



The following items are required to participate in the  
upcoming EMT Basic course

Please complete or return them to the office no later than 2 weeks prior to class

1. Basic Aptitude  Completed
2. Program Application  Returned
3. Authorization for Background Check & Drug Screening  Signed and Returned
4. Enrollment Agreement  Signed and Returned
5. Tuition Payment  Paid
6. Course Materials Receipt Form  Signed and Returned
7. Florida State Driver's Licenses  Copy Submitted
8. Social Security Card  Copy Submitted
9. High School Diploma/GED  Copy Submitted
10. \*Valid Healthcare Provider Card (CPR-AHA)  Copy Submitted
11. Course Policy Signature Form  Signed and Returned
12. Physician's Clearance Form  Copy Submitted
13. TB Test Result (within 12 month, can be noted on Physician's Clearance)  Proof Submitted
14. MMR Immunizations (can be noted on Physician's Clearance)  Proof Submitted
15. Hepatitis B Declination Form  Signed and Returned
16. Hepatitis B Vaccination Form  Proof Submitted

\*Please see instructions for completing the AHA online course to complete your CPR certification if you do not already have a card.



## EMT Program Admission Requirements

1. Completed program application and a non refundable application fee of \$150.00 due at time application is submitted.
2. Must be at least 17 years of age with the intent to graduate by the age of 18.
3. Valid State of FL Drivers License and Social Security Card.
4. High School Diploma or G.E.D.
5. Documentation of annual physical exam with the last 12 months and you must currently be in good physical health.
6. Documentation of current immunizations to include: MMR, TB within the last 12 months, Hepatitis B (optional)
7. Background check and drug screening, which cost \$100.00, and is non-refundable
8. Pass a NCEMI basic aptitude test.
9. Approval by Program Director to be enrolled into program after background check
10. Valid AHA Healthcare Provider CPR card. Full CPR Course is \$65.00 (See next below for instructions for completing online portion)

All above mentioned fees except the \$45.00 for a CPR skills check are included in the total program cost of \$2,315 which has to be paid in full prior to the first day of class. If you have any further questions, please feel free to contact me at (352) 249-4734 office, or (352) 601-7330 cell phone, or by email,

**Lori A Thompson, NREMT-P, CCP**

[lori.thompson@naturecoastems.org](mailto:lori.thompson@naturecoastems.org).

EMS Instructor

CPR Certification:

We only accept American Heart Association Certificates and CPR Cards. To complete the online portion And receive your certificate:

Go to: [www.onlineaha.org](http://www.onlineaha.org)

[Find a CPR Class](#)

[What is CPR](#)

[Healthcare Training](#)

[Workplace Training](#)

[Community Training](#)

[Instructor Network](#)

[Science](#)

[International Programs](#)

[ECC Class Connector](#)

[OnlineAHA.org](#)

[Course Materials](#)

[Distributors - Buy Products](#)

**Lifesaver:**

## *Preparation Makes the Difference*

If you witness a medical emergency, will you be prepared to respond? Be ready to deliver lifesaving care with courses from the American Heart Association.

[Find a Class Near You](#)



Click on Browse “all courses” link:

 **American Heart Association**  
*Learn and Live*

 **OnlineAHA.org**  
LIFESAVING KNOWLEDGE IS IN YOUR HANDS

United State

[Home](#) [About OnlineAHA](#) [Course Catalog](#) [Workforce Training](#) [Contact Us](#) [Help](#)

### Welcome to OnlineAHA!

Emergency Cardiovascular Care online education from the American Heart Association

 **Log In / Register**

Registered users, login below.

[Log In](#)

[Forgot password?](#) | [Help](#)

New user? [Register](#)

 **Course Catalog**



Browse [all courses](#) or filter for [healthcare professionals](#), [workplace training](#), or [trainers and educators](#).

 **Activate a Key**



If you received a key enter it here to begin. [More info.](#)

[Enter](#)



Click on Class:

## Course Catalog

This is the full listing of our online products. Filter Listing: All Online Courses

Locate a Skills Session

### ACLS – Advanced Cardiovascular Life Support

HeartCode™ ACLS part 1

CME/CE Credits Watch Demo Course Details Purchase

Learn:@ Rapid STEMI ID

CME/CE Credits Watch Demo Course Details Purchase

Learn:@ Rhythm Adult

CME/CE Credits Watch Demo Course Details Purchase

### BLS – Basic Life Support

\*BRAND NEW 2011\* BLS for Healthcare Providers Online part 1

Course Details Purchase

HeartCode™ BLS part 1

Watch Demo Course Details Purchase

### PALS – Pediatric Advanced Life Support

Learn:@ Rhythm Pediatric

CME/CE Credits Watch Demo Course Details Purchase

Click On Purchase and follow prompts to take the online course:

BLS – Basic Life Support

\*BRAND NEW 2011\* BLS for Healthcare Providers Online part 1

Course Details Purchase

This BRAND NEW course from the American Heart Association has been updated to reflect new science based on the 2010 AHA Guidelines for CPR and ECC.

