

INSTRUCTIONS FOR MAKING APPLICATION TO ENTER THE EMT PROGRAM

1. Obtain information about the program from The ACADemy.
2. Fill out the application form completely. **PLEASE PRINT CLEARLY!**
3. Submit a copy of your high school diploma **OR** an official high school transcript.
4. If you have a GED (General Educational Development) rather than a high school diploma, please send a copy of your test scores to the above address. **NO ONE WILL BE ADMITTED INTO THE EMT PROGRAM WITHOUT EITHER A HIGH SCHOOL DIPLOMA OR GED. THIS IS A REQUIREMENT.**
5. Submit a verification of a 10-panel drug test.
6. Submit a Physical.
7. Submit a Valid Driver's License.
8. Lab fees / Equipment Fees are \$250.00. In addition, 20% of tuition (\$250.00) is due at the time of enrollment. Please call The ACADemy to make arrangements to pay this upon receiving your application. You will not be put on the roster until this is paid.
9. Mail your completed application packet or bring it in (Items 2-8) to:

The ACADemy
606 W. Potter Ave
Kirksville, MO 63501

If you have additional questions, please feel free to contact The ACADemy at (660) 665-0000 ext. 9

Financial Information / Refund Policy

Program Fees

The total fee (tuition) is due in full by the first day of class unless financing has been approved by The ACADemy Administrative Assistant. The lab fee / equipment fee is non-refundable and **MUST** accompany the application when applying.

***Lab Fee / Equipment Fee:** Lab fees are required for costs incurred in the laboratory portion of the program. These fees cover the cost of specific materials, equipment, and services that are needed to operate the course.

Class	Fees
Emergency Medical Technician (EMT)	\$250.00

Tuition Fees:

The EMT course is comprised of 10 Sections.

In addition to the lab fees / equipment fees, curriculum/content tuition is as follows:

Class	Tuition
Emergency Medical Technician (EMT)	\$1,250.00

Other Fees: State and other certification fees are not included in the “pre-enrollment” or tuition fees and are the responsibility of the student, (i.e. State application fee \$70.00, State practical exam/testing fee \$70.00). There are additional fees associated with obtaining a clinical uniform \$80.00 and a “sitting” fee for pictures taken for student clinical I.D. badge \$25.00. These fees are not part of the “pre-course” fees OR tuition, and will be paid by the student at the time of service.

Students Financing Balance Due: Students that finance tuition balances will sign and adhere to the financial payment agreement.

Non-Financing Students: The balance is due by the first night of class.

Total EMT course investment:

\$250.00 - Lab Fees / Equipment Fees

\$1250.00 – Tuition fees

\$250.00 - Optional Device Fee
\$25.00 - Pictures
\$70.00 - State Written Exam
\$70.00 - State Practical Exam
\$80.00 - Uniform
\$1,995.00 = Total EMT course cost

REFUND POLICY

Full payment is required by the start of the first class. The financing agreement does not waive this responsibility should you withdraw from the program. Your application fee, initial deposit, and text book fee are non-refundable.

A student will receive a:

1. 100% refund of tuition fees if a student withdraws within 7 days prior to the 1st day of the program.
2. 50% refund of tuition fees if a student withdraws prior to the conclusion of section 2.
3. 25% refund of tuition fees if a student withdraws prior to the conclusion of section 4.
4. **No refunds will be made if the student completes section 4.**
5. All refunds will be made within thirty days.

Financing students: The ACADemy's approval for you to finance your tuition does not waive your responsibility of paying in full should you withdraw from the program. If a student has an ACADemy authorized payment plan and withdraws from the program, they will be responsible to pay the tuition in full based on where they are in the program upon withdrawing.

If a student is removed from or fails to complete the requirements of the program and is therefore ineligible to continue in the program, they will be responsible for the same tuition requirements as stated above.

If you are removed or, fail the program at any time you are no longer considered to be a financing student and your balance becomes immediately due in full.

If a student is authorized to finance a portion of the program, or if a student simply does not provide payment for the training in the requested time, they will not be allowed to start the program, or they will be removed from the program regardless of their academic status.

