

Jefferson College of Health Sciences
Western Virginia EMS Council



Application Packet

***Fall 2017 Henry County
Advanced EMT
Program***

1944 Peters Creek Road
Roanoke, VA 24017
Phone: 540-562-3482 • Fax: 540-562-3488

TUITION FOR THIS PROGRAM IS \$2,200.00.

Tuition cost covers:

- **Instruction**
- **Textbook (Brady Advanced EMT 2nd Edition)**
- **National Registry Written Exam**
- **National Registry Psychomotor (Practical Testing)**
- **Uniform**
- **Drug & Criminal History Screening**
- **Class Technology Fee's (Fisdap, Blackboard)**

Please be sure read through entire application, if you have any questions, please contact Chris Christensen:

cchristensen@vaems.org OR 540.562.3482

Please mail or drop off completed applications to:

Western Virginia EMS Council

c/o Chris Christensen

1024 Dupont Road

Martinsville, Virginia 24112

Application Instructions/Check List Fall 2017

IMPORTANT - READ CAREFULLY

APPLICANTS ARE NOT CONSIDERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO WESTERN VIRGINIA EMS COUNCIL

The following items are required to qualify for the entrance examination to the Advanced EMT program.

- Review the **Admission Policy and Enrollment Requirements**
- Complete the **ENTIRE ALS Course Application**.
- Submit the **ALS Course Application** to the Western Virginia EMS Council, c/o Chris Christensen. Submission of the following items and completion of entrance exam, are to be no later than the **deadline of close of business on Thursday, October 5th, 2017**
- Scheduled a date/time to take your **entrance examination**. See below to select an available dates and times.

The following items are required to complete the ALS application package for the program. .

- Copies of the following:
 - a. Driver's license/other Government issued photo ID
 - b. High school diploma OR General Equivalency diploma OR evidence of post-secondary education.
 - c. Current CPR card.*
***The current CPR certification must be on the list of accepted disciplines by the Virginia Office of EMS.**
 - d. VAOEMS EMT certification card
- Completed **Recommendation for ALS Program** form. Recommendation forms must be completed by your agency chief operational/training officer and endorsed by your agency Operational Medical Director.

During the week of October 16th, 2017 applicants to the program will be emailed notification and advised if they have been accepted into the program. **Tuition costs are \$ 2,200.00** and must be paid by October 23, 2017. EMS agencies or other organizations can be invoiced for the tuition. Students who are delinquent in payment of the course fees will be subject to dismissal from the program.

Entrance Exam locations and times, RSVP for your below selection by contacting Chris Christensen at cchristensen@vaems.org OR 540.562.3482. You will have 2 attempts at the exam, failure to pass the exam with a 75% will mean your application will be withdrawn from consideration for the program.

Entrance Exam Dates / Locations:

Scheduled by appointment

Admission Policy and Enrollment Requirements

The JCHS-WVEMS Training Program will not discriminate in its admission policies on the basis of sex, race national origin, color, creed, disabling conditions, handicaps, age, religion or sexual preference. All applicants must meet the minimum requirements and provide documentation prior to entry into an Advanced Life Support program. **Qualified applicants will be subject to a selection process by the JCHS-WVEMS peer review committee.**

Applicants must provide documentation of minimum requirements prior to entry into the Advanced EMT Program:

For entrance into all programs:

1. The applicant must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC 5-31-1460, ALS student requirements.**
2. The applicant must hold a current and approved certification in CPR.
3. Applicants affiliated with an EMS agency in Planning District 12 (Southside) will be given first preference.
4. Applicants affiliated with an EMS agency in the Western Virginia EMS Council Region will be given second preference.
5. Applicants affiliated with an EMS agency outside of the Western Virginia EMS Region will be given third preference.
6. Non-affiliated applicants will be considered, if space is still available after all affiliated applicants.
7. **The applicant shall complete an EMT-Basic knowledge entrance examination and must achieve a satisfactory score of 75% or greater to be considered. The applicant will have 2 opportunities to successfully complete this exam.**

12 VAC 5-31-1460. ALS student enrollment requirements.

An enrolled student in an ALS certification program shall comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms and interpret protocols.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Certification as an EMT or higher EMS certification level.
4. Possess a High school or general equivalency diploma.
5. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification, including the ability to function and communicate independently and to perform appropriate patient care, physical assessments and treatments.

GENERAL COURSE POLICIES:

1. No more than **15% of required course hours** absence is allowed in this program for any reason (for the overall program.) A memo will be distributed the first night of class explaining this further. Students missing more than the maximum hours allowed will be dropped from the course.
2. All Students must maintain at least a 75% average overall in each grading period of the course to be considered passing to be allowed to continue in the program and for student participation in any and all certification processes.
3. All students must consent to a criminal history and drug screening in order to participate in clinical and field externship components of the program. Starting and completing any clinical or field rotations, and thus completion of the program, is contingent upon a NEGATIVE drug screen for specified substances. Confidentiality will be maintained at all times in accordance with WVEMS Council Student Drug Testing Policies.

