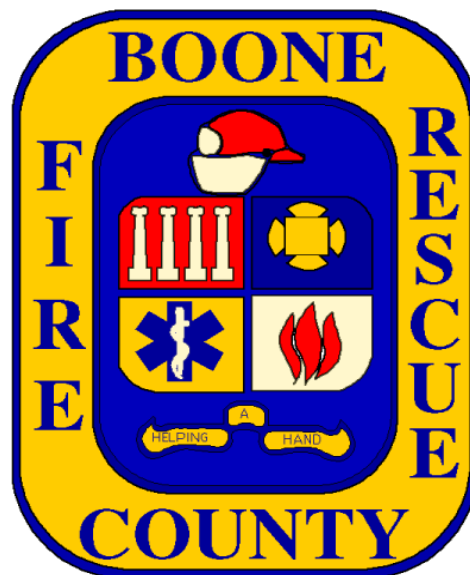# Boone County Fire Protection District

Emergency Medical Technician (EMT)

2024-B August Program

Registration Packet

This packet 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: March, 2024

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, which 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

The Emergency Medical Technician (EMT) Course is a hybrid course that includes an online / independent study segment and an in-person laboratory segment. The in-person segment of the course is delivered weekly on Tuesday evenings from 6:00 PM to 9:00 PM. There are 15 required class sessions, 1 skills lab/prep for the practical exam and 1 study/prep session for the cognitive exam, all 3 hours in length. All classes are face-to-face in a "lab" setting. Students work in small groups to accomplish predefined learning objectives under the guidance of instructional staff.

Preparation for the lab sessions is essential in order to maximize the experience for the students. Attendance at each of the lab sessions is required in order to complete the course. Evaluation of student preparation is accomplished via a "Readiness Check" that is completed upon entry into the laboratory. In addition to preparation and attendance, student performance is assessed at each lab session. Satisfactory performance is required in order to complete the course.

Instructional staff will be in place to conduct each lab session. Additional lab dates may be included at the end of the course in order to practice for the National Registry Psychomotor Skills Exam.

COURSE LOCATION

Boone County Fire Protection District Headquarters
Northeast Classrooms
2201 I-70 Drive N.W.
Columbia, Missouri 65202

COURSE REQUIREMENTS

Applicants must have the following:

- Have at least a high school diploma or GED (*required to complete the course*)
- Be of good mental and physical health and able to lift and carry 100 to 150 pounds.
- Complete the required Background Check. Applicants with a felony or misdemeanor record may apply for enrollment in the class. However, it is possible that certain types of convictions may prohibit the issue of a state license, regardless if you completed the class. The criminal background check is a requirement of our clinical sites. Students who are ineligible to participate in clinical sessions due to issues in their criminal background check may be denied admission. 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/.
- Demonstrate proof of immunizations required for authorization to begin the clinical experience portion of the course. Immunization records can be submitted along with the application but **must** be received by the first class.
- Have access to a computer and internet outside the classroom for online assignment completion.

COURSE FEE / TUITION

Tuition is $1,000.00 Tuition is payable to the Boone County Fire Protection District. Payment can be made by cash, check, money order, cashier's check, or credit/debit card. Checks issued for amounts greater than $1,000 cannot be accepted. There is a processing fee assessed by the bank for payments made with a <u>credit</u> card. Tuition **<u>includes</u> a non-refundable $50 administrative fee** which covers background checks and administrative services.

Tuition includes textbooks, workbooks, shirts for the clinical experience portion of the program and costs associated with the background screening. The National Registry Cognitive Examination and the Skills Examination fees are **<u>not</u>** included in the tuition. Students must provide, at their cost, the required clinical experience uniform pants, boots and jackets/coats. The cost for these common items is not included in the tuition because they are items that many students already own. Details will be provided in the Student Handbook.

ADMISSIONS

Completed application forms with supporting documentation should be submitted to the Boone County Fire Protection District Headquarters at 2201 I-70 Drive Northwest, Columbia, MO 65202.

Class size is limited in order to maintain a high-quality experience and we expect to quickly reach capacity. For that reason, admission is on a first-come basis to those students who submit the completed application, background paperwork and tuition paid in full.   Registration is not considered complete until tuition is paid in full.

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.

IMMUNIZATION RECORDS

The Fire District requires written documentation of the following immunizations before a student can schedule clinical rotations. Because clinical experience is required for graduation from the Emergency Medical Technician Course and for approval to participate in testing, these immunizations records are an important part of the Application process.

- **Tuberculosis**: Each student must have documentation of a tuberculosis skin test within the last 12 months. Students with past history of positive TB skin tests must provide a chest x-ray report and will undergo annual symptom review, rather than skin testing.

- **Influenza**: Each student must have documentation of an Influenza vaccine within the last 12 months depending on class season.

- **Measles/Mumps/Rubella (MMR)**: Each student must have completed <u>two doses</u> of MMR vaccine.

- **Varicella** (Chickenpox): Each student must have <u>2-dose vaccine series</u>, a positive immune titer, or have previously had chickenpox.

- **Tetanus/diphtheria (Td)**: Each student must have completed the primary series, with booster given within the past 10 years. If a booster is due, Tdap should be administered.

- **Hepatitis B**: Each student is required to receive the <u>3-dose vaccine series</u>. A student who tests positive for hepatitis B antibody is not required to receive the vaccination.

