



Classes will be Mondays and Wednesdays and as this is an ACCELERATED Program, there will be 1-2 Saturday classes a month. Class starts on March 18th and runs through February 31st.

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, March 4<sup>th</sup>, 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:

- a. Driver's license/other Government issued photo ID
- b. High school diploma OR General Equivalency Diploma (GED) OR evidence of post-secondary education.
- c. Current CPR card. (Current CPR certification must be on the list of VOEMS accepted disciplines .
- d. VAOEMS EMT certification card
- e. 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 week of March 4th, 2019 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 March 18th, 2018. 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](mailto: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:\*\***

Tuesday 2/5  
Monday 2/11  
Wednesday 2/13  
Thursday 2/14  
Monday 2/18  
Monday 2/25  
Wednesday 2/27  
Friday 3/1

***TUITION FOR THIS PROGRAM IS \$2,400.00. Scholarships may be available for providers and agencies.***

**Tuition cost covers:**

- **Instruction**
- **Textbook (Brady Advanced EMT 2<sup>nd</sup> Edition E-text w/Brady MyLabs)**
- **National Registry Written Exam (initial only)**
- **National Registry Psychomotor (Practical Testing - initial only)**
- **Clinical Uniforms (Polo)**
- **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](mailto: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

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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. Please see Student Handbook for further information.
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 **on a date specified prior to the beginning of laboratory sessions.**

- 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:

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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 (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: \_\_\_\_\_