ALL STUDENTS WILL SIGN A WAIVER EXPLICITLY STATING THAT PROHIBITING A STUDENT FROM STARTING AND/OR COMPLETING CLINICAL OR FIELD EXTERNSHIP ROTATIONS WILL NOT BE CONSIDERED IN AND OF ITSELF A VIOLATION OF STUDENT CONFIDENTIALITY.

4. All students ***must*** document the following health information listed on the medical form given the first night of class.
Documentation of all immunizations must be submitted to the program's designated infection control officer **on a date specified prior to the beginning of laboratory sessions.**
 - A. Proof of immunization or results of rubella (German measles) titer. **(Required.)**
 - B. Proof of immunization or results of mumps titer. **(Required.)**
 - C. Proof of immunization or results of rubeola (measles) titer. **(Required.)**
 - D. Proof of flu vaccination. **(Recommended.** Students who do not receive the flu vaccination will be required to wear a mask at all times during clinical rotations.)
 - E. Hepatitis B vaccine status. **(Recommended.** If vaccination is declined, a declination form must be supplied or completed.)
 - F. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, submit documentation from your health care provider attesting to the history of the disease.)
 - I. Results of tuberculin skin test (TST). Two-step TST is required if you do not have a documented negative TST result during the preceding 12 months. If you have a documented negative TST result during the preceding 12 months, you need only complete one-step TST
A TB blood test (QuantiFERON®-TB Gold Test) may be substituted for the tuberculin skin test.
5. All students ***must*** submit a signed **NOTICE OF DEEMED CONSENT TO INFECTIOUS DISEASE BLOOD TESTING** form, along with a completed and signed **SPONSORING AGENCY ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR INFECTIOUS DISEASE TESTING** form.
6. Students must successfully complete **all** aspects of the program (classroom, clinical and field internship). It is especially important to understand that you must attain the **minimum required number of all** clinical "competencies" to complete the program.

PLEASE KEEP THESE GENERAL COURSE POLICIES, DO NOT RETURN WITH THE APPLICATION!

TO BE READ AND SIGNED BY APPLICANT

I have read the attached Advanced Life Support Training Programs Course Requirements and understand the requirements and meet all of those listed and applicable.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION *DOES NOT* GUARANTEE ADMISSION TO THE COURSE. I FURTHER UNDERSTAND THAT THE PEER REVIEW COMMITTEE MAKES CLASS SELECTIONS AND THAT THEIR DECISION AND THAT OF THE PHYSICIAN COURSE DIRECTOR ARE FINAL.

I understand that I must consent to criminal history check and drug screening in a manner specified by the JCHS-WVEMS Training Program by the deadline established for the course in order to participate in clinical and field externship components of the program. Starting and completing any clinical or field rotations, and thus completion of the program, is contingent upon a NEGATIVE drug screen for specified substances. Confidentiality will be maintained at all times in accordance with WVEMS Council Student Drug Testing Policies.

I UNDERSTAND THAT I MUST SIGN A WAIVER EXPLICITLY STATING THAT PROHIBITING ME FROM STARTING AND/OR COMPLETING CLINICAL OR FIELD EXTERNSHIP ROTATIONS WILL NOT BE CONSIDERED IN AND OF ITSELF A VIOLATION OF CONFIDENTIALITY.

Program completion is defined as completing all program requirements necessary to qualify for certification examination.

I agree to be responsible for any additional course fees if they become necessary. No refunds will be made after the second class. Practical exam cancellations, if necessary, must be made no later than the close of business 14 days prior to the practical exam.

I also understand that completion of this course ***does not*** guarantee that I will be allowed to participate in any certification processes. That decision is at the discretion of the Program Director, Clinical Director and the Physician Course Director.

I hereby affirm that the information I have submitted on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation. I further affirm that I am eligible for certification as a Virginia EMS provider under **12 VAC 5-31-910** (criminal or enforcement history) of the Virginia EMS Rules and Regulations.

Signature of Applicant

Date

Course Application:

Section-1: APPLICANT INFORMATION *[PLEASE PRINT CLEARLY]*

_____ Last Name	_____ First Name	_____ MI	_____ Certification Number	_____ Expires
_____ Street Address				
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Home)	
_____ E-mail address			_____ Phone (Alternate – <i>specify type</i>)	
_____ EMS Agency Affiliation			_____ Date of Birth	

Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY *[PLEASE PRINT CLEARLY]*

_____ Last Name	_____ First Name	_____ MI	_____ Relationship	
_____ Street Address			_____ Phone (Home)	
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Alternate – <i>specify type</i>)	

Section-3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the JCHS-WVEMS Training Program and the Virginia Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature

Date

Section-4: ENTRANCE EXAMINATION DATE

Enter the date you will take the entrance examination: _____

