

EMERGENCY MEDICAL TECHNICIAN PROGRAM

Lead Instructor: Lisa Hammill, EMT I



COURSE DESCRIPTION:

Emergency Medical Technician Program is an intensive course designed to assist the student in developing the ability to recognize the symptoms of illness and injuries and apply proper skills and procedures to administer emergency care in the prehospital setting. Upon successful completion of the course, including didactic learning, clinical learning and internship, the student must make application through NREMT, the State of California and Nor-Cal EMS before becoming a practicing EMT.

COURSE DETAILS & PRE-REQUISITES:

This course is 136 classroom hours, 24 clinical hours, and 8 hrs. final testing. Clinical in TCLS-Weaverville, AMR- Redding, and Trinity Hospital-Weaverville.

The Students must have a current BLS CPR card and proof of current immunizations (TB (6m), MMR, Varicella, TDAP (10 Yrs), Hep B/ Declination, Flu.

COST: \$600*

*Includes the textbook, navigate text prep, background check, and liability insurance

JANUARY 22 – MAY 21, 2018 *

Enrollment Deadline: January 15, 2018

Course Schedule *(SUBJECT TO CHANGE)

Monday, Thursday, & *Saturdays (*3 - TBA)

DAY	TIME
Mondays	1700-2100
Thursdays	1700-2100
Saturdays	0800-1700

LOCATION:

Trinity County Life Support
Training RM
610 Washington St.
Weaverville CA 96093

REGISTER:

Trinity County Life Support (TCLS)
Class Size Min. / Max.: 10/20

INFORMATION:

530.623.2500



Request an Application
Trinity County Life Support Business Office
610 Washington Street - P.O. BOX 2907
Weaverville, CA 96093
PHONE: 530.623.2500 / www.tcls.org

We Accept: Cash / Check / Money Orders or Visa Credit Card

TRINITY COUNTY LIFE SUPPORT (TCLS) / WEAVERVILLE FIRE DISTRICT (WFD)

Return to: Trinity County Life Support
 610 Washington Street – P.O. Box 2907
 Weaverville, CA 96093-2907
 (530) 623-2500

EMERGENCY MEDICAL TECHNICIAN PROGRAM
ENROLLMENT DEADLINE: JAN. 15, 2018

CLASS SIZE MIN/MAX: 10/20

JAN-MAY YEAR 2018

1 LEGAL NAME:		
LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____		
NAME USED ON PREVIOUS ACADEMIC RECORDS _____ PHONE NUMBER (____) _____ <small>AREA CODE</small>		
CURRENT MAILING ADDRESS STREET NUMBER (& APT) _____		E-MAIL ADDRESS _____
COUNTY _____	CITY _____	STATE _____ ZIP CODE _____
2 EMERGENCY CONTACT	3 PLACE OF BIRTH	4 SEX
_____ FIRST/LAST NAME	_____ STATE OR COUNTRY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
_____ BEST CONTACT #	_____ BIRTHDATE MM / DD / YR	
5 DRIVER'S LICENSE NUMBER (COPY)	6 VACCINATIONS (COPY)	7 PRE-REQ CPR CARD (COPY)
_____ EXP: ____/____	<input type="checkbox"/> TDAP (10 YEARS) <input type="checkbox"/> HEP B <input type="checkbox"/> MMR	<input type="checkbox"/> AHA BLS <input type="checkbox"/> ASHI
8 SHIRT SIZE (POLO) _____	<input type="checkbox"/> TB (6 MONTHS) <input type="checkbox"/> VARICELLA <input type="checkbox"/> FLU	<input type="checkbox"/> ARC BLS <input type="checkbox"/> NSC

COURSE GUIDELINES & PAYMENT SHEET

COURSE: EMERGENCY MEDICAL TECHNICIAN

- MONDAY AND THURSDAY EVENINGS 1800 PM – 2200 PM
- SOME SATURDAYS REQUIRED (TBA) 0800 AM – 1700 PM – One Hour Lunch Break
- 136 HOURS FOR CLASSROOM TIME, LECTURE, DISCUSSION, SCENARIOS, AND SKILLS
- 24 HOURS OF CLINICAL TIME, AMBULANCE AND HOSPITAL
- CLINICAL TIME: AMERICAN MEDICAL RESPONSE (AMR) REDDING, TCLS, TRINITY HOSPITAL
- REQUIRES LIFTING, MOVING OF PATIENTS AND USE OF HAND TOOLS FOR AUTO EXTRICATION

COURSE EXPECTATIONS:

- COMPLETION OF ASSIGNED MATERIAL PRIOR TO CLASS
- SUCCESSFUL COMPLETION OF CLINICAL TIME WITH 10 DOCUMENTED PATIENT CONTACTS
- 80% AVERAGE QUIZZES, MIDTERM, AND FINAL WRITTEN EXAM (ONE RETAKE ALLOWED)
- 100% SUCCESSFUL SKILLS TESTING

UPON SUCCESSFUL COMPLETION, A WRITTEN COURSE COMPLETION RECORD IS ISSUED. THIS IS NOT EMT CERTIFICATION.

CERTIFICATION PROCESS:

(THE BELOW EXPENSES ARE NOT COVERED BY THE COURSE FEE AND ARE THE RESPONSIBILITY OF THE STUDENT)

- YOU MUST BE 18 AND POSSESS A VALID CA DRIVER'S LICENSE
- DOJ LIVE SCAN – TRINITY COUNTY SHERIFF'S OFFICE \$67.00
- NREMT EXAM \$70.00 (MUST BE COMPLETED WITHIN 2 YEARS OF COURSE COMPLETION)
- NOR-CAL EMS LOCAL ACCREDITATION \$120.00

FOR MORE INFORMATION ON THE CERTIFICATION PROCESS:

<http://www.nremt.org> (NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS)
<http://www.norcalems.org> (NORTHERN CALIFORNIA EMERGENCY MEDICAL SERVICES)

(Please make checks payable to Trinity County Life Support) ATTACHMENTS: Current CDL Current CPR

\$600.00 FEE Paid: \$ _____ Amount Due: \$ _____ Date Paid: _____ Vaccinations

CASH CHECK # _____ MONEY ORDER VISA INVOICE AGENCY: _____

Credit Card (CC) #: _____ Exp. Date: ____/____/____ Security Code: _____

Name on CC : _____ Mailing Address CC: _____

Signature of Cardholder: _____ **Date:** ____/____/____

Disclosure: This payment is non-refundable and includes all items stipulated within the Trinity County Life Support (TCLS) / Weaverville Fire District (WFD) Emergency Medical Technician Application.