

PROGRAM DATE: September 9, 2024 – April 30, 2025

Application & Entrance Exam Due 08/26/2024

Classes will be held weekly:
Monday and Wednesday
6:00 to 10:00 p.m.
Saturday class (1 per month)
8:00 a.m. – 5:00 p.m.

Chris Christensen
Program Director
6580 Valley Center Dr. Ste 152
Radford, VA. 24141
Office (540) 562-3482

New River Valley Training Center

-Advanced-

EMT

Program

APPLICATION

APPLICATION INSTRUCTIONS

IMPORTANT - READ CAREFULLY

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

The following items are required to qualify for the Advanced-EMT Entrance Examination for the program:

- Provide the following documentation:
 - Driver's license/other Government issued photo ID.
 - High School Diploma OR General Equivalency Diploma (GED) OR evidence of post-secondary education (Copy of Diploma, Unofficial Transcripts are acceptable).
 - Current BLS CPR card.
 - VAOEMS EMT Certification Card.
- > Review the WVEMS Advanced-EMT Admission Policies and Enrollment Requirements and sign the Acknowledgement Page.
- Completed Course Application.
- Completed Recommendation for ALS Education Program. TO BE COMPLETED AND SIGNED BY YOUR AGENCY DIRECTOR AND/OR DESIGNEE AS WELL AS YOUR AGENCY OPERATIONAL MEDICAL DIRECTOR. The WVEMS Advanced-EMT program requires that each enrollee receive the endorsement of their agency and OMD to be considered for enrollment into this program. This form is to be signed and sealed in a separate envelope by your Agency Director or designee and returned along with your completed application.
- Return the completed Advanced-EMT Program Application C/O Chris Christensen at WVEMS 1944 Peters Creek RD, Roanoke VA 24017.
- ➤ Tuition must be paid prior to the beginning of the course. EMS Agencies or other organizations can be invoiced for the tuition. Students who are delinquent in payment of the course fees will be dismissed from the program.

ADVANCED-EMT ENTRANCE EXAM REQUIREMENTS: Once your application has been reviewed and accepted, you will be notified and required to schedule and complete the Advanced-EMT Entrance Exam.

Please email Chris Christensen to schedule an entrance exam at cchristensen@vaems.org. Entrance Exams will be held at Western Virginia EMS Council in Roanoke, VA and at the WVEMS NRV Training Center.

You will be provided with one (1) opportunity to complete and pass this exam. You must achieve a satisfactory score of 70% or greater to be considered. Failure to pass the exam will mean your application will be withdrawn from consideration for this program. The deadline to turn in this application and complete the Advanced-EMT Entrance Exam will be close of business on **Friday, August 9, 2024**.

NOTICE OF ACCEPTANCE INTO PROGRAM: Applicants to the program will be emailed and advised their status in the upcoming program.

The tuition cost for this program is \$3,450.00, which covers:

- Instruction
- Textbook
- National Registry Written Exam (initial only)
- Clinical Uniforms (Polos & Job shirts)
- Drug & Criminal History Screening
- LMS Technology

EMS agencies or other organizations may be invoiced for the tuition. Students who are delinquent in payment of the program fees will be subject to dismissal from the program.

Applicants may be eligible for Virginia Office of EMS scholarships.

Classes will be held at WVEMS NRV Training Center on Monday and Wednesday from 6PM-10PM and occasional Saturdays from 8am-5pm.

Please be sure to read through the entire application. If you have any questions, please contact Chris Christensen via email: cchristensen@vaems.org

Please deliver completed applications to:

Western Virginia EMS Council ATTN: Chris Christensen 1944 Peters Creek Rd NW Roanoke, Virginia 24017

Admission Policies and Enrollment Requirements

The WVEMS Training Program is an equal opportunity program. Students shall not be discriminated against with regard to disability, age, race, color, sex, marital status, sexual orientation, pregnancy, religion, or national origin. All applicants must meet the minimum requirements and provide documentation prior to entry into an Advanced Life Support program.