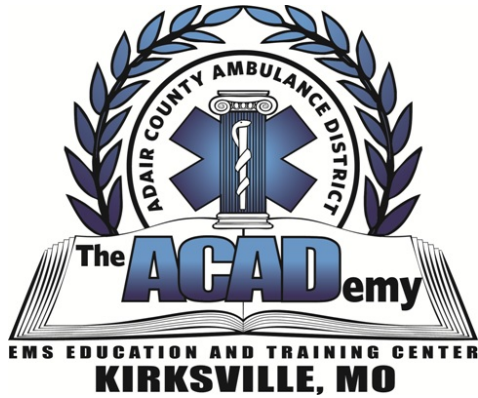
Refund Policy for Veterans or eligible persons

A) A refund of the unused portion of tuition, fees, and other charges will be made to veterans or eligible person who fail to enter or fail to complete the course as required by Department of Veterans Affairs Regulations, CFR 21.4255. The refund will be within 10 percent of an exact pro rata refund. No more than \$10 of the established registration fee will be retained if a veteran or eligible person fails to enter the course.

B) Prompt Refund: The refunded amount shall be paid within 40 days.

DISCLOSURE OF CRIMINAL BACKGROUND AND CRIMINAL BACKGROUND CHECK

Prior to the start of clinicals, all accepted students in the Paramedic program must submit to a criminal background check by the Missouri Highway Patrol. This document is required for the clinical component by the cooperating agencies. The cost of this background check is the responsibility of the student.



For Administrative Purposes Only

Application: _____ Fees: _____ HS Diploma/GED: _____
Background Check: _____ Drug Test: _____
Physical: _____ Valid Driver's License: _____

EMT PROGRAM APPLICATION

NAME: _____
LAST FIRST MIDDLE OTHER (TRANSCRIPT PURPOSE ONLY)

HOME ADDRESS: _____
STREET/ROUTE/P.O. BOX CITY STATE ZIP

PHONE NUMBER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____
STREET/ROUTE/P.O. BOX CITY STATE ZIP

H.S. DIPLOMA: _____ GED: _____ DATE OBTAINED: _____

OTHER EDUCATION (College, Vocational Training, Etc. Include Dates and Institutions Attended):

EXPERIENCE: List places of employment, list MOST recent employment first.

Name of Firm Address Dates (From-To) Position/Title Reason for Leaving

1. _____

2. _____

3. _____

Describe briefly your reasons for wanting EMT Education:

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations)? _____ YES _____ NO

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol?
_____ YES _____ NO

Signature

Date



Emergency Medical Technician
Training Program

Enrollment Packet

Name: _____

SHIRT SIZE

SMALL

LARGE

XX-LARGE

MEDIUM

X-LARGE

OTHER

How did you hear about us?:

PROGRAM FEES

The total fee (tuition) is due in full by the first day of class unless financing has been approved by The ACADemy Administrative Assistant. The lab fee / equipment fee is non-refundable and **MUST** accompany the application when applying. 20% of tuition is also due at the time of enrollment.

***Lab Fee / Equipment Fee:** Lab fees are required for costs incurred in the laboratory portion of the program. These fees cover the cost of specific materials, equipment, and services that are needed to operate the course.

Class	Fees
Emergency Medical Technician	\$250.00

The EMT Course is comprised of 10 Sections. In addition to the lab fees / equipment fees, curriculum/content tuition as follows:

Class	Tuition
Emergency Medical Technician	\$1,250.00

TUITION

In addition to the lab fees / equipment fees, curriculum/content tuition is as follows:
 \$1,250.00-Cost of Tuition

Non-Financing Students: The balance is due by the first night of class unless arrangements have been made with The ACADemy management prior to this date.

