

# Boone County Fire Protection District

## EMT Training Program

### Student Registration Packet

### 2017 Summer Public EMT



This handbook has been prepared by the Boone County Fire District Training Bureau as an adjunct to the Training Bureau's Policies and Procedures. It contains important information specific to the Fire District's EMT Training Program and should be used as a reference throughout the program.

The Boone County Fire District does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age or marital status in any of its policies, procedures, or practices. This nondiscrimination policy covers admission, employment and access to all Fire District programs and activities.

**Revised: January 17, 2017**

## **Emergency Medical Technician (EMT)**

### **PURPOSE**

The program's overall purpose is to provide assistance to well-qualified individuals who can meet the challenges associated with pre-hospital medicine as they work to achieve their educational goals. Graduates of this program are eligible to complete the State and National certification and licensure process.

### **DESCRIPTION OF THE PROFESSION**

The EMT provides basic level pre-hospital emergency medical care under medical command authority to acutely ill or injured patients and/or transports patients by ambulance or other emergency vehicle. The EMT assumes the role of a team player in patient care. This may also include taking the lead in patient care at times. The EMT must maintain awareness of the scene at which care is taking place. The EMT might perform other medical services under medical direction outside the hospital environment. The EMT should be able to:

1. Demonstrate an awareness of abilities and limitations.
2. Have the ability to relate to diverse populations of people.
3. Have the capacity to make rational patient care decisions under stress.
4. Demonstrate effective oral and written communications.

To fulfill the role of the EMT, an individual must be able, but not limited, to:

1. Recognize a medical emergency, assess the situation, manage emergency medical care and coordinate efforts with those agencies that may be involved in the care and transportation of the patient.
2. Meet the needs of the patient's family and significant others to decrease their state of anxiety.
3. Assign priorities to emergency treatment data for the designated medical command authority.
4. Record and communicate pertinent data to the designated medical command authority.
5. Initiate and continue emergency medical care under medical control, including the recognition of presenting conditions, initiation of appropriate treatments, and assessment of the response of the patient to that treatment, modifying medical therapy as directed.
6. Exercise personal judgment in cases where medical direction is interrupted by communication failure. In cases of immediate life-threatening conditions, provide such emergency medical care as has been specifically authorized in advance.
7. Direct and coordinate the transport of the patient by selecting the best available method(s) in conjunction with medical command authority.
8. Record, in writing or by data entry, the details related to the patient's emergency medical care and the incident.
9. Direct the maintenance and preparation of emergency medical care equipment and supplies.

## **COURSE DESCRIPTION**

A variety of learning environments are utilized including didactic (classroom), practical skills laboratory, independent study and supervised clinical experience. The classroom and practical lab portions of the course require approximately 125 hours of work. In addition, students should expect to commit additional hours working independently or with other students outside the classroom. This “hybrid” course (parts are online) meets in the classroom on Tuesdays and Thursdays of most weeks (see the schedule for specifics). There are required lessons and assignments to be completed independently using internet-based tools throughout the week. The clinical experience portion of the course is expected to require a minimum of 24 additional hours.

## **COURSE LOCATION**

Boone County Fire Protection District Headquarters (Northeast Classrooms)  
2201 I-70 Drive NW , Columbia, Missouri 65202

## **COURSE REQUIREMENTS Applicants must have the following**

- Have at least a high school diploma or GED in order to complete the course.
- Be of good mental and physical health and able to lift and carry 100 to 150 pounds.
- Complete an application for enrollment.
- Complete the background investigation described in the student handbook.
- Demonstrate proof of immunizations required for authorization to begin the clinical experience portion of the course. Details are available in the course’s student handbook and will be presented at the first class session. Immunization records are not to be submitted with this application.
- Have current BLS Healthcare Provider certification or equivalent.
- Have internet access outside the classroom for assignment completion.

## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), schools may disclose, without consent, “directory” information such as a student’s name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA.

## ADMISSIONS

Completed application forms with supporting documentation are to be submitted to the Boone County Fire Protection District Headquarters at 2201 I-70 Drive Northwest, Columbia, MO 65202. Class capacity is limited to 24 students in order to maintain a high-quality experience. For that reason, admission is on a first-come basis and we expect to quickly reach capacity. A registration is considered to be complete when all requirements are met and full tuition has been paid. **Admission deadline is May 26, 2017 by 5:00 PM.**

## BACKGROUND SCREENING

Included with the application is a State of Missouri Caregiver Background Screening form. You may fill the form out however do **NOT sign the form until you are in the presence of a notary**. This form must be notarized at the time of signature. Boone County Fire Protection District has a notary on staff; therefore you may have the form notarized when you turn in your application. Otherwise you may make other arrangements for proper notary to be done elsewhere. The original notary must be turned in with application in order to be fully processed.

