



## Course Application

PLEASE INDICATE WHICH COURSE YOU ARE APPLYING FOR

\_\_\_EMR

\_\_\_EMT

\_\_\_AEMT

### PERSONAL INFORMATION

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

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

### WORK HISTORY

Primary Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

### FELONY STATEMENT

Have you ever been charged, or convicted, of a misdemeanor or felony?  No  Yes

If yes, please explain: \_\_\_\_\_

*We may ask you to provide documentation of charges and or resolution of charges*

### EDUCATION

Indicate highest level of education (HS year or college): \_\_\_\_\_

List any degrees or special education achieved: \_\_\_\_\_

List any related certifications you currently hold, if any, including expiration dates and certification numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\*\*EMTs applying for the AEMT course please attach a copy of your current CPR, National Registry and State cards\*\*

502 1<sup>st</sup> Ave S ▪ Jamestown ND ▪ 58401

▪ Office 701-251-2273

▪ Fax 701-952-3299



### RELATED EXPERIENCE

List any medical or rescue related experience you have, such as serving on an ambulance service, fire department, hospital etc.

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Have you ever participated in an Emergency Care Course before?  No  Yes

If yes, when and where?

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### PERSONAL TRAITS

The course requires time commitment not only for classroom and study time, it also requires time for clinical experience. Are you prepared to make such a time commitment?

No  Yes \_\_\_\_\_ Initial

The course requires good physical stamina, endurance, and ability to lift and carry patients and equipment. Can you carry out these requirements?

No  Yes \_\_\_\_\_ Initial

Part of the training that is conducted requires that procedures taught in the classroom be applied by fellow students such as applying cervical collars, back boards, patient assessments. Are you willing to allow other students to practice such skills on you?  No  Yes \_\_\_\_\_ Initial

### Clinical Experiences

Students will be required to ride along with a state approved ambulance service to help solidify the knowledge learned during the program. Students will need to find a service that will be willing to assist the student with skills outside of the classroom and allow the student to attend clinical ride alongs with that service. The ambulance service must have licensed providers available during the clinical phase at the same level as the course. Services must sign a student assistance agreement for the student to be allowed to perform clinical rotations with that ambulance service. Students should expect to commit to a minimum of one 12 hour ambulance shift a week.



## ETA STUDENT IMMUNIZATION

**Students must present proof of current immunization status for the following at the beginning of class:**

- TDaP
- MMR
- Hep B\*
- Varicella\*
- TB (Mantoux tuberculin test) within 6 months of the start of class

\*Positive Hep B and Varicella titers can be submitted as proof of immunization

**To complete application submit the following information:**

- Current CPR card
- Copy of driver's license
- Copy of vaccine history
- Tuition Agreement
- Service alignment agreement
- Student Course Requirement Agreement
- 250 typed paragraph describing why you wish to become an: EMR, EMT or AEMT

To the best of my knowledge, I certify that the information on this form is true and correct. I am aware that any false statements made on this application could result in my being dismissed from the course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Must be 18 years of age, or the parent or legal guardian of student)



## TUITION AGREEMENT

\_\_\_\_\_ **PLAN A**

Full tuition of \$450.00 (EMR), \$1200.00 (EMT) or \$1,500 (AEMT) paid in full before or on the first class session by cash, check or money order (made payable to ETA) or Credit Card **\*\*VISA, MASTERCARD, DISCOVER\*\***

Payment Received \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

\_\_\_\_\_ **PLAN B**

First payment of \$ 250.00 (EMR), \$500.00 (EMT) or \$500 (AEMT) is non-refundable and is due before the first class session. The remaining balance will be due **within 30 days (EMR & EMT), 45 days (AEMT)** of the start of the first class.

Payment Received \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

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I understand that if I drop the course after the first session that I will NOT receive a refund of the first payment. I understand that if I drop or am dismissed any time after the second session no refund will be made and I will be responsible for the full tuition of the course.

Tuition includes books, background check, and classes. Testing fees are not included and are the responsibility of the student.

If for some reason, the class is not held, the money paid will be returned to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Must be 18 years of age, or the parent or legal guardian of student)