



COURSE APPLICATION
and
ENROLLMENT AGREEMENT

Emergency Medical Technician or Paramedic

Program _____ Start _____ End _____

**Rescue Training, Inc.
7022 TPC Drive
Suite 200
Orlando, FL 32822
Office: 407-816-5566 FAX: 407-816-5540**

It is the policy of Rescue Training, Inc. to provide equal opportunities to all applicants and employees and potential students without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Return this Application to the Administrative Office during regular business
hours: 9:00 a.m. – 5:00 p.m. Monday – Friday

Revised 01/06/2014

Thank you...

...for your interest in attending one of the up-coming EMS Programs at Rescue Training, Inc. Our courses meet the Department of Transportation (D.O.T.) National Standard Curricula and, having State of Florida approval, allows the successfully completing student to take the National Registry of Emergency Medical Technician (NREMT) exam and the Florida State Exam for certification as either an Emergency Medical Technician (Basic) or Paramedic. Please complete the enclosed application and return it to us on or before Class Orientation day. Detailed information and a class-specific contract will be provided during Orientation.

If you have any questions prior to this, contact us at 407-816-5566 or by Email at rti.orlando@rescue1.com.

Courses require a minimum number of students to make the instruction time viable and cost effective. We reserve the right to postpone or cancel a course if enrollment is low.

Again, thank you for your interest. We look forward to providing you with a very constructive, resourceful, and beneficial EMS course.

Greg Wommack, BS, EMT-P
Chief of Operations / Program Director
Rescue Training Inc
7022 TPC Drive # 200
Orlando, Florida 32822
407-816-5566

EMERGENCY MEDICAL PROGRAMS OFFERED

Emergency Medical Technician

This program will prepare the student to function as an **EMT** outside the classroom. It will prepare the student who maintains a passing grade to meet the requirements for taking the **State of Florida** and/or the **National Registry EMT Exam**.

The student will be required to complete a minimum of 250 program hours which includes 150 didactic/lab and 100 clinical hours. A diploma will be issued upon successful completion of all requirements.

Tuition Cost: \$1,650.00

Paramedic

This program will provide advanced emergency medical training and prepare the student to function as a **PARAMEDIC** outside the classroom. The course will prepare the student who maintains a passing grade in each division to meet the requirements for taking the **State of Florida** and/or the **National Registry Paramedic Exam**. The clinical and didactic training should prepare the student to enter the emergency medical field with an above average ability.

This course contains a minimum of 1,112 total hours, of which 712 are didactic/lab and 400 clinical. A diploma will be issued upon completion of all requirements.

Tuition Cost: \$5,600.00

Costs include:

Text books, workbooks, instructional materials, instructor fees, required provider course fees, expendable course supplies, equipment rental, medical teaching aids, certificates, and uniform shirts.

Costs does not include:

Healthcare Provider CPR Certification (\$35), Background Check (\$24), Drug Screening (\$?), Inoculations (\$?), Physical Examination (\$?), Personal or Professional Liability Insurance (Required - Estimated cost less than \$200.) Personal medical equipment, other uniform items, kits, tools, notebooks, writing paper, pens, consumable items, or copies. Any state certification fees, National Registry exam fees or expenses to travel to the exam(s). (It is estimated that the Florida State or National Registry exam and certification fees should not exceed \$250.)

PAYMENT OPTIONS

Rescue Training, Inc requires that students pay tuition prior to attending classes. Students are allowed to select a non-interest monthly payment program under the follow conditions:

EMT-B: The minimum deposit amount required to reserve a seat in this class is \$600. This includes the non-refundable Registration Fee of \$150 and the first tuition payment of \$450, **due not-later-than Orientation day**. The remaining \$1,250 is divided into equal number of monthly payments for the duration of the course.

EMT-P: The minimum deposit amount required to reserve a seat in this class is \$950. This includes the non-refundable Registration Fee of \$150 and the first tuition payment of \$800, **due not-later-than Orientation day**. The remaining \$5,000 is divided into equal number of monthly payments for the duration of the course.

Tuition and fees are to be paid in the form of **cash, check, money order** or **credit card** (*except American Express*). The monthly tuition must be paid prior to attending any classes for that month. Checks and money orders are to be made payable to "Rescue Training, Inc.". Payments are to be made at the Administration Office.

Personal checks will not be accepted for the last payment of the course.

Program Instructors are not authorized to accept tuition or any form of payment.

Student Enrollment/Payment Agreement

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

Student Information

Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): _____

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ Date of Birth: _____ Circle One: Male Female

Program Information (School Only)

Program Title: _____ Length: _____ Clock Hours: _____

Class Schedule: () Full Time () Part Time () Day Classes () Evening Classes

Hours per Week: _____ Start Date: ___/___/___ Anticipated Ending Date: ___/___/___

Total Program Price \$ _____

This agreement constitutes a binding Contract between the Student and Rescue Training, Inc.