- Total EMT Course Investment:**
 \$250.00 - Lab Fees / Equipment Fees
 \$1,250.00- Tuition fees
 \$25.00- Pictures
 \$70.00- Practical Exam
 \$70.00- Written Exam
\$80.00 Approx.- Uniforms
 \$1,745.00- Total EMT course Investment

PAYMENT PLAN

Financing Students: The ACADemy's approval for you to finance your tuition does not waive your responsibility of paying in full should you withdraw from the program. If a student has an ACADemy authorized payment plan and withdraws from the program, they will be responsible to pay the tuition in full based on where they are in the program upon withdrawing. If a student is removed from or fails to complete the requirements of the program and is therefore ineligible to continue in the program, they will be responsible for the same tuition requirements as stated above.

If you withdraw, are removed, or fail the program at any time, you are no longer considered to be a financing student and your balance becomes immediately due in full.

REFUND POLICY

Full payment is required by the start of the first class. The financing agreement does not waive this responsibility should you withdraw from the program. Your application fee, initial deposit, and textbook fee are non-refundable.

A student will receive a:

1. 100% Refund of tuition fees if a student withdraws within 7 days prior to the 1st day of the program.
2. 50% refund of tuition fees if a student withdraws prior to the conclusion of Section 2
3. 25% refund of tuition fees if a student withdraws prior to the conclusion of Section 4.
4. **NO refunds will be made if the student completes Section 4**
5. All refunds will be made within 30 days.

Refund policy for Veterans or Eligible Person: A refund of the unused portion of tuition, fees, and other charges will be made to veterans or eligible persons who fail to enter or fail to complete the course as required by Department of Veterans Affairs Regulations, CFR 21.4255. The refund will be within 10 percent of an exact pro rata refund. No more than \$10 of the established registration fee will be retained if a veteran or eligible person fails to enter the course.
PROMPT REFUND: The refunded amount shall be paid within 40 days.

Other Fees: State and other certification fees are not included in the "pre-enrollment" or tuition fees and are the responsibility of the student, (i.e. State application fee, State practical exam/testing fee). There are additional fees associated with obtaining a clinical uniform and a "sitting" fee for pictures taken for student clinical I.D. Badge. These fees are not part of the "pre-course" fees OR tuition, and will be paid paid by the student at the time of service.

LATE PAYMENTS

A late payment is defined as a payment received at our business office after the due date. A service fee of \$25 will be added to a student's account for each occurrence of late payments. **If payment is more than 15 days late, the student will be placed on administrative suspension from the course until payment is received by our business office. Any students placed on administrative suspension will not be allowed to complete any written module exams and will not be allowed to participate in any clinical and/or internship rotations until all balances due are reconciled.** All course requirements must still be met to successfully pass the course. A final notice letter will be mailed to the student after payment is late more than 15 days. **If a payment is not received within 15 days of being sent a final notice letter, then the student's account will be sent to a collection agency.** Additionally, \$25 service fee will be added for any returned checks. The service fee will be in addition to the late fee.

By signing below, you acknowledge and agree to pay the tuition and program fees as it states. You also acknowledge that once you enroll, the program fees become non-refundable.

Signature

The ACADemy Staff

Date

Date

Electronic Device

I have an electronic device such as a tablet or laptop computer that I can use for this class.

I do not own or have access to an electronic device.

All of our students are required to have an electronic device. There are portions of this program where the work is completed online. For those of you who don't have a device, we recommend that you purchase one. We understand that these expenses may be difficult for some of you to absorb. If this is the case, we are willing to purchase a device for you. If you choose this option, please be aware that there will be fees for this device, in addition to the enrollment and tuition fees.

I will supply my own device

Please purchase a device for me

(In the event that we purchase a device for you, that device will become yours.)

Below is the breakdown of the cost associated with the program, if you choose for us to purchase a device for you. This does not include the "other" fees that may be associated with the program.

Optional Device Fee - \$250.00

Lab Fees / Equipment Fees - \$250.00

Tuition Fees - \$1,250.00

Total Cost not including "other" fees - \$1,750.00

Signature

Date

The ACADemy Staff Signature

Date

EMT Training Program Application Check List

The following information will be provided to you, or discussed with you prior to admission.

Please initial each box after all information has been presented to you, and you have no further questions.

