



PROGRAM APPLICATION
Enrollment Agreement

For Emergency Medical Technician (Basic) or Paramedic

STUDENT NAME _____

COURSE: _____

Return completed application to:

Rescue Training, Inc.
7022 TPC Drive, Suite-200
Orlando, FL 32822

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.

(Date)_____

Thank you for your interest in EMS Course _____. The course is scheduled to start _____ and end _____ (The course may be postponed if enrollment is low.)

This course exceeds the DOT National Standard Curricula and having State of Florida approval allows the successfully completing student to take the National Registry 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 (_____. All monies and/or financial arrangement are due no-later-than the above noted start date.

This application will be gone over thoroughly on Orientation Day. If you have any questions prior to this, contact me at **407.816.5566** or by Email at r.creager@rescue1.com.

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

Sincerely,

Robert Creager, A.S. EMT-P
Program Director, Florida Division
Rescue Training, Inc.

CHECK THE PROGRAM YOU ARE INTERESTED IN:

_____ **Emergency Medical Technician (Basic)**

This program will prepare the student to function as an Emergency Medical Technician (Basic) outside the classroom. It will prepare the student who maintains a passing grade to meet the requirements for taking the **State of Florida Paramedic Exam** and/or the **National Registry EMT-B Exam**.

The student will be required to complete 250 hour program which includes 150 didactic and 100 clinical hours. A diploma will be issued up completion of all requirements.

The EMT-B tuition is \$1,450.00. A minimum deposit of \$410.00 (which includes a \$150.00 non-refundable Administrative fee) is required no-later-than Orientation day.

_____ **Paramedic**

This program will provide advanced emergency medical training and will 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 Paramedic Exam** 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 approximately 1,112 total hours, of which 712 are didactic/lab and 400 clinical. A diploma will be issued upon completion of all requirements.

The Paramedic tuition is \$5,500.00. A minimum deposit of \$740.00 (which includes a \$150.00 non-refundable Administrative fee) is required no-later-than Orientation day.

Cost includes:

Uniforms, all books and instructional materials, instructor fees, required provider course fees, expendable supplies, equipment rental, medical teaching aids, class certificate.

Cost does not include:

Any state certification fees, Healthcare Provider CPR certification, Background Investigation fees, National Registry exam fees or expenses to travel to the exam(s). Any required personal or professional insurance, personal medical equipment, clinical uniforms, kits, or tools. Notebooks, writing paper, pens, the cost for any required inoculations, physical, or health insurance, etc. (It is estimated that the Florida State or National Registry exam and certification fees should not exceed \$250. It is also estimated that student professional liability policies will cost less than \$200 for the duration of the course if you must purchase this policy.)

PAYMENT OPTIONS

Rescue training, Inc. would prefer our courses be paid-in-full prior to commencement, but we understand that everyone is not capable of doing so. To assist these individuals we offer the following interest free payment options:

	<u>Down Payment</u>	<u>Per Month x 4</u>	<u>Total</u>
EMT-B plan:	\$410.00	\$260.00	\$1,450.00

Note: Down Payments include the first month's payment

	<u>Down Payment</u>	<u>Per Month x 8</u>	<u>Total</u>
Paramedic plan:	\$740.00	\$595.00	\$5,500.00

Master Card and VISA are accepted

COURSE DIPLOMAS WILL NOT BE ISSUED UNTIL ALL MONIES ARE PAID

CANCELLATION AND REFUND POLICY

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

1. Cancellation can be made in person, by electronic mail, by certified mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels with three (3) business days after signing the enrollment agreement and making initial payment.
3. 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.
4. 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.
5. Cancellation after completing 50% of the program will result in no refund.
6. 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.
7. Refunds will be made within 30 days of termination of the student's enrollment or receipt of a Cancellation of Notice from the student.

I, _____ (print name) understand the above-mentioned plans and refund policies.

I am taking the _____ Course and choose to (initial one):

_____ Pay in full prior to commencement

_____ Make payments under the EMT-B Plan

_____ Make payments under the Paramedic Plan

Signature: _____

Date: _____

PREREQUISITES TO ADMISSION

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

1. Have earned a High School Diploma or G.E.D.
2. Be at least 18 years of age
3. Be free of any felony convictions

Provide the following:

Check off here

- | | |
|--|-------|
| 1. Copy of High School Diploma or G.E.D. | _____ |
| 2. Copy of a valid Driver’s License or ID Card | _____ |
| 3. Copy of Social Security Card | _____ |
| 4. Copy of current CPR Card | _____ |
| 5. Copy of your up-to-date Shot Record | _____ |
| 6. Results of a Criminal History Background Check (see attachment F) | _____ |
| 7. Proof of MMR | _____ |
| 8. Vaccination Requirements & HEP-B refusal (attachment s D &D-1) | _____ |
| 9. Letter from a Physician stating good physical health | _____ |
| 10. Proof of health insurance or waiver under attachment A | _____ |
| 11. Copy of current EMT-B or NMREMT-B (Paramedic applicant only) | _____ |

Complete the following:

- | | |
|--|-------|
| 1. Submit full tuition or commit to payment plan (see page-4) | _____ |
| 2. Sign the Hold Harmless Agreement (attachment A) | _____ |
| 3. Sign the Substance/Drug Abuse Statement (attachment B) | _____ |
| 4. Sign the Drug Testing Acknowledgement form (attachment C) | _____ |
| 5. If applicable, sign the Hepatitis B Declination form (attachment D) | _____ |
| 6. Sign the Felony Statement form (attachment E) | _____ |
| 7. Sign the Background Investigation release (attachment F) | _____ |
| 8. Sign the Release of Information form (attachment G) | _____ |
| 9. Sign the Appearance Standards and Dress Code form (attachment H) | _____ |
| 10. Fill out the Applicant Questionnaire (attachment I) | _____ |
| 11. Fill out the Student Data form (attachment J) | _____ |

CERTIFICATION

I have received and read a copy of the Catalog and this Enrollment Agreement.

The information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application or, if the course has convened, immediate termination.

I understand this application along with the catalog constitutes a binding agreement upon acceptance by the institution and the student.

I also understand that while Rescue Training Inc will provide job placement assistance, employment is not guaranteed upon completion of the program(s).

Applicant’s Signature / Date

Program Director’s Signature / Date