Students will learn single-rescuer and team basic life support for adults, children and infants through 5 interactive exercises, scenarios and a written test. Navigation controls allow students to move easily through content as they learn how to recognize life-threatening emergencies, provide high-quality chest compressions, deliver appropriate ventilation and provide early use of an AED. Course also teaches relief of choking.

This self-paced course is accessible anytime from any computer. Students can access the BLS for Healthcare Providers Student Manual, BLS Pocket Reference Card and more for 24 months.

This course may be used for initial or renewal BLS for Healthcare Providers Course completion.

1-2 Hour Online Course, Code: #90-1403  
Related PDFs: [More Info](#) | [FAQs](#)

Cost: \$19.95 USD (intro price through 12/31/11)  
SRP \$22.00 USD

1 ONLINE COURSE 2 SKILLS PRACTICE 3 SKILLS TEST

Skills session sold separately.

ONCE YOU COMPLETE THE CLASS, PRINT OUT COMPETITION CERTIFICATE AND GO TO [WWW.NATURECOASTEMS](http://WWW.NATURECOASTEMS). TO SIGN UP FOR A SKILLS CHECK OFF. COST FOR SKILL CHECK OFF IS \$45.00.



3876 W. Country Hill Dr., Lecanto, FL 34461

Tel: 352-249-4700

Fax: 352-249-4701

E-mail: [www.naturecoastems.org](http://www.naturecoastems.org)

## EMT Basic Program Application

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternative Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Category: 16-17 \_\_\_ 18-25 \_\_\_ 26-44 \_\_\_ 45-99 \_\_\_

Race: \_\_\_\_\_

### Course Information

Course Title: EMT Basic Course No: \_\_\_\_\_

Start Date: January 25<sup>th</sup>, 2018

Tuition Amount: \$2,315.00

Nature Coast EMS will provide two polo shirts.

Circle Male/Female

Circle Size: S – M – L – XL – XXL - XXL



# REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_, understand that in conjunction with my application for employment with *Nature Coast EMI*, that the Company will use the services of an outside agency to research and verify the information I have provided on my resume and/or application for employment including my personal background, character, professional standing, work history and qualifications. *Nature Coast EMI* uses a background screening company as an agent to perform these background verifications and this agency will provide a report to *Nature Coast EMI*.

I also understand that *Nature Coast EMI* and the background company will utilize various sources of information they deem appropriate, including but not limited to: Department of Motor Vehicle records, credit reporting agencies, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references.

I hereby grant *Nature Coast EMI* and its agents permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless *Nature Coast EMI*, *Professional Screening Services*, and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
EMT Basic  
Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Use back if necessary)**

Current  
Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former  
Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former  
Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former  
Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs



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Fax: 352-249-4701

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## Student Enrollment Agreement

**ALL SIGNERS MUST RECEIVE AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

### STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business or Cellular): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male Female

### PROGRAM INFORMATION (INSTITUTION ONLY)

Program Title: EMT Basic Clock Hours: 300

Class Schedule: ( ) full time ( ) part time ( ) Day Classes ( X ) Evening Classes

Hours per Week: \_\_\_\_ Start Date: \_\_\_\_\_ Anticipated Ending Date: \_\_\_\_\_

|                     |            |
|---------------------|------------|
| Tuition             | \$ 1510.00 |
| Application Fee     | \$ 150.00  |
| E-Book and Supplies | \$ 600.00  |
| Lab Fees            | \$ 55.00   |

**Total Program Cost \$ 2,315.00**

|   |                          |
|---|--------------------------|
| Goods or Services not Included in the tuition | \$ 180.00 EVOC           |
|   | \$ 80.00 Exam Prep Class |



**METHODS OF PAYMENT**

[N/A] Total Program Costs paid at time of signing enrollment agreement.

[N/A] Application fee paid at the time of signing enrollment agreement with balance paid prior to program start date.

[X] Application fee paid at the time of signing enrollment agreement and E-Books/supplies paid prior to program start date with balance paid prior to graduation. (payment plan)

**NOTE:** For Schools offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. **(ENTER N/A or LINE THROUGH if not applicable)**

|                                     |                              |  |  |   |
|-------------------------------------|------------------------------|--|--|---|
| ANNUAL PERCENTAGE RATE<br><br>% N/A | FINANCE CHARGE<br><br>\$ N/A | AMOUNT FINANCED<br>The dollar amount the credit provided to you or on your behalf.<br><br>\$1765 | TOTAL OF PAYMENT<br>The amount you will have paid after you have made all payments as scheduled.<br><br>\$ n/a | TOTAL SALES PRICE<br>The total cost of your purchase on credit including your down payment of<br><br>\$ N/A |
| YOUR PAYMENT SCHEDULE WILL BE:      |                              |  |  |   |
| NUMBER OF PAYMENTS                  | AMOUNT OF EACH PAYMENT       | WHEN PAYMENTS ARE DUE  |  |   |
| 4                                   | \$441.25                     | Beginning on 08/15/2017 and on the same day each month<br>Monthly thereafter                     |  |   |

(Any late fee payments and conditions thereof must be disclosed on the enrollment agreement and in the catalog)  
All prices for program are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs unless stated.

**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 Termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within 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 (not to exceed \$150.00).
4. Cancellation after attendance has begun, but prior to 40% 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 40% 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 Notice from the student.





**GROUNDS FOR TERMINATION**

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution as outlined in the catalog and this agreement.

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**EMPLOYMENT ASSISTANCE**

Although placement assistance may be offered, the institution does not guarantee employment.

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**ACKNOWLEDGEMENT**

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

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**CREDENTIAL AWARDED**

Upon satisfactory completion of the program the student will be awarded a Certificate.

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**DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

|                                       |               |   |               |
|---------------------------------------|---------------|---|---------------|
| _____<br>Signature of Applicant       | _____<br>Date | _____<br>Signature of Parent/Guardian<br>(If under 18 years of age) | _____<br>Date |
| _____<br>Signature of School Official | _____<br>Date |   |               |





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## Receipt of Materials

**Program:** Emergency Medical Technician –Basic    **Date:**

**Textbook:** Emergency Care 13<sup>th</sup> Edition E-book, Tablet, MyBradyLab

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Date Received Tablet: \_\_\_\_\_

Student

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

School Representative

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Uniform Shirt Received:**

**Polo Shirt:** Male/Female

**Size:** S – M – L – XL – XXL – XXXL    **Date Received:** \_\_\_\_\_

Student

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

School Representative

Print: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Course Policy Signature Form

This form verifies that I have received a copy of the Emergency Medical Technician (Basic) course policies and procedures and a current catalog and that I am responsible for reading all the material provided.

I am also responsible for understanding all that is required of me while attending this course at Nature Coast EMI and asking for clarification for anything that I do not understand.

By signing below, I am stating that I understand that I am responsible for upholding all of the policies set forth during the time that I am enrolled in the EMT-B program.

Student's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

School Representative (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Physicians Clearance

To: Program Director  
3876 W. Country Hill Drive  
Lecanto, Florida 34461

\_\_\_\_\_ has been examined  
(Name of Applicant)

by me, and found to be in good physical condition, free of communicable diseases and is physically able to participate in EMS programs.

Date of Examination: \_\_\_\_\_

Restrictions (Visual, audible, sensory, or motor function)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lifting: Must be able to lift 125lbs.

Any restrictions for lifting with/without accommodations \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of tuberculosis test: Negative: \_\_\_\_\_ Positive: \_\_\_\_\_

Proof of MMR: \_\_\_\_\_

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

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Hepatitis B Vaccination Option

I, \_\_\_\_\_ have been advised that there is a vaccination available to protect health care workers from the potentially lethal virus, Hepatitis B Virus (HBV).

I must select ONE of the following options:

- I choose to furnish the Clinical Coordinator with proof that the Hep.B vaccination series has been initiated or completed.
- I choose to decline the Hepatitis B vaccine-if I choose this option you must contact the Clinical Coordinator IMMEDIATELY! And fill out the Hep B Declination form.

*Note: The Declination form is to be filled out only if declining the HBV vaccinations.*

I choose to decline the Hepatitis vaccine. I have been counseled by the Clinical Coordinator that declination of the HBV series is "*against medical advice*" of the Medical Director, Program Director and the Clinical Coordinator. I understand and agree that I will be exposed to HBV patients, both diagnosed and undiagnosed and that this disease HBV can result in my death. I release Nature Coast EMS foundation, the Educational Advisory Board, the program Medical Director, all faculty and affiliates from any and all responsibility for my contraction of this disease both during this program and in the future.

Student's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Clinical Coordinator (Witness)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_