



Emergency Response Solutions, Inc.

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Lansing, Michigan 48917

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Office Phone: 517-441-1576

EMS Course Student Registration

Last Name	First Name	Middle Initial

Permanent Street Address

City	State	Zip

Date of Birth	Age	Last 4 Digits Social Security No.

Home Phone No.	Email Address

Cell Phone No.	Alternate Email

Place of Employment	Occupation or Title

Employer Street Address

City	State	Zip

Current or Previous EMS License & Type	Date of Expiration

Current or Previous CPR Certified	Date of Expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Desired Course Name, Dates and Times

Name: _____
Last First

Last Four SSN: _____

Emergency Contacts:

Name Relationship Phone #

Name Relationship Phone #

Do you have any friends or relatives currently working at the Training Center?

Explain: _____

Are you a US Citizen? ____ Yes ____ No

Have you ever been convicted of a felony or misdemeanor? ____ Yes ____ No

****Note:** Conviction will not necessarily disqualify applicant from attending a course at the Emergency Response Training Center

If yes, please explain: _____

Education

High School

School Name City State

Year of Graduation Type of Diploma

College/ Technical

School Name City State

Year of Graduation Course of Study

Do you have a disability that may affect your learning experience or performance during classroom didactic, psychomotor instruction or clinical experience? ____ Yes ____ No

If yes, please explain and document any reasonable accommodations you are requesting. Documentation from your physician will need to accompany this application in order to be considered for the requested accommodation.

Acknowledgment EMS Initial Education Programs

I have received the program information for the EMS initial education classes held at the Emergency Response Training Center (hereinafter referred to “Training Center”) and understand that by signing this form and initialing next to the statements below, I confirm that I have read, understand and agree to comply by the policies therein.

_____ I have received the Course Syllabus, read and reviewed its contents, understand the information and agree to comply by the policies stated within.

_____ I understand that the initial education programs offered at the Emergency Response Training Center are approved, governed and are in accordance to the MDHHS Bureau of EMS, Trauma and Preparedness Division of EMS and Trauma Systems EMS Educational Program Requirements and are governed in accordance with the Michigan Department of LARA Proprietary School Act 148 of 1943.

_____ I understand that the EMS programs held at the Training Center are considered open enrollment and students can inquire about courses and sign up until the day before classes start, if the desire class is still open for student enrollment.

_____ I understand that prior to enrollment, it is the student’s responsibility to inquire about the specific requirements for each course enrolled, including, but not limited to, high school graduation status, license and certification requirements, uniform and supply requirements, vaccination, drug screenings and health exam requirements, background checks, clinical responsibilities and program tuition and fee responsibilities.

_____ I understand that the student will be responsible for all tuition and fees owed to the Training Center in accordance to the fee schedule as outlined in the course syllabus. I also understand that these tuition and fees are subject to increase at any time as determined by the program’s administration.

_____ I understand that the student will be responsible for all purchasing and financial costs associated with the uniform requirements as outlined by the Course Syllabus. Students will be given order forms to replace torn, damaged or stained shirts as needed, and can be purchased for an additional cost.

_____ I understand that the EMS initial educational courses are intense programs and that students need to plan their schedule to allow for adequate study of the materials, will be responsible for all homework and assignments, will be required to take weekly quizzes and tests, and be required to attend a predetermined amount of clinicals as outlined by their particular EMS program.

_____ I understand that the student will be kept regularly updated as to the status of their academic status in class and will be in regular contact with the Lead Instructors and Course Coordinator in order to determine student needs to get and keep their academic standing at a satisfactory level. At any time, the student can request additional meetings with their Lead Instructor and/or Course Coordinator to discuss their academic status and to receive any help they feel is needed for successful completion.

_____ I understand that the student is to provide the school with a criminal background check at their expense and disclose any significant criminal history to the Course Coordinator prior to beginning the desired course. I further understand that while information supplied in the background check may not exclude me from participating in the EMS education course, it may affect my ability to sit for the NREMT exam and prevent me from obtaining my state EMS licensure.

_____ Failure to provide the Training Center with a background check and negative urine drug screen may result in the denial of the student to attend a course at the Training Center.