EMT Course Design
(all issues will be more thoroughly addressed in the Student handbook)
Course start date
Class day/time
Anticipated holidays
Anticipated completion date
Course completion requirements

EMT Course Clinicals
(all issues will be more thoroughly addressed in Clinical Handbook)
What are clinicals?
Where do we do clinicals?
How many clinical hours are required?

National Registry Testing
How do I become certified (Nationally registered) and eligible to work?

EMT Course Cost
(payment specifics will be handles by HR Director)
What are the costs associated with the course and testing?

Complete the Emt Information Sheet

Complete the EMT/ Paramedic/ EMS Clinical Standards Sheet

Complete the Confidentiality Agreement (one of many during course)

Complete the Student Photo/Video Release Form

By signing below you are acknowledging that you have no further questions relative to the information provided to you regarding the issues above. After being advised regarding all of the requirements of the EMT program, including cost, you choose to enroll, and will be financially responsible for the payment in full. You will be ineligible to begin the National Registry testing process until the point at which you have fulfilled the financial obligations of the program.

EMT Student Signature

Date

The ACADemy Staff Signature

Date



EMT Information Sheet

Applicant Information-Fill out LEGIBLY

Name:		Students SSN:	
Date of Birth:	Primary Phone:	Secondary Phone:	
Street Address:			
Street Address:			
City:	State:	Zip:	
Student Email:			

Are you using financial assistance for this program?:

Employment Information

Current Employer:			
Employer address:	City:	Phone number:	
Position:	Hours worked per week:		

Emergency Contacts

*Primary Emergency Contact:			
Address:			
City:	State:	Zip Code:	Phone Number:
Relationship:			
*Secondary Emergency Contact:			
Address:			
City:	State:	Zip Code:	Phone Number:
Relationship:			

Reason for taking the course

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References (List two professional)

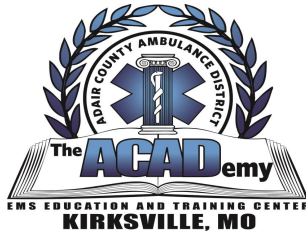
Reference Name:	Relationship to Applicant:	Reference phone:

References (List two personal)

Reference Name:	Relationship to Applicant:	Reference phone:

I authorize ACAD to contact the persons for whom I have provided information and, in the case of an emergency, release information. I affirm that all information contained herein is complete and true. Misrepresentation is grounds for dismissal from the program.

Signature of EMT Applicant:	Date:
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Pre-Course Confidentiality Agreement

Due to the importance placed on patient confidentiality, you will be signing an agreement stating that you have received information and agree to the terms prior to the start of the course, and prior to beginning the clinical process. It is important to remember that **ALL** patient information is confidential. This includes not only patient medical information and financial data, but also information that the person is a patient you observed during your EMT training program. **NO** information about any patient should be discussed outside of the classroom. Violation of patient confidentiality is a serious matter and may be cause for disciplinary action including not only dismissal from the training program, but could also result in legal action. We are entrusted with a significant amount of information pertinent to the care of our patients. Our patients trust us with that information and we must not betray that trust. Every employee, volunteer and student is charged with ensuring that the confidentiality of every patient is respected and upheld. Every employee, volunteer and/or student understands their responsibility to adhere to the confidentiality agreement and actively support the agreement.

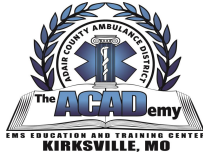
I have read The ACADemy confidentiality agreement and understand my responsibility.

Your Printed Name:

Your Signature:

Instructor:

Program:



Emergency Medical Technician/Paramedic/Emergency Medical Services Clinical Standards

Student Name (Print): _____

These standards are requirements for clinical experiences in these academic programs. If you are unable to meet any of the standards you must provide a brief explanation of your restrictions. You will be given an opportunity to speak with a Student Health Nurse to discuss any standards you identify that you would be unable to perform to determine your continued eligibility for this program of study. The inability to perform these standards as a student may prevent your admission to this academic program.

Instructions: Place an "X" next to each standard you are able to meet. Any standards without an "X" should be explained at the bottom of the page.