Methods of Payment

Full payment at time of signing enrollment agreement.

Registration fee at the time of signing enrollment agreement with balance paid prior to starting date

Registration fee at time of signing enrollment agreement with balance paid prior to graduation by a payment plan.

NOTE: For School offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. **(N/A, if not applicable or line through)**

ANNUAL PERCENTAGE RATE 0.00 %	FINANCE CHARGE \$ 00.00	Amount Financed The dollar amount the credit provided to you or on your behalf. \$	Total of Payment The amount you will have paid after you have made all payments as scheduled. \$	Total Sales Price The total cost of your purchase on credit including your down payment of \$
YOUR PAYMENT SCHEDULE WILL BE:				
Number of Payments	Amount of each payment	When payments are due		
	\$	Beginning on ____/____/____ and on the same day each (check one) _____ weekly or _____ bi-weekly thereafter		

All prices for program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

Cancellation and Refund Policy

Should Rescue Training Inc cancel a course students will receive 100% refund of all monies paid.

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

Cancellation may be made in person, by electronic mail, by Certified Mail or by termination.

All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.

Cancellation after the third (3rd) Business Day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150.00).

Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.

Cancellation after completing 50% of the program will result in no refund.

Termination Date: When calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice was received.

Refunds will be made within 30 days of termination of the student's enrollment or receipt of a Cancellation Notice from the student.

PREREQUISITES TO ADMISSION

An applicant must meet the following prerequisites in order to be admitted into the Emergency medical Technician or Paramedic programs:

1. Have earned a High School Diploma or G.E.D.
2. Be at least 18 years of age by Graduation.
3. Be Florida EMT certified by the end of Course Phase-1 (*Paramedic Students only*)
4. Be free of any felony convictions
5. Have Personal or Professional Liability Insurance.
6. Able to conduct/obtain the following items:
 - 10-panel Drug Screen within two (2) weeks of orientation
 - Florida Background Investigation prior to Clinicals
 - Black BDU/EMS Trousers and Black belt
 - Black closed-toed boots
 - Watch with a second hand or easily displayed digital readout
 - Pens (black ink only) and Notebook
 - Stethoscope and Trauma shears

Provide the following:

1. Copy of High School Diploma, G.E.D. or College Transcript
2. Copy of a valid Driver's License or ID Card
3. Copy of current Florida EMT Certification (*Paramedic students only*)
4. Copy of Florida Background Investigation (*see Attachment – B*)
5. Copy of 10-panel Drug Screen
6. Copy of current Healthcare Provider CPR Card (*Rescue Training, Inc. will conduct a HCP CPR Class for those needing this certification prior to class convening date.*)
7. Copy of up-to-date Shot Record showing:
 - Mumps Measles Rubella** (MMR) vaccination
 - TB Skin Test** (*must be within 6 months of Class convening date*)
 - Tetanus** (*a booster shot is required if vaccination is more than 10 years old*)
 - Hepatitis B** series or Titer or Waiver (*Attachment – A*)
8. Copy of current Professional Liability Insurance Card
9. Copy of a signed, less-than-one-year-old statement by a Physician proclaiming that you are of sufficient health to participate in the chosen course. A standard "student's physical" is recommended. (*Attachment – G may be used for this purpose*)

Complete the following:

1. Submit full tuition or commit to payment plan (*see page-4*)
2. Complete a 10-panel Drug Screening within 2-weeks of Orientation.
3. Complete a Criminal History Background Investigation (*Attachment – B*)
4. Sign the Background Investigation release (*Attachment - B*)
5. Sign the Felony Statement (*Attachment – C*)
6. Sign the Substance/Drug Abuse Statement (*Attachment – C*)
7. Sign the Release of Information Form (*Attachment – D*)
8. Sign the Hold Harmless Agreement (*Attachment – D*)
9. Sign the Appearance Standards and Dress Code form (*Attachment – E*)
10. Fill out the required Student Data form and optional Questionnaire (*Attachment – F*)

Attachment – H is a removable check-off sheet to help you track these requirements.

Hepatitis B Declination

Student Name: _____

SSN: _____

I understand that, as a student in the medical field, I will be exposed to blood and other potentially infectious materials during my training. Specifically, I risk acquiring Hepatitis-B (HBV) Infection.

I am aware of the risk associated with refusing to be vaccinated for Hepatitis B. However, I decline vaccination at this time and understand the possible consequences of this decision.

I hereby release Rescue Training, Inc. from any and all liability associated with this refusal.

Student: _____

Date: _____

Staff: _____

Date: _____

BACKGROUND CHECK REQUIREMENT

All of our clinical sites require a less-than-one-year old Background Check prior to allowing students access to their facilities.

