



*Emergency Medical Services
Center for EMS Excellence
719-365-2168*

EMERGENCY MEDICAL TECHNICIAN TRAINING COURSE APPLICATION

T-Th eve Fall 2022

Course Dates & Times: Tuesdays and Thursdays, 6pm-10pm, starting August 16th and ending December 15th. There will be 2 Saturday classes –11/19 and 12/10.

Prerequisites required for this course are as follows:

Applicant must have a **current** BLS CPR card –Card **Must** say “BLS Provider” or “Health Care Provider” or “Professional Rescuer”. A copy of this card is required with application. For your convenience, 1 class will be offered through the EMS office prior to the start of EMT class. Space is limited, so please sign up through the EMS office early. Class will be July 11 from 6-10pm. Cost of class is \$50.00. Participants are required to borrow or purchase a 2020 Guidelines BLS for Healthcare Providers Student Manual. ISBN:978-1-61669-799-0 eBook, or ISBN: 978-1-61669-768-6 for paperback.

1. Applicant must have proof of receiving at least the first dose of the 3-dose Hepatitis B Immunization. Documentation of this is required with application; **OR** A copy of the Hepatitis B declination form (included in this packet.) **ALSO:** varicella vaccine or a history of having had chicken pox (with date), MMR vaccine x 2.
2. Must provide documentation of being fully vaccinated for COVID-19. (booster not required) Medical or religious exemptions are allowed with proper documentation. Please call for exemption requirements.
3. A current TB test completed since December 2021.
4. Applicant must be 18 years of age prior to course completion. A copy of driver's license or State ID must be included with application.
5. Applicant must provide a copy of their high school diploma or transcripts, college diploma or transcripts or GED certificate. If applicant is currently a high school student or pursuing a GED, a copy of diploma or certificate must be submitted to our office prior to course completion.
6. Applicant must pass a background check and drug screening. These will be done through our office.

Course Location:

UCHealth Community Education Center
2050 KidsKare Point, Room # 115
Colorado Springs, CO 80910

Course Tuition: \$1200.00 — Half of the tuition (\$600) is due with the application

UCH employees, Military, or agencies under Memorial Hospital EMS Medical Direction will receive a 25% discount on this course — total cost will then be \$900.00

Half of the tuition \$600.00 (or discounted amount of \$450.00) is due with this application. The balance of this tuition is due before or at the first class!!!

These fees are payable by credit card, cash, check or money order. We do take credit card payments over the phone. Make checks payable to UCH-Memorial Hospital.

Application Deadline: August 1, 2022, or when class is full. (it will not show online how many applications have already been accepted, and classes fill early, so it is recommended that you get your application in as soon as possible).

****Please note that photographs of classroom activities may be taken throughout the course for publicity purposes. ****

***Important information for submitting your application* —**

Acceptance into the course is not solely on a first-come, first-serve basis and class size is limited so be sure your application is **complete**, accompanied by the required prerequisite documentation. Email to: Bonnie.Gentzel@uchealth.org. Once your application has been reviewed and is complete, we will make arrangements for payment. You may also mail your application in to the address below:

Mailing Address: EMS Department
2050 KidsKare Point, Room # 120
Colorado Springs, CO 80910

NOTE: If you prefer to bring your application into the office in person, please call for an appointment, as our hours vary by day.

Required Textbooks: Emergency Care 14th edition textbook and workbook



Limmer EC14
Ordering Flyer.pdf

Textbook/workbook packages are available for purchase through our office for \$158. These can also be purchased by using the link above, or another source like Amazon.

If you should have any questions regarding this application or the course, please contact our office at (719) 365-2168.

EMERGENCY MEDICAL TECHNICIAN COURSE APPLICATION

Fall 2022 T/Th eve

Legal Name _____ gender identification _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email Address: _____ Shirt Size _____

Affiliation with Medical or Fire Agency (if applicable for discount): _____

Anticipated graduation date if you are currently attending High School: _____

*Please note attached policy regarding admission for current high school

A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING:

- _____ Copy of Current "Healthcare Provider" or "Professional Rescuer" CPR card (BLS)
- _____ Proof of Immunizations or signed Declination Form (where applicable)
- _____ Proof of Age (example: copy of driver's license, state ID card, etc)
- _____ Copy of either high school/college diploma or unofficial transcripts or GED Certificate
- _____ Signed Memorial Hospital Release of Liability Form
- _____ Signed HIPAA Awareness Training/Confidentiality Agreement Form
- _____ Application questions on separate sheet of paper
- _____ Common Functional Abilities Standard for EMS Providers
- _____ Background Check
- _____ Payment is enclosed

****Please note that certain misdemeanor or felony convictions may prevent you from becoming an EMT in the State of Colorado. If you have a conviction of this nature we advise that you contact the State EMS Office (303) 692-2980 to discuss your specific situation before applying for this course.**

For Office Use Only:

Date Pd _____	Date Pd _____	Date Application was
Amt Pd _____	Amt Pd _____	Received: _____
Receipt # _____	Receipt # _____	



**EMT STUDENT
HIPAA AWARENESS TRAINING,
CONFIDENTIALITY AGREEMENT**

HIPAA Awareness Training

- HIPAA stands for the “Health Insurance Portability and Accountability Act.” As of April 2003, this Act established legal protections for the Protected Health Information (“PHI”) of patients. As a “covered entity” under HIPAA, one of our many responsibilities is to provide the required awareness training for employees and others who may come into contact with a patient’s medical information.
- Please note that the definition of Protected Health Information (“PHI”) includes patient information whether it exists in (1) spoken, (2) written, or (3) electronic form (such as on a computer screen). PHI can be as simple as a patient’s name, and the fact that he or she is a patient.
- Family, friends, acquaintances, co-workers, and the like deserve the right to privacy just like any other patient. You should not use or share patient information for curiosity or personal reasons.
- What should I do if I accidentally see or hear a patient’s PHI? Simply keep that information to yourself. You should be aware that the law contains fines and penalties for inappropriate disclosures by persons who are deemed to be a “covered entity.”

Confidentiality Agreement

As an EMT Student at Memorial Hospital, I have read and understand the above “HIPAA Awareness Training.” I recognize the extreme importance of confidentiality with respect to the Protected Health Information (“PHI”) of patients, as well as to Memorial Hospital operations. I acknowledge that I will adhere to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I understand that for those persons who are “covered entities,” violations of confidentiality may result in legal action pursuant to HIPAA and other applicable state and federal laws.

All patient information (including personal, financial, and health information), as well as all information regarding Memorial Hospital operations, whether business, financial, or legal, is confidential. Any inappropriate viewing, discussion, or disclosure of this information, even to friends or family, may constitute a violation of state and federal law, and of Memorial Hospital policy. This information is privileged and confidential regardless of format: electronic, paper, overheard, or observed.

Student’s Signature

Date

Student’s Printed Name



RELEASE OF LIABILITY

I, _____, the undersigned, a student of Memorial Hospital's EMT Course, hereby release UCHealth, Memorial Hospital, and all clinical affiliates from any liability arising from any injury or illness occurring while I am a student in the program.

Student's Printed Name

Student's Signature

Date

Parent or Guardian must also sign below if student is not 18 years of age.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date



HEPATITIS B VACCINE DECLINATION FORM

STATEMENT:

I understand that due to my clinical training for the completion of my EMT Course, I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed of the recommendation to be vaccinated with the hepatitis B vaccine. I decline the hepatitis B vaccination at this time.

Name (please print)

Signature _____ Date

PLEASE SIGN THIS FORM ONLY IF YOU HAVE NOT RECEIVED THE HEPATITIS B VACCINATION.

Application questions for EMT class

Please answer the following questions on a separate sheet of paper, typed or legibly written.

1. What kind of learner do you consider yourself to be?
 - a. Visual-likes images, videos, colors handouts
 - b. Auditory-understand by hearing
 - c. Kinesthetic-learn by doing or touching
2. Do you prefer to work alone or in a group? Please give an example.
3. Please describe a challenging time in your life and what resources you used to rise above the challenge.
4. Please describe the accomplishment you are most proud of.
5. What is your long-term goal for taking the EMT class?

Social Security Number

--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--

MONTH

DATE

YEAR

First Name

Middle Name

Last Name

Other Names Used (maiden name, AKA names, etc.)

Current Residential Address

City

State

Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date
				[1
				[1
				[1
				[1
				[1

Driver's License Number

State of Issue

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Universal Background Screening, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

UCHealth ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Universal Background Screening, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by UCHealth ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

Current Address

City, State and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.
FCRA:EMPLOYMENT:006862:20150