Physical Activity Requirements

I will constantly be required to:

- _____ 1. Talk- Expressing or exchanging ideas by means of the spoken word to convey information to physicians, patients, and colleagues.
- _____ 2. Hear- Ability to receive detailed information through oral communications with physicians, patients, and colleagues.
- _____ 3. Walk- Moving about on foot to accomplish tasks such as transferring equipment or transferring patients.
- _____ 4. Drive- Sitting while driving vehicle.
- _____ 5. Stoop- Bending at the waist while getting into and out of vehicle.
- _____ 6. Handle- working with whole hand to drive vehicle, to load/unload supplies, materials into and from vehicle.
- _____ 7. Reach- Extending hand(s) and arm(s) in any direction to load/unload and deliver materials/supplies into and from vehicle.

I will frequently be required to:

- _____ 8. Climb- Into and out of the ambulance.
- _____ 9. Balance- Maintaining body equilibrium to prevent falling when standing or stooping or crouching inside of the ambulance while it is in motion.
- _____ 10. Stoop- Bending body downward and forward by bending spine at the waist in order to provide patient care or retrieving equipment from storage areas.
- _____ 11. Push- Using upper extremities to press against something with steady force in order to thrust forward when transferring a patient or equipment on a cart, or downward such as in cardiopulmonary resuscitation.
- _____ 12. Pull- Using upper extremities to exert force in order to move patients in a sustained motion.
- _____ 13. Lift- Raising objects from a lower to a higher position such as when loading patients who most often weigh in excess of 200 pounds or transferring equipment in and out of the ambulance.
- _____ 14. Kneel- Bending legs at knee to come to a rest on knee or knees when providing patient care inside the ambulance.
- _____ 15. Crouch- Bending the body downward and forward by bending leg and spine when providing patient care at the site of a scene, in a hospital, or inside the ambulance.
- _____ 16. Reach- Extending hand(s) and arm(s) in any direction when providing patient care in the ambulance.

- _____ 17. Stand- Particularly for sustained periods of time.
- _____ 18. Finger- Working primarily with fingers rather than the whole hand.
- _____ 19. Grasp- Applying pressure to an object with the fingers and palm such as blood pressure cuffs, bulbs, I.V. infusion bags, Ambu bags, and radios.
- _____ 20. Feel- Perceiving attributes of objects, especially with fingertips such as assessing skin or potential injuries.
- _____ 21. Perform Repetitive Motions- Performing chest compressions for a minimum of 10 minutes.

Physical Demand Requirements

I, understand that:

- _____ 22. Due to heavy clinical assignments I may be required to exert in excess of 100 pounds of force occasionally, and/or in excess of 40 pounds of force frequently, and/or in excess of 20 pounds of force constantly to set up traction, hold extremities, move objects, to transfer patients onto emergency carts from wheelchairs.

Visual Acuity Requirements

I have the ability to:

- _____ 23. use equipment with small buttons and numbers, which requires absolute accuracy.
- _____ 24. Work in an environment where visual acuity in both daylight and at night.



Emergency Medical Technician/Paramedic/Emergency Medical Services Clinical Standards continued.....

Intellectual/Emotional Requirements

I must be able to:

- _____ 25. Be responsible for my actions and planning of patient care.
Interprets feelings, ideas or facts in terms of personal viewpoint.
- _____ 26. Make generalizations, evaluations, or decisions based on sensory or judgemental criteria.
- _____ 27. Make generalizations, evaluations, or decisions based on measurable or verifiable criteria.
- _____ 28. Deal with people beyond giving and receiving instructions.
- _____ 29. Perform under stress when confronted with emergency , critical, unusual, or dangerous situations; or situations in which working speed and sustained attention are make-or-break aspects of the job.
- _____ 30. Perform a variety of duties, often changing from one task to another without loss of efficiency or composure.

Tools/Equipment

- _____ 31. I will be trained to use the following equipment: Doppler, Radio Equipment, EKG/Defibrillator, Infusion Pumps, and Pulse Oximetry.