Students are required to obtain their Florida Criminal History at their own expense. The current fee to the State is \$24.00.

The student has four options for obtaining acceptable Criminal History reports from the Florida Department of Law Enforcement (F.D.L.E.):

1. Students submit Attachment – B-1 to F.D.L.E. with the results mailed directly from F.D.L.E. to the school.
2. Students submit an online Criminal History request with F.D.L.E. at www2.fdle.state.fl.us/cchinet/ and have the results forwarded directly from F.D.L.E. to the school at r.nicholls@rescue1.com.
3. Students may use an investigative company of their choice and submit a *certified* copy of F.D.L.E.'s report to the school.
4. The student, using his/her credit/debit card, runs the Background Check online at or facility. (*This is the fastest and easiest way. Administration will run the check at no additional cost.*)

CRIMINAL HISTORY DISCLOSURE AUTHORIZATION

Upon their request, I authorize Rescue Training, Inc. to release the results of my Background Investigation information to approved clinical sites as required.

Student: _____

Date: _____

Staff: _____

Date: _____

Attachment – B

FELONY STATEMENT

By signing below I am stating that I have _____ have never _____ committed, been charged with, been investigated for, or been prosecuted for a felony offense in the United States.

I fully understand that my failure to disclose any felony related information may result in dismissal from EMT-P or Paramedic course.

Any felony offense occurring while enrolled as a Rescue Training, Inc. student must be reported to Student Affairs immediately.

The Program Director, following NREMT and Florida State guidelines, has the responsibility to determine if a student with a felony related record can begin/continue participation in one of our courses.

Student: _____

Date: _____

Staff: _____

Date: _____

DRUG/SUBSTANCE ABUSE STATEMENT

I, _____, do swear that I am not currently taking any illegal drugs or substances.

I understand that I must not take any illegal drugs or substances while I enrolled at Rescue Training, Inc., nor should I consume any alcohol prior to class or clinical rotation.

I fully comprehend that if I choose not to follow this guideline, I may be dropped from the program.

Student: _____

Date: _____

Staff: _____

Date: _____

RELEASE OF INFORMATION

I authorize Rescue Training, Inc. to contact my current employer and persons designated as references regarding information relative to my attending one of their courses. I authorize those persons to fully and freely communicate said relevant information.

Student: _____

Date: _____

Staff: _____

Date: _____

HOLD HARMLESS AGREEMENT

I, _____, am presently enrolled as a student in the Emergency Medical Technician or Paramedic training program at Rescue Training, Inc. My course of instruction at this academy requires or encourages me to train, study, and receive instruction at their facility and other designated locations.

In consideration for working in the EMS field, Rescue Training, Inc. provides me the opportunity to acquire training and instruction, I, the undersigned, agree to indemnify, protect, and hold harmless Rescue Training, Inc., and its officers, directors, employees agents and assignees, from any and all liability judgments, claims, costs, damages, or injury arising out of or in connection with any and all acts of negligent conduct on the part of the undersigned, however caused, during any instructional or training activity. I agree that I will defend, at my own expense, any and all actions, lawsuits, or proceedings which may be brought against Rescue Training, Inc. in connection with the above and shall satisfy, pay and discharge any and all judgments that may be entered against the Hospital in any such actions or proceedings.

I understand that, generally, while I am engaged in the activities of and related to this course of instruction and training, I am not considered an employee of Rescue Training, Inc. and therefore I am not eligible for Workers Compensation coverage pursuant to Florida Statute Chapter 440 (1989-90, or its successor amendments and statutes).

I understand that should anything happen to me during my activities at Rescue Training Inc requiring medical attention, I am responsible for my own medical care.

Student: _____

Date: _____

Staff: _____

Date: _____

APPEARANCE STANDARDS & DRESS CODE

DOCUMENTATION:

Students are required to possess and carry, at all times on their person:

- a. a valid HCP CPR Card* with an expiration date (exceeding the course completion date)
- b. Rescue Training, Inc. student ID badge
- c. Driver's License or ID card
- d. ***Paramedic students*** are also required to have and carry a current EMT certification card and ACLS card.

Faculty and clinical affiliates will routinely check students for compliance of the rules. Any student who cannot produce the requested documents will be counseled and subject to dismissal from that activity for the day. A missed clinical or one not completed, may result in failure of the clinical requirement and thus not successful completion of the Program.

* If CPR card expires or becomes invalid, student will be dismissed from the program until compliance is met. Compliance must be met within one week of discovery or dismissal will be permanent.

DRESS CODE:

Students are expected to present themselves in a professional manner and comply with the Dress Code. When in uniform you are representing Rescue Training, Inc. as well as your own professional image to potential future employers and the public.

The assigned uniform must be worn to every lecture, lab, clinical shift and any other school function.

Uniforms will NOT be worn after school functions, bars, clubs, etc.

APPEARANCE STANDARDS:

1. Uniform shirt must be tucked in at all times.
2. Uniform pants must be long pant-leg, Navy blue EMS style. Pants will not be carried below the hips. Shorts are NOT acceptable.
3. Uniform Cap ONLY to be worn out of doors.
4. Sunglasses ONLY worn out of doors.
5. Black, closed-toed, ankle high boots. NO extreme soles.
6. Black belt (basket weave preferred). NO extreme buckle.

7. Uniforms are to be stain and wrinkle free. The student is responsible for replacing unsatisfactory uniforms.
8. Jewelry is limited to watches and wedding/engagement rings.
 - a. **REQUIRED:** Watch with second hand or easy to use digital readout for heart/respiratory rate checks.
 - b. **NO** visible body/tongue piercing. (Ear piercing exempted)
9. Hair must be maintained in a clean, conservative fashion.
 - a. Long hair must be kept off the shoulders and tied back. Hair that could become tangled in metal or machinery or which would fall onto patient is unacceptable.
 - b. No extremes of color or cut are appropriate.
10. Fingernails should be clean and short.
11. Conservative make-up (if worn), “offensive” body art must be covered.
12. Facial hair must be neatly trimmed or clean-shaven.
13. Proper hygiene will be maintained, daily cleanliness and odor control. No cologne, perfume or strong scents to avoid allergic reactions from other persons and patients.
14. No tobacco use of any type at the school or clinical sites.
15. Students are to be prepared and have the necessary equipment and materials on hand (stethoscope, approved eye protection, penlight, scissors, black pen, small note pad, evaluation sheet, study/reference materials).
16. Rescue Training Inc student ID must be worn at all times while in school uniform.

VALUABLES SHOULD BE KEPT AT HOME. Rescue Training, Inc. and clinical affiliates accept **NO RESPONSIBILITY** for theft or loss of student’s personal belongings.

Student: _____

Date: _____

STUDENT DATA

Applicant's Full Name: _____ SSN: _____

Street Address: _____

City/State/ZIP: _____

Cell: _____ Home: _____ Email: _____

EMERGENCY CONTACT

Contact Name: _____ Relationships: _____

Street Address: _____

City/State/ZIP _____

Cell: _____ Home: _____ Email: _____

APPLICANT QUESTIONNAIRE

How did you hear about Rescue Training, Inc. ? _____

Are you now or have ever been in the EMS field? _____

EMS courses or Training: _____

Why do you want to be an EMT or Paramedic? _____



Dear Physician,

The individual presenting you with this letter is applying to enroll in one of our Emergency Medical Service courses.

He/she must be physically capable of lifting 125 lbs. (using the proper technique), able to participate in 8-hour classroom sessions, and work, mostly on the move or standing, for 12-hour clinical shifts.

Please advise us on your letterhead or script what your determination is on this student's ability to physically complete the course.

Thank you,

Greg Wommack, BS, EMT-P
Chief of Operations / Program Director
Rescue Training Inc
7022 TPC Drive # 200
Orlando, Florida 32822
407-816-5566

Attachment – G

REMOVABLE CHECK - OFF SHEET

Provide the following:

- Copy of High School Diploma, G.E.D. or College Transcript _____
- Copy of a valid Driver's License or ID Card _____
- Copy of current EMT-B or NMREMT-B Certification (Paramedic students only) _____
- Copy of current Healthcare Provider CPR Card _____
- Copy of up-to-date Shot Record showing; **MMR, TB Test, Tetanus, Hepatitis B** _____
- Sign HEP-B waiver (*Attachment – A*), if applicable _____
- Copy of current Personal or Professional Liability Insurance _____
- Copy of Physician's Release Statement _____

Complete the following:

- Submit full tuition or commit to payment plan _____
- Complete a Criminal History Background Check _____
- Sign the Background Investigation release (*Attachment - B*) _____
- Sign the Felony Statement (*Attachment – C*) _____
- Substance/Drug Abuse Statements (*Attachment – C*) _____
- Complete a 10-panel Drug Screening within 2-weeks of Orientation. _____
- Sign the Release of Information Form (*Attachment – D*) _____
- Sign the Hold Harmless Agreement (*Attachment – D*) _____
- Sign the Appearance Standards and Dress Code form (*Attachment – E*) _____
- Fill out the required Student Data form and optional Questionnaire (*Attachment – F*) _____

Textbook Receipt

EMT | PARAMEDIC

I _____ acknowledge receipt for the below listed publications:
(printed name)

1) _____

2) _____

3) _____

4) _____

(signature and date)

Rescue Training Inc ID Card Receipt

I _____ acknowledge receipt of the above copied ID Card and I am aware that it must be returned to RTI no-later-than the expiration date shown.

Lost or failure to return Student ID Card - fee - \$50.00

Signature

Date