

**Western Virginia EMS Council  
New River Valley Training Center**



**Application Packet**

***2014-2015  
EMT-Intermediate***

*6580 Valley Center Drive  
Radford, VA 24141  
Phone: 540-267-3326 • Fax: 206-202-1190*

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***TUITION COST FOR THIS PROGRAM IS CURRENTLY SET AT \$1500.00 pending anticipated funding support from OEMS. Should funding request not be available, TUITION COST will increase to \$1850.00. Notification will be made as soon as the program is notified by OEMS. Tuition cost does cover books.***

**To be successful in this program; students will need to be highly motivated and dedicated to the program.**

**Please be sure read through entire application, if you have any questions, please contact Mike Garnett: 540.267.3326**

## Application Instructions/Check List Fall 2014

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### **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**  
**WVEMS COUNCIL REGIONAL PROVIDERS ARE GIVEN ADMISSION PREFERENCE.**

***The following items are required to qualify for the entrance examination to the EMT-Intermediate program.***

- Review the **Admission Policy and Enrollment Requirements**
- Complete the **ENTIRE ALS Course Application**.
- Submit the **ALS Course Application** to the New River Valley Training Center, c/o Mike Garnett by the application deadline of 5:00pm Friday, August 22nd 2014.
- Schedule a date to take your entrance examination and interview. Call 540-267-3326 to select an available date and time.

***The following items are required to complete the ALS Application Packet for the program. Submit the following items to the New River Valley Training Center, as applicable, no later than August 22nd, 2014.***

- 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.
  - d. VAOEMS EMT-Basic/EMT-Enhanced 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.

***The following item should be completed and submitted to the Program coordinator on the first night of class.***

- Complete the **Personal Health History Form** or submit copies of all information requested in lieu of the Personal Health History Form. This form is not required during the application process.

***During the week of August 30th, 2014 applicants to the program will be emailed notification and advised if they have been accepted into the program. Tuition must be paid by September 9<sup>th</sup>, 2014. Emergency services 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.***

***TUITION COST FOR THE PROGRAM IS CURRENTLY SET AT \$1500.00 pending anticipated funding support from OEMS (applied for but funding contract has not been approved). Should OEMS funding request not be available, TUITION COST will increase to \$1850.00. Notification will be made as soon as program is notified by OEMS. Tuition cost covers books.***

# Admission Policy and Enrollment Requirements

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The WVEMS New River Valley Training Center 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 NRV peer review committee.

Applicants must provide documentation of minimum requirements prior to entry into the EMT-Intermediate 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 5-31-1521, ALS course student requirements.**
2. The applicant must hold a current and approved certification in CPR.
3. Applicants affiliated with an EMS agency in the New River Valley will be given preference over applicants affiliated with an EMS agency outside the New River Valley.
4. Applicants affiliated with an EMS agency in the Western Virginia EMS Region will be given second preference over applicants affiliated with an EMS agency outside of the Western Virginia EMS Region.
5. Non-affiliated students will be considered, however all affiliated students will receive preference.

## For entrance into the ALS education program:

- 1) The applicant shall complete an EMT-Basic knowledge entrance examination and achieve a satisfactory **score of 70**. The applicant will have **one** opportunity to successfully complete this exam.

## 12 VAC 5-31-1521. ALS course student 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 or 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. Posses, at a minimum, 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 skill required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments, and treatments.
6. 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.

## GENERAL COURSE POLICIES:

1. No more than **15% of required course hour's** absence is allowed in this program for any reason. This applies to each module required (i.e., Trauma, Preparatory; ECG Recognition, etc.) as well as the overall program. A memo will be distributed the first night of class explaining this further. Students missing more than the maximum hours allowed per module will be dropped from the course. This includes skill labs. Absences possibly may be made up, but must under the direction of the Program Coordinator / Program Director.
2. All Students must obtain at least a 70% average in each module to be considered passing to be allowed to continue in the program and for student participation in any and all certification processes.
3. The use of laptops/tablet pc's/cell phones are allowed during didactic portions of the class only. They are to be used for **program related educational purposes only**. **Any student who is found to be using these or any other technology during class for a non-program related function shall be subject to disciplinary action.** If you have an emergency that requires someone contact you during class they should be instructed to call (540) 400-1141 during class hours.
4. All students must consent to drug screening and background check 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 and a background check that would not result in the student being denied certification per Virginia OEMS Regulation **12VAC5-31-910** Criminal or enforcement history. Confidentiality will be maintained at all times in accordance with WVEMS Council Student Drug Testing & Background Check Policies.
5. All students **must** document the enclosed health information listed on the medical documentation forms.
6. 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.

7. 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. Completion of the minimum required number of “competencies” **could require additional hours of hospital or field rotations beyond the minimum required by state and program guidelines.**

All competencies performed during Clinical and Field Internship will count toward the final number of skills needed to satisfy the Intermediate requirements. The competencies needed are as follows:

<b>COMPETENCIES</b>	<b># Skills</b>
Med Administration	30
IV Access	25
Airway Management maneuvers	25
Ventilate Non-Intubated Patient	20
Endotracheal Intubation	1 real Patient
Trauma Assessment- PEDIATRIC	5
Trauma Assessment-ADULT	5
Trauma Assessment-GERIATRIC	5
Medical Assessment-PEDIATRIC	5
Medical Assessment-ADULT	5
Medical Assessment-GERIATRIC	5
Cardiovascular Distress	10
Respiratory Distress	10
Altered Mental Status	10
Obstetrics Assessment	5
Team Leader on EMS Unit	25Calls