Clinical Conditions

I understand that I:

- _____ 32. Must be able to wear installed lap and shoulder seatbelts.
- _____ 33. Am subject to enviornmental condtions with activities occurring both inside and outside. The student is subject to extreme tempatures (below 32 degrees to above 100 degrees.)
- _____ 34. Am required to wear protective appliances such as masks and goggles when caring for patients and the potential exposure to blood and bodily fluids exists, in accordance with standard precautions.
- _____ 35. Have been identified as having the likelihood of occupational exposure to blood or other potentially infectious materials, therefore, are included in the OSHA Exposure Plan with specifications for preventing contact with infectious diseases.
- _____ 36. Am Subject to exposure of combative, physically or abusive patients.

Please check the box that applies and provide your signature below.

I have read the abbove clinical standards for program admission and pregression and hereby represent that I can effectively and safely perform all of the competencies listed.

I have read the above clinical standards for program admission and progression and hereby respresent that I cannot effectively and safely perform all of the competencies listed.

Explanation of standards you cannot perform:

I certify that the information contained herein is true, correct and complete to the best of my knowledge. I shall promptly notify the Student Health Nurse in the event that anything happens prior to my enrollment in the Emergency Medical Technician Training Program, that would change the information contained in this document. I understand that the obligation to report changes extends to the period of time during my enrollment as well. I understand that any false or misleading statement, omission of subsequent or material facts may be the basis of denial of admission, revocation of an offer of admission, or dismissal from the program, if already enrolled.

Student Signature: _____

What's your learning style?

For these questions, choose the first answer that comes to mind and fill in on a, b, or c. Don't spend too much time thinking about any one question.

Question 1

When you study for a test, would you rather

- a) read notes, read headings in a book, and look at diagrams and illustrations.
- b) have someone ask you questions, or repeat facts silently to yourself.
- c) write things out on index cards and make models or diagrams.

Question 2

Which of these do you do when you listen to music?

- a) Daydream (see things that go with the music)
- b) Hum along
- c) Move with the music, tap your foot, etc.

Question 3

When you work at solving a problem do you:

- a) make a list, organize the steps, and check them off as they are done.
- b) make a few phone calls and talk to friends or experts.
- c) make a model of the problem or walk through all the steps in your mind.

Question 4

When you read for fun, do you prefer

- a) a travel book with a lot of pictures in it
- b) a mystery book with a lot of conversation in it
- c) a book where you answer questions and solve problems

Question 5

To learn how a computer works, would you rather

- a) watch a movie about it
- b) listen to someone explain it
- c) take the computer apart and try to figure it out for yourself.

Question 6

You have just entered a science museum, what will you do first?

- a) look around and find a map showing the locations of the various exhibits
- b) talk to a museum guide and ask about exhibits
- c) go into the first exhibit that looks interesting, and read directions later

Question 7

What kind of restaurant would you rather not go to?

- a) one with the lights too bright
- b) one with the music too loud
- c) one with uncomfortable chairs

Question 8

Would you rather go to

- a) an art class
- b) a music class
- c) an exercise class

Question 9

Which are you most likely to do when you are happy?

- a) grin
- b) a music class
- c) jump for joy

Question 10

If you were at a party, what would you be most likely to remember to next day?

- a) the faces of the people there, but not the names
- b) the names but not the faces
- c) the things you did and said while you were there

Question 11

When you see the word "d-o-g", what do you do first?

- a) think of a picture of a particular dog
- b) say the word "dog" to yourself silently
- c) sense the feeling of being with a dog (petting it, running with it, etc.)

Question 12

When you tell a story, would you rather

- a) write it
- b) tell it out loud
- c) act it out

Question 13

What is most distracting for you when you are trying to concentrate?

- a) visual distractions
- b) noises
- c) other sensations like, hunger, tight shoes, or worry

Question 14

What are you most likely to do when you are angry?

- a) scowl
- b) shout or "blow up"
- c) stomp off and slam doors

Question 15

When you aren't sure how to spell a word, which of these are you likely to do?

- a) write it out to see if it looks right
- b) sound it out
- c) write it out to see if it feels right

Question 16

Which are you most likely to do when standing in a long line at the movies?

- a) look at posters advertising other movies
- b) talk to the person next to you
- c) tap your foot or move around in some other way