Note: Students with records of felonies or misdemeanors may apply for enrollment in the class. However, it is possible that certain types of convictions may prohibit the issue of a license, regardless of class completion. The Boone County Fire Protection District cannot make determinations about licensure eligibility. Questions on specific matters related to this issue should be directed to the Missouri Department of Health and Senior Services Bureau of Emergency Medical Services at <http://health.mo.gov/safety/ems/>.

## COURSE FEE / TUITION

**Tuition**                      **\$950.00**                      Tuition is payable to the Boone County Fire Protection District and is **due with the application. An application is not considered to be complete unless payment is included.** Payment can be made by cash, check, Visa or MasterCard. There is a 1.5% processing fee for payments made by credit card. Tuition must be paid in full prior to beginning the course. This tuition includes a **non-refundable \$50 application fee to cover processing and background checks.**

The course tuition includes textbooks, workbooks, parts of the required uniform for the clinical experience portion of the program and costs of the required background screenings. Fees are NOT included for the National Registry cognitive examination and the skills examination. Students must provide, at their cost, the required clinical experience uniform pants, boots and jackets / coats. The cost of these common items is not included in the tuition because they are frequently items that many students already own.

## **REFUND POLICY**

Refunds will be considered when a written cancellation request is received. Requests should be submitted in person or by mail to the Boone County Fire Protection District. There will be no refund requests accepted after 4 pm on June 16, 2017.

## **Frequently Asked Questions---BCFPD's EMT Education Program**

1. Do I have to be 18 years old to start the program?  
No.
2. Do I have a high school diploma or equivalent to start the program?  
No. You must have a high school diploma or equivalent in order to complete the class and participate in testing. It is possible for students who are in high school or working toward their diploma / equivalency to start the program but they cannot be authorized to take the final tests until they have that diploma.
3. Do I need to show proof of vaccinations to start the program?  
No. Please do not submit any immunization or health records with your application. Later in the program, we will request that information and instruct you on how to submit the documentation.
4. Do I have to pay all the tuition at once or is there a payment plan?  
There is no payment plan. Your application is not considered to be received and a spot in the class is not reserved for you until full payment is received.
5. Where do I submit the application and tuition?  
Bring the application to the Boone County Fire Protection District Headquarters at 2201 Interstate 70 Drive NW in Columbia. Our Headquarters building is prominently located at the intersection of Interstate 70 and Stadium Boulevard. Access is off the NW access road north of the new interchange. For further assistance in locating us, you may call 573-447-5000.
6. Do I have to do the criminal background check form before I apply?  
No. Bring the BLANK form with you when you submit your application. We have notary publics available most of the time during regular business hours to assist you. Do NOT complete the background form until you are with the notary. You may use any notary that you choose, of course. PLEASE NOTE---we won't run the background check until we have received your tuition.
7. What if I don't pass the requirements of the background check?  
We will refund your tuition payment less the cost of the background check and administrative costs. This is the reason for the non-refundable application fee (\$50).
8. What if I start the program and then decide to drop?  
We will refund your tuition payment less the application fee (\$50), software and books (\$250) as long as you submit a written withdrawal notification and request for a refund by 4 pm on June 16, 2017 to BCFPD's Headquarters.

9. How much is the tuition?

\$950 including the \$50 application fee.

10. Can I pay with a check or a credit card?

Yes but there is a processing fee of 1.5% for using a bank card. This is the fee that we are charged by the bank and we must pass it along to you. Any costs associated with insufficient funds checks are also assessed to the student.

11. When are applications due?

By 5pm on Friday, May 26, 2017. Apply early—we will reach capacity before the application deadline in all likelihood.

12. Where is the class held?

In the Northeast Classroom facilities at the Boone County Fire Protection District Headquarters at 2201 Interstate 70 Drive NW in Columbia. Our Headquarters building is prominently located at the intersection of Interstate 70 and Stadium Boulevard. Access is off the NW access road north of the new interchange. As you enter our Headquarters complex you should follow the signs around to the right toward the Northeast Classroom area. Our fleet of ambulances are located adjacent to the classroom.

13. What times and days are the classes?

Tuesday and Thursday 9am to 5pm.  
See the class schedule.

14. What do I wear?

See the Course Handbook for details. In general, dress like a professional EMT. No sandals. No shorts. We do practical evolutions during many of the class sessions and you must be safely attired. Consider clothing that allows you to adjust to the different temperatures of the classroom and outside areas.

15. Do I need to have a CPR card to start the program?

You must have a valid CPR card to complete the program.



## EMERGENCY MEDICAL TECHNICIAN (EMT)

### Application for Admission

Date of Application \_\_\_\_\_

Tuesday and Thursday (summer session) \_\_\_\_\_

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#### Biographical Information

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Last four digits of Social Security#

Current Address \_\_\_\_\_  
   Street & Number                      City                      State                      Zip

Primary Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

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#### Emergency Contact info:

\_\_\_\_\_  
Full Name                      Relation                      Phone Number

\_\_\_\_\_  
Full Name                      Relation                      Phone Number

**I hereby affirm and declare that the information provided in this application is true and correct to the best of my knowledge and that any fraudulent entry may be considered sufficient cause for rejection from this program.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Public EMT Course (Summer Format)

Session	Date	Day	Case #	Case Description	NR Assessment in Fisdap Lab	NR Skill in Fisdap Lab	Integrated Mini-Courses	Fisdap Unit Exams
1a	6/6/17	Tuesday					Normal A&P	
1p							Assessment Process	
2a	6/8/17	Thursday	1	GSW / Stab / GI Bleed	Medical / Trauma	Bleeding Control and Shock	Shock	
2p							Safety	
3a	6/13/17	Tuesday	2	Simple Fall	Trauma	Long Bone and Joint	Trauma	
3p								
4a	6/15/17	Thursday	3	Respiratory / Anaphylaxis	Medical	Oxygen	Hypoxia	
4p								
5a	6/20/17	Tuesday	4	Long Fall	Trauma	Spinal Supine	Body Systems	
5p								
6a	6/22/17	Thursday	5	MVC	Trauma	Spinal Seated	Responding	
6p			6	Chest / Abdominal Trauma	Trauma			
7a	6/27/17	Tuesday	7	ACS	Medical		Communication	
7p								
8a	6/29/17	Thursday	8	Altered Mental Status	Medical	BVM	Diseases and Conditions	
8p								
9a	7/6/17	Thursday	9	Cardiac Arrest		CPR AED	Transportation	
9p								
10a	7/11/17	Tuesday	10	Childbirth			Special Populations	
10p								Cardiology
11a	7/13/17	Thursday	11	Stroke / Seizure / TBI	Medical / Trauma		EMS Systems	Medical
11p								Operations
12a	7/18/17	Tuesday	12	Explosion / Burns	Trauma		Special Calls	Airway
12p								OB-Peds
13	7/20/17	Thursday	Skills Lab	Final Practical Skills Exam		NR Psychomotor Skills Prep Lab		Trauma
NR Skills Exam	7/22/17	Saturday						
14	7/25/17	Tuesday		Review and Final Cognitive Exam				
ER Clinical 8 hrs	Arranged Time / Date			Arranged Time / Date				
Ambo Clinical 8 hrs	Arranged Time / Date			Arranged Time / Date				
Either Clinical 8 hrs	Arranged Time / Date			Arranged Time / Date				
NR Cognitive Exam	Arranged Time / Date			Self-Scheduled Time / Date				



STATE OF MISSOURI  
**CAREGIVER BACKGROUND SCREENING**

AGENCY USE

**BLOCK I - TO BE COMPLETED BY THE REQUESTOR**

**SECTION A: TYPE OF SCREENING (Check as many as applicable)**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req)                             | <input type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge)                    |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge)  | <input type="checkbox"/> 5. Child Day Care Licensing (No charge)   |
| <input type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$13.00) |

**SECTION B: REQUESTOR INFORMATION**

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

**BLOCK II - TO BE COMPLETED BY THE CAREGIVER**

**SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING**

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

**ADDRESSES FOR THE LAST 3 YEARS**

STREET	CITY	STATE	STREET	CITY	STATE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK))	DATE
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**SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)**

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

**BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW**

MO 300-1590 (9-16)

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- ◀ ATTN (REQUESTOR'S NAME)
- ◀ ADDRESS 1
- ◀ ADDRESS 2 (IF APPLICABLE)
- ◀ CITY, STATE, ZIP CODE

## MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

### INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Health and Senior Services (573) 522-2449
3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-2449
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the appropriate address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

#### **BLOCK I (To be completed by the requestor, or person obtaining information)**

##### **Section A: Type of Screening**

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$13 payable to the Missouri State Highway Patrol. In addition, screenings for option 1, the child abuse or neglect file, require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

##### **Section B: Requestor's Information**

The requestor must complete Section B.

#### **BLOCK II (To be completed by the caregiver, or person being screened)**

##### **Section C: Identifying Data for Background Screening**

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

##### **Section D: Authorization to Release Background Check Information**

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

##### **Section E: Notary Information**

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

#### **BLOCK III (To be completed by the requestor, or person obtaining information)**

The requestor must complete Block III by providing return address information.

**Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.**

##### **SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:**

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
P.O. Box 9500  
Jefferson City, MO 65102

##### **SCREENING 4 SHOULD BE SENT TO:**

Department of Mental Health  
Central Office  
1706 East Elm  
Jefferson City, MO 65101  
or Fax - (573) 526-4561