \$100.00 for written (paid to National Registry for each attempt)
\$200.00 for practical (estimated cost - paid to the testing host)*

*Students **MUST** own OR have access to a laptop or tablet computer with wireless internet access for use during the program. This program will extensively utilize Blackboard, FISDAP and computer based testing in the conduction of the program. Students will be **REQUIRED** to bring the computer to all class sessions.*

Admission Policy and Enrollment Requirements

The Danville Area Training Center does not discriminate in its admission policies on the basis of sex, race, national origin, color, creed, disability, age, religion or sexual preference. All applicants must meet the minimum requirements and provide documentation prior to entry into an Advanced Life Support program. Qualified applicants may be subject to a selection process by the Danville Area Training Center Advisory Board should the number of qualified applicants exceed the number of positions available in the program.

Applicants must provide documentation of minimum requirements prior to entry into the EMT-Intermediate program.

For entrance into the EMT-Intermediate program:

1. The applicant must meet the requirements specified in the Virginia Emergency Medical Services Regulations sections 12VAC5-31-910 through 12VAC5-31-940 and 12VAC5-31-1521.
2. The applicant must hold a current Virginia Office of EMS approved certification in CPR.
3. **The applicant must have a current student application on file with Danville Community College.**
4. **The applicant will be required to take the Virginia Placement Tests (Mathematics and English) at Danville Community College unless appropriate college credits (determined by DCC) are possessed by the applicant.**
5. The applicant may be tested on Emergency Medical Technician knowledge.

12VAC5-31-1521. ALS course student requirements:

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

1. 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.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Certification as an EMT or higher EMS certification level.
4. Possess a high school or general equivalency diploma.
5. 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 perform appropriate patient care, physical assessments, and treatments.
6. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.

GENERAL COURSE POLICIES:

1. **Absences exceeding more than 15% of required course hours are NOT ALLOWED for any reason.** This applies to ***each*** required course module (i.e., EMS-151 – Introduction to ALS; EMS-153 – Basic ECG Recognition, etc.) Students missing more than the maximum hours allowed will be dropped from the course. In addition, all absences must be made up under the direction of the Program Director.
2. All students must obtain at least a 70% average in each required course module to be allowed to continue in the program and for eligibility for certification examinations.
3. All students must consent to drug screening in order to participate in clinical and field externship components of the program. Starting and completing any clinical or field rotations, and thus completion of the program, is contingent upon a **NEGATIVE** drug screen for specified substances. Confidentiality will be maintained at all times in accordance with the Danville Area Training Center Student Drug Testing Policies.
4. All students must consent to a criminal background check in order to participate in clinical and field externship components of the program. Starting and completing any clinical or field rotations, and thus completion of the program, is contingent upon a **NEGATIVE** criminal background check. Confidentiality will be maintained at all times in accordance with the Danville Area Training Center policies.
5. All students ***must*** document the requested health information listed on the **Personal Health History** form and provide immunization records as requested on the **Immunization Record** form.
6. All students ***must*** submit a signed **NOTICE OF DEEMED CONSENT TO INFECTIOUS DISEASE BLOOD TESTING** form, along with a completed and signed **SPONSORING AGENCY ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR INFECTIOUS DISEASE TESTING** form.
7. Students must successfully complete ***all*** aspects of the program (classroom, clinical and field internship). It is especially important to understand that you must attain the **minimum required number of *all*** clinical and field internship competencies to complete the program. Attainment of the minimum required number of competencies ***could require additional hours of hospital or field rotations beyond the minimum required by state program guidelines.***
8. Students must complete all clinical and field internship requirements and ***all*** required competencies by the deadline established for the program. Students will not be allowed to sit for certification examinations until ***all required documentation*** has been submitted ***and*** audited. This could result in the student having to travel outside of the area for certification examinations.
9. All clinical and field internship rotations must be scheduled according to program guidelines. You will be given instructions on how to schedule clinical and field internship rotations. Failure to complete internships you have scheduled without prior notification to the appropriate clinical or field internship location may result in your dismissal from the course. ***Any forgery of clinical or field internship hours and/or competencies WILL result in the immediate dismissal from the program and may result in decertification procedures.***
10. All field internship rotations must be performed with ***approved agencies and preceptors.*** ***Only previously approved and scheduled internship rotations and/or competencies will be counted.***

PLEASE KEEP THESE GENERAL COURSE POLICIES - DO NOT RETURN WITH THE APPLICATION!

APPLICATION INSTRUCTIONS

The attached Danville Area Training Center Application is required for admission to our accredited Virginia Intermediate course. Successful completion of the course enables a student to take the National Registry Intermediate written and skill examinations. Successful completion of the National Registry examinations will result in certification as an Intermediate in the Commonwealth of Virginia.

Pages 1 – 5:

Please read and carefully review. These are yours to keep.

Page 6:

Sign and return with the **Course Application**, certifying that you have read the attached **Admissions Policy and Enrollment Requirements** and **General Course Policies** and understand the requirements and meet all of those listed and applicable.

Page 7:

Complete the **Course Application** in its entirety.

Page 8:

Complete the **Personal Health History** form in its entirety and return with the **Course Application**.

