

Emergency Medical Technician (EMT) Program Application



August 2022 – December 2022 Application Packet

Dear prospective EMT Student,

Thank you for your interest in the Emergency Medical Technician (EMT) course hosted by Georgetown-Scott County EMS. Our program is accredited by the Kentucky Board of Emergency Medical Services to provide Emergency Medical Responder and Emergency Medical Technician courses. We also provide continuing education training for all license levels. Our EMT class will begin August 11th and will meet every Tuesday & Thursday from 5 pm to 9 pm. We will be off the week of fall break, October 3rd, and off for Thanksgiving. In addition, we have 2 weekend sessions scheduled, October 15th & 16th, and November 19th & 20th. These weekend sessions are 8-hour days. Class ends on December 8th with tentative skills evaluation December 10th. Program graduation is planned for December 15th.

As an EMT, you can provide basic out-of-hospital emergency care. This program consists of 184 hours of education. You will learn how to assess a patient for injuries and illness, administer CPR, control bleeding, maintain an open airway, and treat shock. You will be able to respond to respiratory, cardiac, trauma and obstetric emergencies. Your education will cover anatomy, physiology, muscular skeletal injury care, childbirth, pediatric emergency care, applying splints and bandages, and moving patients.

Our EMT program is focused on you! We are eager to design a plan for your success in our course that will provide job opportunities in the healthcare field. Our goal is to provide an outstanding course, which will challenge you both academically and technically. Our program will prepare you for many of the various career options for EMTs.

To successfully complete our program, students will need to participate in both classroom and lab sessions, where knowledge will be put to practice with hands-on skills. Additionally, students must participate in twenty-four (24) hours of ambulance ride time to acquire a minimum of ten (10) patient contacts. EMT Students are also required to participate in Emergency Department Clinicals in a hospital setting. Upon successful completion of our program, students will be eligible to attempt the computer-based National Registry Exam. A passing score on the National Registry Exam, will qualify individuals to apply to the Kentucky Board of Emergency Medical Services for licensure as an EMT.

To register for the GSCEMS EMT training program a completed application (attached) must be submitted as well as the program deposit with a payment plan established. Maximum capacity for this program is twenty (20) students. Application packets must be submitted to Georgetown-Scott County EMS Headquarters located at 141 S. Broadway St. Georgetown KY 40324.

Please do not hesitate to contact us if you have questions or require assistance. The goal of our program is that all students receive every opportunity to succeed! Our instructors are committed to your success and will provide any resources or tutelage needed.

Sincerely,

Jon Oesterman, NRP, CCP-C
Program Director
Georgetown-Scott County EMS

Pre-Requisite Checklist:

This packet outlines the steps involved to ensure a complete application packet for the GSCEMS EMT Program. Pre-requisite costs are the responsibility of the student.

Provide: General Physical form completed by healthcare provider	
Provide: Drug Screen Form – 5 panel drug screen	
Complete: Criminal Background Check Consent Form	
Complete: EMT Course Application	
Complete: Employer Release Waiver (If being funded by agency)	
Provide: Proof of High School Diploma or High School Equivalency Diploma or current high school GPA of at least 3.0 or greater	
Provide: A copy of your valid Driver's license	
Provide: \$400 deposit; check (made out to Scott Co Fiscal Court) or cash	
Provide: Proof of Valid Health Insurance	
Provide: Immunization record (TB, MMR, Varicella, Hep A & B, COVID as required by clinical sites)	

Course Tuition: \$1200

Included in your tuition:

1. Course books
2. Skill tracking & Testing platform access
3. Two (2) GSCEMS EMT Program Polo shirts
4. N95 Fit testing
5. Course ID Card

Additional Equipment needed (Not covered in tuition)**:

1. Stethoscope
2. Watch with a second hand
3. Pocket Mask
4. Black Uniform Pants (cargo style)
5. Closed toed shoes/boots, Black

** These items, including the dates they will be required, will be discussed on the first day of class.

Student Demographics:

Instructions: Please print legibly in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification. Incorrect or incomplete statements may prohibit your acceptance. Completed applications imply the candidate's expression of interest in attending the program and their willingness to accept the associated financial responsibility.