Common Functional Abilities Standard for EMS Providers

- I. Physical
 - A. Visual
 - 1. See objects up to 20 inches away (computer text, syringe calibrations)
 - 2. See objects up to 20 feet away (presence of individuals close by)
 - 3. See objects greater than 20 feet away (road signs, house numbers)
 - 4. Distinguish color (color-coded supplies) and shading (skin signs)
 - 5. Use peripheral vision and depth perception in emergency settings
 - B. Auditory
 - 1. Hear and distinguish noises ranging in intensity from faint to loud
 - C. Tactile
 - 6. Perceive vibration, faint (pulses, presence of veins) and strong
 - 7. Perceive temperature (skin signs, environment)
 - 8. Perceive differences in surface characteristics (palpate anatomic landmarks)
 - D. Olfactory
 - 1. Perceive odors from faint to noxious (smoke, gas, alcohol)
 - E. Strength
 - 9. Lift or support 125 pounds (250 with a partner)
 - 10. Push or pull 125 pounds
 - 11. Move and/or carry objects weighing up to 150 pounds
 - F. Endurance
 - 12. Perform repetitive movements (CPR)
 - 13. Stand/walk/sit for long periods
 - 14. Maintain physical tolerance (work entire 8 - 48 hour shift)
 - 15. Work in environments with extremes of temperature and moisture
 - 16. Ride in all positions in ambulance or response unit without motion sickness
 - G. Agility
 - 17. Twist
 - 18. Bend
 - 19. Climb (nontechnical)
 - 20. Squat
 - 21. Move with sufficient speed to respond to an emergency
 - 22. Move over uneven, wet, or slippery terrain
 - H. Gross Motor
 - 1. Maintain balance, sitting and standing, in motion and still
 - 2. Reach above shoulders and below waist
 - 1. Move within confined spaces
 - 2. Use upper body to perform CPR
 - 3. Perform safe restraint of patient
 - 4. Preserve own safety and assist others in preserving safety
- I. Fine Motor
 - 5. Manual dexterity sufficient to grasp and manipulate objects
 - 6. Pinch or squeeze with hands and/or fingers
 - 7. Use pen/pencil/stylus to write legibly
 - 8. Press keys or buttons to enable machine functions
 - 9. Twist with hands (turn knobs, tighten fittings)
- II. Cognitive
 - A. General Skills
 - 10. Apply knowledge across different situations
 - 11. Recall information by accessing both short and long-term memory
 - 12. Tell time accurately
 - 13. Synthesize knowledge and skills
 - 14. Read and interpret digital readouts or other displays on equipment
 - 15. Calibrate equipment
 - 16. Comprehend spatial relationships sufficiently to perform psychomotor skills
 - 17. Read and comprehend maps and use navigational aids
 - B. Specific Skills
 - 1. Mathematics
 - a. Perform accurate measurements (weight, temperature, volume, or time)
 - b. Count events or instances (pulse rate, drip rate)
 - c. Perform arithmetic (add, subtract, multiply, and divide, including fractions)
 - d. Convert numbers to or from the metric system
 - e. Comprehend graphs and charts
 - 2. Reading
 - a. Read and comprehend English, including medical terminology
 - 3. Writing
 - a. Convey information accurately through written English
 - 4. Speech

Common Functional Abilities Standard for EMS Providers

- a. Convey information accurately through spoken English to a variety of audiences
 - b. Convey information accurately in English using telecommunication devices
 - c. Comprehend information delivered in spoken English
5. Critical Thinking
- d. Prioritize and plan information and tasks, including delegation of tasks
 - e. Consider deadlines and timing and include in decision making
 - f. Process and sequence information
 - g. Evaluate and sequence possible outcomes
 - h. Identify cause and effect
 - i. Solve problems
- III. Behavioral (Affective)
- A. Maintain concentration on situation and tasks as long as necessary
 - B. Maintain professional demeanor in all interactions and at all times
 - C. Maintain professional therapeutic boundaries
 - D. Adapt to sudden, expected, or unexpected change
 - E. Respond appropriately to stress and other strong emotions, both own and others'
 - F. Negotiate interpersonal conflicts to successful resolution
 - G. Demonstrate respect, patience, and compassion
 - H. Establish rapport with patients, bystanders, and coworkers as appropriate
 - I. Appreciate and value diversity (social, cultural, spiritual, racial, or other)
- J. Recognize emotions, both own and others'
 - K. Provide emotional support to patient and others as appropriate
 - L. Value and demonstrate honesty, integrity, and justice
 - M. Demonstrate professional ethics and adhere to ethical standards in all situations
- IV. General Requirements
- N. Must be at least 18 years of age
 - O. Must have a current BLS "Health Care Provider" or "Professional Rescuer" certification
 - P. Must have a high school diploma or GED certificate
 - Q. Must have completed specific training from an approved EMS training center
 - R. Must have proof of receiving required immunizations or signed declinations when appropriate
 - S. Must complete and pass background check and drug screening if applicable
- V. INHERENT RISKS TO YOUR EMS EDUCATION AND CAREER
- T. Hepatitis (from infected body fluids)
 - U. Tuberculosis (TB- airborne droplets)
 - V. Other infectious diseases
 - W. Accidents involving the ambulance
 - X. Hazards at accident scenes (i.e., being struck by an approaching vehicle, broken glass, sharp metal edges, etc.)
 - Y. Hazards at any scene (uncooperative or combative patients or bystanders, etc.)
 - Z. Back injuries due to inappropriate lifting techniques

_____ I have read and I understand the Physical Performance Standards (functional abilities) specific to the occupation of an Emergency Medical Services Provider

_____ I have the ability to meet the Physical Performance Standards as specified

Please Print Name

Please Sign Name

Date

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, UCHealth, Memorial EMS makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions demanded by this program and occupation. Students requesting accommodations or special services to meet performance standards of this EMS program should contact the EMS office.