Last

First

- _____ I understand that the job of an EMS Provider can be emotionally challenging at times and that the student needs to be able to handle high levels of stress in a fast-paced environment and have the ability to adapt to an ever-changing environment in emergency situations, without warning.
- _____ As an EMS student, I will be required to exhibit professionalism at all times, including the classroom and clinical settings, and while I am wearing the class uniform, I am a representative of the Training Center and am expected to display appropriate behavior at all times. The class uniform is not to be worn in bars and other similar establishments, and will not be worn to misrepresent the student's licensure status as prohibited by the law.
- _____ The student will be required to meet all minimal academic competencies in the areas of cognitive, psychomotor, clinical and affective domain in order to be qualified to move on to the next semester of the course, in order to receive a successful completion of the course, and in order to be authorized to sit for the NREMT examinations.
- _____ I understand that there is a certain physical requirement in order to satisfy all required areas of instruction and clinical hours of the EMS Programs offered at the Training center, and students must satisfactorily pass a physical examination prior to entering the clinical setting. The EMS Programs also have an element of hand-on learning in the practical and clinical settings and students will be required to have appropriate physical contact with live patients, staff members, and other students from time to time.
- _____ I understand that as a student, and eventually as an EMS Provider, I will be responsible to have appropriate and effective verbal, nonverbal and written communication with instructional staff, other students, live and simulated patients, supervisors, medical staff, physicians and other EMS Providers.
- _____ I understand that there will be an element of classroom, clinical and online learning and assignments that are associated with the overall learning experience associated with the EMS education course, and students will be responsible for having regular access to a computer with internet access and be have the knowledge of how to properly use computers and related technology.
- _____ I understand that as an EMS Provider, there is a requirement by the NREMT and state of EMS licensure to maintain and predetermined of EMS CE credits in order to maintain your certification and EMS license(s) over the course of a set amount of years.
- _____ I understand that as a student I will be required to obtain and produce proof of certain vaccinations or proof of titer as outline by the school and as required by the clinical facilities contracted with the Training Center. It will be the student's responsibility to set up appointments, assume financial responsibility for, obtain, and provide proof to instructional staff as required by the Training Center, prior to entering the clinical setting. I further understand that declination of aforementioned vaccinations may prevent me from clinical placement, thus preventing me from fulfilling the requirements of the EMS Program, preventing me from successfully completing the course and preventing me from sitting for the NREMT exam and obtaining my state EMS licensure.
- _____ I understand that the risk of exposure to Latex in the healthcare field is high and I need to notify my Course Coordinator and/or Lead Instructor as soon as possible if I have an allergy or sensitivity to it.
- _____ I understand it is the student's responsibility to provide transportation to and from all classroom instruction and clinical sites and any associated costs and fees for transportation will not be included in the tuition for the cost of the EMS educational program. If a student will be late or is unable to make it to class or a clinical, he/she needs to notify their Lead Instructor as soon as possible.

Last

First

- _____ I understand that due to the limitation of clinical sites, students may be required to travel some distance from the Training Center or their home in order to attend the required clinicals.
- _____ I understand that when attending a clinical, its intended purpose is to provide students with access to real live patients for practice, and the student will not be considered an employee of the clinical site, and will not be eligible for employment benefits that are offered by the facility or EMS Agency. Additionally, students are to introduce themselves to patients as a student and the patient has the right to decline care by the student. The student needs to understand live patients are real and need to be taken seriously and treated in a respectful and professional manner at all times. I will also be required to fulfil a predetermined number of clinical objectives and assignments in order to satisfy the clinical requirement as outline by the Training Center.
- _____ I understand the Training Center provides general liability insurance as required by the State, but it is encouraged that the student carries his/her own health insurance for the duration of the EMS course.
- _____ I understand that successful completion of the EMS educational program(s) offered by the Training Center does not guarantee successful completion of the NREMT cognitive exam nor does it guarantee that I will successfully obtain my state EMS licensure, i.e. a student can successfully pass the EMS education course, but inevitably fail the NREMT exam. The Training Center does not guarantee that a student will pass the NREMT exam. Additionally, costs associated with testing, certification and licensure will be the student's sole responsibility.
- _____ I understand that cell phones and electronic devices are not allowed to use any electronic device to record or transmit any specific information related to EMS cases, patient care, or personal and confidential information of the clinical facility and EMS Agencies.
- _____ I understand that use of computers at the clinical sites are not for personal use, and students are only allowed to use them at the permission and instruction of their clinical preceptor.
- _____ I understand that I will be required by law to uphold any patient Protected Health Information (PHI) as protected by HIPAA law.
- _____ I understand that I should not talk about any PHI with persons not directly involved in the care of that specific patient, and care needs to be made when discussing patient care and information in public areas, such as hallways and elevators.
- _____ I understand that my participation as a student in the clinical setting does not guarantee future employment with the clinical site in which I participated.
- _____ I understand that as a student I will be expected to conduct myself in a professional manner at all times, as well as demonstrate appropriate professional and procedural judgment decisions.
- _____ I understand that if I have a properly documented disability that I am required to notify my Lead Instructor and/or Course Coordinator as soon as possible with a request for reasonable accommodation, along with documented proof of declared disability.
- _____ I understand that as a student I am not an employee of Emergency Response Training Center and will not be entitled to any employee benefits offered by the Training Center, including, but not limited to, health insurance, Worker's Compensation, and unemployment insurance benefits.

Name: _____
Last First

Last Four SSN: _____

_____ I understand that as a student I will be required to satisfy a predetermined number of clinical hours in the hospital and pre-hospital setting in order to qualify for successful course completion from the specific EMS program I am attending. These clinicals are to be prescheduled through the Training Center’s Course Coordinator and students are not allowed to attend any clinical outside of the preauthorized dates and times, and will not count towards the clinical requirement as set forth by the Training Center. Attendance of a clinical outside of the preauthorized locations and hours can result in the loss of clinical contracts for the Training center, and can result in the dismissal of a student from their respective EMS educational program.

I hereby confirm that the above information is true and correct to my knowledge and I have read, understood and agreed to the information I have initialed above and agree to abide by the aforementioned policies and procedures during my acceptance, enrollment and participation as a student in the respective EMS Course(s) offered at the Emergency Response Training Center. The requirements herein were discussed for understanding and clarification, if needed, and I have read and understand the contents and requirements, and agree to comply by the policies stated within.

Student Printed Name

Date

Student Signature
.....

EMS Program Director

Date

EMS Program Director Signature
.....

Program Sponsor Representative

Date

Program Sponsor Representative Signature