First Name	Middle Initial	Last name
Preferred name	Maiden Name (If applicable)	
Street Address		
City	State	Zip Code
Phone Number:	Social Security Number:	Shirt Size:
Driver License Number:	State:	Expiration:
Date of Birth:		

Are you a United States Citizen?	Yes	No
If not a US Citizen:	Type of Visa:	Country of Origin:
Are you a Permanent Resident Alien of the US	Yes	No
Resident Alien Number:		
Foreign Address:		

Do you live in Kentucky	Yes	No
Have you lived continuously in Kentucky for the past 5 years?	Yes	No
List all years and other states resided in for the last 5 years:		

Educational Background:

High School Name	City	State
High School Graduation Date:	GED Certification Date:	
Schools attended other than High School	Location	Course of Study/Degree attained
Please describe additional course work or training (including Military), which may assist you in the EMS service:		
Do you intend to simultaneously enroll in BCTC?	Yes	No

Employment Background

Employment status	Full-time	Part-time	Unemployed	Full-time Student
Current Employer	Supervisor's Name		Work Phone Number	
Employer Address:	City		State/Zip	
Other Employment Experience				
Other Community/Volunteer Experience				

Criminal Background:

Have you ever been convicted of a felony, pled guilty to a felony, entered an Alford plea to a felony, or participated in a diversion program for a felony?

Yes

No

By submitting this application, I am giving Georgetown Scott County EMS permission to submit my information to the Commonwealth of Kentucky to perform a background check for the purpose of program acceptance and certification eligibility. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I further understand that this background check does not substitute the required background check that the Kentucky Board of Emergency Medical Services requires. I attest that I will obtain the KBEMS required background check through CastleBranch.

Student Signatures

Date

Records Release

I, _____ authorize Georgetown Scott County EMS TEI Instructors to release my records to my employer as a condition of pay for my enrollment in this program. GSCEMS TEI may release these records at any time as requested by the sending agency training officer. The records released will include my current overall grade in the program as well as perceived strengths and areas for improved as observed by the GSCEMS TEI Instructor staff. Quarterly progress reports will not be shared, nor will disciplinary actions or performance improvement plans.

Student Signature

Date

Emergency Information:

Emergency Contact Name:	Relationship	Phone Number
Address	City	State/Zip
Major Medical Conditions/Allergies Likely to cause emergency:		

I hereby authorize Georgetown Scott County EMS to contact the above person in the event of an emergency and release information necessary to provide for my well-being.

I furthermore attest that I am free from addiction to alcohol or any other controlled substance. I understand that if suspected of substance abuse that I will be subject to drug and/or alcohol test (s) at my expense.

To the best of my knowledge, I do not know of any physical and/or mental condition that would impair and/or interfere with my ability to perform the required duties of an EMT. If I am suspected of having a condition that impairs my ability to perform the required duties, I understand that I may be required to submit written approval from a licensed physician.

Student Signature

Date

Waiver for minors:

_____ has permission to apply to participate in the EMT Training program. I am aware that this is an adult education course, in which students are exposed to the realities of Emergency Medical care in all its applicable settings.

Parent or Guardian Signature

Date

Media Release

I, _____ hereby grant permission and consent to Georgetown-Scott County Emergency Medical Services (GSCEMS) the use of photographs and/or video, taken during the EMT Training program, for the purposes of, including but not limited to, publicity, copyright purposes, illustration, advertising/marketing, social media, and web content:

Photographs/video taken may be used for social media, public news/media, or other communications related to the mission of GSCEMS.

I understand that I may revoke this authorization at any time by notifying GSCEMS in writing. The revocation will not affect any actions taken before the receipt of such written notification. Original images will be kept secure and only accessible by authorized personnel.

Consent and Authorization (check one):

- I give Georgetown-Scott County EMS my consent to use the photographs and videos for the purposes described above.

- I do not give Georgetown-Scott County EMS my consent to use the photographs and videos for the purposes described above. However, I do grant permission for the photographs/video to be utilized for GSCEMS internal use only.

I understand and agree to these terms and conditions.

Signature: _____

Date: _____

Printed Name: _____

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Georgetown-Scott County EMS

Company

Christopher Runyon

Requestor/Contact Person

141 S. Broadway

Address

Georgetown, KY 40324

City, State, Zip

Date

christopher.runyon@scottky.gov

E-mail address

502-863-7841

Telephone Number

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) Entry Screening for Medical

Training