- **COVID-19**: It is highly recommended that each student has received the required number of doses of COVID-19 vaccine, unless granted a medical or religious exemption. Each Clinical Site's requirement for this vaccine will be different; some Sites may require you have received the vaccine in order to be approved for your Clinical Sessions.

BACKGROUND SCREENING

Included with this application is a Boone County Fire General Background Consent Form. You may complete the General Background Consent Form and submit it along with your application. The application and background paperwork must be submitted in order to be fully processed.

REFUND POLICY

Refunds will be considered when a written cancellation request is received by the deadline. The $50.00 non-refundable administrative fee will be deducted from **all** refunds. Additional fees incurred upon the first day of class such as online student account access, the cost of textbooks and uniform shirts may also be deducted from the refunded amount, depending upon the condition of the item and/or whether or it can be re-issued to another student. Requests should be submitted in person to the Boone County Fire Protection District or by email to emstraining@bcfdmo.com. There will be no refund requests accepted after the second week (2nd) of in-class sessions.

Emergency Medical Technician (EMT) Application for Admission
2024-B August Evening Program
(Begins August 20, 2024)

Date of Application: _____

__X__ Tuesday Evening – *Weekly from 6:00 PM to 9:00 PM*

Applicant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Goes By:_____   Last Four Digits of SSN:_____   DOB: _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ 2nd Phone: _____

E-Mail address: _____

Shirt Size: _____   Current CPR Certification: ___ Yes ___ No _____If Yes, Exp Date

Emergency Contact Info:

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Tuition:

Tuition for the class is **$1,000.00**. This includes the cost for background screenings, course materials and a shirt for the class/clinical portion of the program. In order for us to consider your application complete, we **must** receive the application, along with the Background Consent/Release Form and your tuition **paid in full** to guarantee you a spot in the class. Class size is limited and will be filled on a first come, first served basis.

Deadline for Application Submission: **Friday, May 17, 2024**

NOTE: Incomplete applications will be processed however, we cannot secure a spot in the class for you until all documents have been received and/or tuition has been paid in full. This may result in you not being admitted to this EMT class.

Refund Deadline:

Refund requests must be submitted in writing no later than **Tuesday August 27, 2024** in order to be considered. Some Administrative and Course Material Fees may be non-refundable.

I hereby affirm and declare that the information provided on this application is true and correct to the best of my knowledge. Any fraudulent entry may be considered sufficient cause for rejection from this program. I acknowledge that I have reviewed the information above pertaining to tuition amounts, due date and refund request deadlines.

Applicant Signature: _____ Date: _____

2023-B August EMT Course Schedule

Tuesday Evenings - Weekly
6:00 PM to 09:00 PM

Date	Lab Session
Tuesday, August 20, 2024	Lab 1
Tuesday, August 27, 2024	Lab 2
Tuesday, September 03, 2024	Lab 3
Tuesday, September 10, 2024	Lab 4
Tuesday, September 17, 2024	Lab 5
Tuesday, September 24, 2024	Lab 6
Tuesday, October 01, 2024	Lab 7
Tuesday, October 08, 2024	Lab 8
Tuesday, October 15, 2024	Lab 9
Tuesday, October 22, 2024	Lab 10
Tuesday, October 29, 2024	Lab 11
Tuesday, November 05, 2024	Lab 12
Tuesday, November 12, 2024	Lab 13
Tuesday, November 19, 2024	Lab 14
Tuesday, December 03, 2024	Lab 15
Tuesday, December 10, 2024	NR Skills Lab/Prep for Practical Exam
Tuesday, December 17, 2024	Study/Prep for Cognitive
Saturday, November 16, 2024	NREMT Skills Exam

Boone County Fire Protection District
Background Consent / Release Form

Applicant's Full Legal Name (**Please Print**):   □ Male   □ Female (Check One)

_____
Last   First   Middle Name/Initial

_____
Maiden/Alias

_____
Street Address

_____
City   State   Zip

_____
Date of Birth (mm/dd/yyyy)   Social Security Number (xxx-xx-xxxx)

_____
Phone Number   Email

Position: □ Employee   □ Volunteer   □ EMT/Paramedic Student

Boone County Fire Protection District requires background screenings for all employees, volunteers and EMS students. I understand such information may be obtained through direct/indirect contact with former employers, public agencies or other persons who may have such knowledge.

The nature and scope of the background screening is indicated by the selected services below:
(Employer Use Only)

□ Criminal Background Check   □ Sex Offender Registry
□ Child Abuse or Neglect File   □ MO DHSS Employee Disqualification List
□ Employment Verification   □ Social Security No. Trace
□ Personal Reference   □ Professional License/Certification
□ OFAC/Terrorist Watch List   □ Excluded Parties List System (EPLS)/GSA/SAM
□ Motor Vehicle Report   □ Fraud & Abuse Control Info Systems (FACIS®)
□ Office of Inspector General   □ FBI Background Check (including Fingerprints)

I hereby consent to this background screening and voluntarily release my date of birth, social security number and other information provided above. I fully understand that if I am disqualified as a potential employee, volunteer or EMT/Paramedic Student it will be based on non-discriminatory information received during my background screening.

_____   _____
Applicant Signature   Date

For Office Use Only:

Date Background Checks Completed   Completed By