8. Students must complete all clinical and field internship requirements and **all** required competencies by the deadline established for the program. Students not submitting **all required documentation** will not be allowed to sit for the certification exam and will be required to test at a later date, possibly outside the Western region.
9. All clinical rotations must be arranged through the Clinical Coordinator or their designee. You will be given instructions on how to schedule clinical rotations in your program. Failure to complete hours you have scheduled without prior notification of the appropriate parties may result in your dismissal from the course. **Any forgery of clinical hours will result in the immediate dismissal from the program and may result in decertification procedures.**
10. All field internship rotations must be arranged through Clinical Coordinator or their designee. Failure to complete hours you have scheduled without prior notification of the appropriate parties may result in your dismissal from the course. All field internship rotations must be performed **with program approved preceptors with their approved agency. Internship hours and skills will be counted ONLY if the time has been previously approved and scheduled. Skills performed with non Program approved preceptors will NOT be counted and constitute practicing beyond your Scope of Practice and could result in the loss of your EMT certification.**

**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** along with the **General Course Policies** and understand the policies and 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 Directors are final.**

I understand that I must consent to drug screening and background check 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 and a background check that would not result in me being denied certification per Virginia OEMS Regulation **12VAC5-31-910 Criminal or enforcement history**. Confidentiality will be maintained at all times in accordance with WVEMS Council Student Drug Testing & Background Check Policies.

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.

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, Program Coordinator 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 **12VAC5-31-910 Criminal or enforcement history** of the Virginia EMS Rules and Regulations.

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Signature of Applicant

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Printed Name

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Date

# Course Application:

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

\_\_\_\_\_  
Last Name                      First Name                      MI                      Certification Number                      Expires

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town                      State                      Zip Code                      Phone (Primary – *specify type*)

\_\_\_\_\_  
E-mail address                      Phone (Alternate – *specify type*)

\_\_\_\_\_  
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 (Primary – *specify type*)

\_\_\_\_\_  
City/Town                      State                      Zip Code                      Phone (Alternate – *specify type*)

## Section-3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the WVEMS New River Valley Training Center 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: \_\_\_\_\_

# Personal Health History

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Every student entering an advanced life support program at the WVEMS New River Valley Training Center is required to return this record, properly completed to WVEMS New River Valley Training Center. If you have any physical or emotional impairment that may require accommodations at the WVEMS New River Valley Training Center, please indicate these under the Pertinent Health Information section below so that we may make plans to meet your needs.

***Students will not be permitted to participate in field or clinical sessions until this information has been provided.***

**Completely fill out all information below. [PLEASE PRINT CLEARLY]**

_____	_____	_____	
Last Name	First Name	MI	
_____	_____	_____	_____
Street Address	City/Town	State	Zip Code
_____	_____		
Phone Number	E-mail address (if available)		
_____			
Program of Study			

## Pertinent Health Information

Please list any disabilities, special needs, allergies or required medication that you would like the WVEMS New River Valley Training Center to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information given on this form is correct to the best of my knowledge. I authorize the WVEMS New River Valley Training Center to contact the health professional for verification or clarification of information contained on this form.

_____	_____
Student Signature	Date
_____	
Print Name	

**CONTINUED ON NEXT PAGE**

**IMMUNIZATION RECORD**

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

**MMR (Measles, Mumps, Rubella)**

- Immunization Dose 1..... Date: \_\_\_\_\_
- Immunization Dose 2..... Date: \_\_\_\_\_

**RUBEOLA (Measles) – If given instead of MMR. Check appropriate boxes.**

- Immunization Dose 1..... Date: \_\_\_\_\_
- Immunization Dose 2..... Date: \_\_\_\_\_
- Report of immune titer..... Date: \_\_\_\_\_
- Documentation of diagnosed measles disease..... Date: \_\_\_\_\_

**MUMPS – If given instead of MMR. Check appropriate boxes.**

- Immunization Dose..... Date: \_\_\_\_\_
- Report of immune titer..... Date: \_\_\_\_\_
- Documentation of diagnosed mumps disease..... Date: \_\_\_\_\_

**RUBELLA (German Measles) – If given instead of MMR. Check appropriate boxes.**

- Immunization Dose..... Date: \_\_\_\_\_
- Report of immune titer..... Date: \_\_\_\_\_

**VARICELLA (Chicken Pox) – Check appropriate boxes.**

- Varicella vaccine..... Date: \_\_\_\_\_
- Serologic evidence of immunity..... Date: \_\_\_\_\_
- Reliable history of chicken pox..... Date: \_\_\_\_\_

**TUBERCULOSIS – Check appropriate boxes.**

*Two-step TST is required if the student does not have a documented negative TST result during the preceding 12 months. If the student has a documented negative TST result during the preceding 12 months, only complete one-step TST. A TB blood test (QuantIFERON®-TB Gold Test) may be substituted for the TB skin test.*

- TB Skin Test: \_\_\_\_\_ mm of induration (first or previous test) Date: \_\_\_\_\_
- TB Skin Test: \_\_\_\_\_ mm of induration (second test) Date: \_\_\_\_\_
- TB Blood Test: *Result of test:* \_\_\_\_\_ Date: \_\_\_\_\_
- Results of chest x-ray if TB testing is positive: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chest x-ray may be substituted for a TB testing if x-ray taken within the past year.*

**HEPATITIS-B – Check appropriate boxes.**

- Hepatitis-B Series.....
 

Dose 1	Dose 2	Dose 3
____ / ____	____ / ____	____ / ____
Month Year	Month Year	Month Year
- Has not completed Hepatitis-B series.

**Seasonal Flu Vaccine – Check appropriate boxes.**

- Flu Vaccine Received ..... Date: \_\_\_\_\_

Health Care Provider Signature (Physician or RN)	Name (Print) / Credential
Address	Date