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

- 1. The applicant must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section <u>12VAC5-31-1521</u>. <u>ALS Course Student Requirements</u> (see <u>below</u>):
 - ✓ 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.
 - ✓ Be a minimum of 18 years of age at the beginning date of the certification program.
 - ✓ Certification as an EMT.
 - ✓ Possess a High School or General Equivalency Diploma.
 - ✓ 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.
- No more than 15% of required course hours absence is allowed in this program for any reason (for the overall program). Students missing more than the maximum hours allowed will be dropped from the course.
- 3. The applicant shall complete an EMT level knowledge-based entrance examination and must achieve a satisfactory cut score of 70% or greater to be considered. The applicant will have one (1) opportunity to successfully complete this exam. Candidates will be ranked by date of application submission and based on exam performance.
- 4. The applicant shall consent to criminal history check and drug screening in a manner specified by the New River Valley Training Center by the deadline established for the program which is a requirement for participation in the clinical component of the program.
- 5. All students must complete the Student Health and Clinical requirements within 30 days of the beginning of the program. Failure to do so will result in program dismissal without refund.
- 6. Program completion is defined as completing all program requirements necessary to qualify for the NREMT certification examination.
- 7. Payment for this program does not qualify as "Tuition" under IRS Code. You will not receive a 1098-T for tax deductions from Western Virginia EMS Council.
- 8. No tuition refunds will be made.
- 9. Understand that completion of this program **does not** guarantee that the student will be allowed to participate in any certification processes.

If accepted into the program, documentation of all immunizations as listed below must be submitted to Clinical Faculty within 30 days of THE FIRST DAY OF CLASS:

- A. Proof of immunization or results of MMR titer. (Required.) 2-part vaccine or 2-part serological confirmation.
- B. Proof of current flu vaccination. (Required.)
- C. Hepatitis B vaccine status. (Recommended. If vaccination is declined, a declination form must be supplied or completed.) 3-part vaccine series.
- D. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, Serological Confirmation of Immunity required). 2-part vaccine series or serological testing.
- E. 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.
- F. Physical exam administered by a licensed healthcare provider within the last 12 months prior to the course beginning date.

WVEMS ADVANCED-EMT ADMISSION POLICIES AND **ENROLLMENT REQUIREMENTS**

ACKNOWLEDGMENT PAGE

TO BE READ AND SIGNED BY APPLICANT					
I have read the attached <u>WVEMS Advanced-EMT Admission Policies and Enrollment Requirements</u> and understand the requirements and meet all of those listed and applicable.					
I UNDERSTAND THAT COMPLETION OF THIS APPLICATION <u>DOES NOT</u> GUARANTEE ADMISSION TO THE COURSE. ADMISSION DECISIONS ARE FINAL.					
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 VAC5-31-910 (criminal or enforcement history) of

Date

the Virginia Administrative Code (EMS Rules and Regulations).

Signature of Applicant

Course Application:

Section-1: APPLICANT INFORMATION [PLEASE PRINT CLEARLY]						
Last Name	First Name			Certification Number	Expires	
Street Address						
City/Town		State	Zip Code	Phone (Home)		
E-mail address				Phone (Alternate – specify type)		
EMS Agency Affiliation				Date of Birth		
Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY [PLEASE PRINT CLEARLY]						
Section-2: IN CASE OF EMER	GENCY, PLEAS	SE NOTIF	·Y [PLEASE PRIN	T CLEARLY]		
Last Name	First Name		 MI	Relationship		
Last Name	1 ii St Name		IVII	Tolutionomp		
Street Address				Phone (Home)		
				Dhara (Altamata ana ifa tana)		
City/Town		State	Zip Code	Phone (Alternate – specify type)		
Section-3: AFFIRMATION AND SIGNATURE						
I certify that I meet all requirements of the WVEMS Training Program and the Virginia Department of Health, Office of						
Emergency Medical Services, w	hich are necessa	ary to enr	oll in this course.			
Signature						
Date :						

Recommendation for ALS Education Program ☐ EMS Agency Training Officer ☐ EMS Agency Chief Operational Officer [Check one] Section-1: APPLICANT INFORMATION [To be completed by applicant] Last Name First Name MI Certification Number **Mandatory Statement** I hereby waive my right of access to, and authorize the WVEMS Training Program to use confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Advanced-EMT program. Signature Date: **Section–2: RECOMMENDATION** [To be completed by the recommender] Directions: We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation. How long have you know the applicant?_____In what capacity? _ Please evaluate the applicant by circling the number in the column that most nearly represents your opinion. Above Average Superior (Top **Below** Area of Evaluation **Average** (Top 25%) 10%) **Average** 4 Intellectual Ability 3 1 **Ability to Communicate** 4 1 2 3 Self-Reliance/Independence of Thought 4 2 3 1 2 4 Motivation 1 3 Integrity 2 3 4 1 4 **Profession Interest** 1 2 3 4 Cooperativeness 1 2 3 Total Recommendation based on applicant's ability to pursue: ☐ Recommend with Reservation ☐ Strongly Recommend Recommend ☐ Do not Recommend On the reverse side of this form, please add any comments that might assist the Program in making a judgment about the applicant's admission to the Advanced-EMT program. Date:____ Signature (Original Signature Required) Name/Title **Agency Medical Director Endorsement Signature:**