



Classes will be Mondays and Wednesdays there will be 1 Saturday class a month. Class starts mid-September and runs through the end of February.

6580 Valley Center Dr. Suite
152 Radford, VA. 24141
Office - 540.562.3482

WVEMS New River Valley Training Center

-Advanced-

EMT

Program

APPLICATION

Application Instructions/Check List

IMPORTANT – READ CAREFULLY

APPLICANTS ARE NOT CONSIDERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE NEW RIVER VALLEY TRAINING CENTER. PROVIDERS AFFILIATED IN THE WVEMS COUNCIL NRV REGION WILL BE GIVEN ADMISSION PREFERENCE.

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 **Advanced EMT Program Application**.

Submit the **Advanced EMT Program Application** to the New River Valley Training Center, c/o Mike Garnett. Submission of the following items and completion of entrance exam, are to be no later than the close of business on Monday, August 26th – 2019

See below to select an available date and time to schedule your entrance exam.

The following items are required to complete the Advanced EMT Program Application.

Provide of the following:

- Driver's license/other Government issued photo ID
- High school diploma OR General Equivalency Diploma (GED) OR evidence of post-secondary education.
- Current CPR card. (Current CPR certification must be on the list of VOEMS accepted disciplines.)
- VAOEMS EMT certification card
- Completed **Recommendation for ALS Education Program** form. Recommendation forms must be completed by your agency chief operational/training officer and endorsed by your agency Operational Medical Director.

During the last week of August, applicants to the program will be emailed notification and advised if they have been accepted into the program. **Tuition costs are \$ 2,400.00** and must be paid by the first night of class. 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 Mike Garnett at mgarnett@vaems.org OR 540.562.3482. You will have two attempts at the exam, failure to pass the exam with a minimum 75% will mean your application will be withdrawn from consideration for the program.

****All Entrance Exams will be held at: New River Valley Business Center from 9a-3p These will be in 2-hour blocks (9a-11a, 11a-1p or 1p-3p) On the following Days:****

Monday 8/5
Wednesday 8/7
Friday 8/9
Tuesday 8/13
Thursday 8/15
Friday 8/16
Monday 8/19
Friday 8/23

TUITION FOR THIS PROGRAM IS \$2,400.00. Scholarships may be available for providers and agencies through the Virginia Office of EMS.

Tuition cost covers:

- **Instruction**
- **Textbook (Brady Advanced EMT 2nd Edition E-text w/BradyMyLabs)**
- **National Registry Written Exam (initial only)**
- **National Registry Psychomotor (Practical Testing - initial only)**
- **Clinical Uniforms (Polo and EMS Job-shirt)**
- **Drug & Criminal History Screening**
- **Class Technology (Limmer Creative AEMT App & Platinum Testing/Planner)**

Please be sure read through entire application, if you have any questions, please contact Mike Garnett: (540)562-3482 or mgarnett@vaems.org

Please mail or deliver completed applications to:

**Western Virginia EMS Council
c/o Mike Garnett, Program Director
6580 Valley Center Drive, Suite 152
Radford, Virginia 24141**

Admission Policy and Enrollment Requirements

The WVEMS New River Valley Training Center 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. **Qualified applicants may be subject to a selection process by the NRV peer review committee.**

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 **12 VAC5-31-1521, ALS Course Student Requirements (see below).**
 - *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 or higher EMS certification level.*
 - *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.*
 - *If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.*
2. The applicant must hold a current and approved certification in CPR.
3. **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.**

GENERAL COURSE POLICIES:

1. The student will be allowed to miss up to 15% of the required hours for lecture and laboratory. Absences that exceed 15% will be cause for dismissal from the program.
2. All Students must maintain at least a 75% average. Failure to maintain at least a 75% grade average within the remedial period on all assignments during the didactic phase will be cause for dismissal from the program.
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 as listed below must be submitted to the program's designated infection control officer **BY the FIRST night of class.**

- 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.)
 - G. 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 Students must successfully complete **all** aspects of the program (classroom, clinical and field externship). 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 Admission Policy and Enrollment 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. ADMISSION DECISIONS ARE FINAL.

I understand that I must consent to criminal history check and drug screening in a manner specified by the WVEMS New River Valley Training Center 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.

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

No tuition refunds will be made after the third class. Psychomotor exam cancellations, if necessary, must be made no later than the close of business 14 days prior to the psychomotor 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 VAC5-31-910** (criminal or enforcement history) of the Virginia Administrative Code (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 WVEMS New River Valley Training Center and the Virginia Department of Health, 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: _____

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 New River Valley Training Center 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 known the applicant? _____ In what capacity? _____

Please evaluate the applicant by circling the number in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	1	2	3	4
Ability to Communicate	1	2	3	4
Self-Reliance/Independence of Thought	1	2	3	4
Motivation	1	2	3	4
Integrity	1	2	3	4
Profession Interest	1	2	3	4
Cooperativeness	1	2	3	4
Total				

Recommendation based on applicant's ability to pursue:

☐ Advanced EMT

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do not Recommend

On the reverse side of this form, please add any comments that might assist the NRV Peer Review Committee in making a judgment about the applicant's admission to the Advanced EMT program.

Signature (*Original Signature Required*)

Date

Name/Title

Agency Medical Director Endorsement Signature:
