



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.

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

[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:

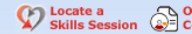


The screenshot shows the OnlineAHA.org website. At the top left is the American Heart Association logo. To its right is the OnlineAHA.org logo with the tagline "LIFESAVING KNOWLEDGE IS IN YOUR HANDS". The top right corner shows "United State". A navigation bar includes links for Home, About OnlineAHA, Course Catalog, Workforce Training, Contact Us, and Help. Below the navigation bar is a "Welcome to OnlineAHA!" message and a sub-header "Emergency Cardiovascular Care online education from the American Heart Association". Three main content boxes are visible: 1. "Log In / Register" with fields for E-mail and Password, a Log In button, and links for "Forgot password?" and "Help". 2. "Course Catalog" with an image of a person at a computer and text: "Browse [all courses](#) or filter for [healthcare professionals](#), [workplace training](#), or [trainers and educators](#)." 3. "Activate a Key" with an image of a person at a computer and text: "If you received a key enter it here to begin. [More info.](#)" and a form with "Course Key" and "Enter" buttons.

Click on Class:

Course Catalog

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



ACLS – Advanced Cardiovascular Life Support

HeartCode™ ACLS part 1



Learn:@ Rapid STEMI ID



Learn:@ Rhythm Adult



BLS – Basic Life Support

BRAND NEW 2011 BLS for Healthcare Providers Online part 1



HeartCode™ BLS part 1



PALS – Pediatric Advanced Life Support

Learn:@ Rhythm Pediatric



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. 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

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 % N/A	FINANCE CHARGE \$ N/A	AMOUNT FINANCED The dollar amount the credit provided to you or on your behalf. \$1615	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled. \$ n/a	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment of \$ N/A
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS		AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE	
4		\$391.25	Beginning on 02/15/2017 and on the same day each month 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.

EMPLOYMENT ASSISTANCE

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

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.

CREDENTIAL AWARDED

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

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.

Signature of Applicant

Date

Signature of Parent/Guardian
(If under 18 years of age)

Date

Signature of School Official

Date



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

Tel: 352-249-4700

Fax: 352-249-4701

E-mail: www.naturecoastems.org

Receipt of Materials

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

Textbook: Emergency Care 13th Edition E-book, Tablet, MyBradyLab

Date Received Tablet: _____

Student

Print: _____ Signature: _____

School Representative

Print: _____ Signature: _____

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: _____

3876 W. Country Hill Dr., Lecanto, FL 34461
Tel: 352-249-4700
Fax: 352-249-4701
E-mail: www.naturecoastems.org



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:

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

Tel: 352-249-4700

Fax: 352-249-4701

E-mail: www.naturecoastems.org



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: _____