Page 9:

Immunization Record - All students must complete and return this form. Attach additional sheets of paper if more space is required.

NOTE: We have found that the easiest way to procure these records is from the school system that you graduated from. They keep all of your immunization records.

Immunization records may be submitted in the absence of the signature of a health care provider **ONLY** if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

TO BE READ AND SIGNED BY APPLICANT

I have read the attached Admissions Policy and Enrollment Requirements, as well as the General Course Policies, and I 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. I further understand that the Danville Area Training Center Advisory Board makes class selections and that their decision and that of the Physician Course Director is final.

I understand that I must consent to drug screening in a manner specified by the Danville Area Training Center by the deadline established for the course in order to participate in clinical and field internship components of the program. Starting and completing any clinical or field internship rotations, and thus completion of the program, is contingent upon a NEGATIVE drug screen for specified substances. Confidentiality will be maintained at all times in accordance with Danville Area Training Center Student Drug Testing Policies.

I understand that I must consent to a criminal background check in order to participate in clinical and field externship components of the program. Starting and completing any clinical or field rotations, and thus completion of the program, is contingent upon a NEGATIVE criminal background check. Confidentiality will be maintained at all times in accordance with the Danville Area Training Center policies.

Program completion is defined as completing all program requirements necessary to qualify for certification examinations.

I agree to be responsible for any additional course fees if they become necessary. No refunds will be made after the third class.

I also understand that completion of this course ***does not*** guarantee that I will be allowed to participate in certification examinations. That decision is at the discretion of the Program Director and the Physician Course Director.

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 the criminal and enforcement history stipulations of the Virginia EMS Rules and Regulations.

Signature of Applicant

Date

Course Application:

Section-1: APPLICANT INFORMATION [PLEASE PRINT CLEARLY]

Last Name First Name MI Certification Number Expires

Street Address

City/Town State Zip Code Phone (Home)

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

EMPLID (DCC Student ID Number) - REQUIRED SSN

EMS Agency Affiliation (*as applicable*) 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 Danville Area Training Center and the Virginia Office of Emergency Medical Services that are necessary to enroll in this course.

Signature

Date

Personal Health History

Completely fill out all information below. [PLEASE PRINT CLEARLY]

_____	_____	_____	
Last Name	First Name	MI	
_____	_____	_____	
Street Address	City/Town	State	Zip Code
_____	_____	_____	_____
Phone Number	E-mail address	_____	_____
_____	_____	_____	_____
SSN	Program of Study	_____	_____

Pertinent Health Information

Please list any disabilities, special needs, allergies or required medication that you would like the Danville Area Training Center to be aware of:

The information given on this form is correct to the best of my knowledge. I authorize the Danville Area Training Center to contact my health professional(s) for verification or clarification of information contained on this form.

_____	_____
Student Signature	Date
_____	_____
Print Name	

CONTINUED ON NEXT PAGE

IMMUNIZATION RECORD

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

MMR (Measles, Mumps, Rubella)

- Immunization Dose 1..... Date: _____
- Immunization Dose 2..... Date: _____

RUBEOLA (Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose 1..... Date: _____
- Immunization Dose 2..... Date: _____
- Report of immune titer..... Date: _____
- Documentation of diagnosed measles disease..... Date: _____

MUMPS – If given instead of MMR. Check appropriate boxes.

- Immunization Dose..... Date: _____
- Report of immune titer..... Date: _____
- Documentation of diagnosed mumps disease..... Date: _____

RUBELLA (German Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose..... Date: _____
- Report of immune titer..... Date: _____

VARICELLA (Chicken Pox) – Check appropriate boxes.

- Varicella vaccine..... Date: _____
- Serologic evidence of immunity..... Date: _____
- Reliable history of chicken pox..... Date: _____

TUBERCULOSIS – Check appropriate boxes.

Two-step TST is required if the student does not have a documented negative TST result during the preceding 12 months. If the student has a documented negative TST result during the preceding 12 months, only complete one-step TST. A TB blood test (QuantiFERON®-TB Gold Test) may be substituted for the TB skin test.

- TB Skin Test: _____ mm of induration (first or previous test) Date: _____
- TB Skin Test: _____ mm of induration (second test) Date: _____
- TB Blood Test: *Result of test:* _____ Date: _____
- Results of chest x-ray if TB testing is positive: _____ Date: _____
Chest x-ray may be substituted for a TB testing if x-ray taken within the past year.

HEPATITIS-B – Check appropriate boxes.

- Hepatitis-B Series.....
 - Has not completed Hepatitis-B series.
- | | | |
|--------------|--------------|--------------|
| Dose 1 | Dose 2 | Dose 3 |
| ____ / ____ | ____ / ____ | ____ / ____ |
| Month / Year | Month / Year | Month / Year |

Tdap or TETANUS Booster – Must have been within past 10 years and remain current throughout program.

- Immunization Dose..... Date: _____

FLU IMMUNIZATION – For current season.

- Immunization Dose..... Date: _____

_____ Health Care Provider Signature (Physician or RN)	_____ Name (Print) / Credential
_____ Address	_____ Date