



EMS Program Registration Form

Please Indicate which course you are submitting your application for:

- Medical First Responder
 Emergency Medical Technician-Basic
 EMT-Specialist
 Paramedic
 EMS Instructor Coordinator

What is the Start Date of the course you are applying for? _____

Student Information

 Last Name First Name Middle Initial Date of Birth

 Street Address City State Zip Code

 Home Phone Second Phone Email Address

 Emergency Contact Relation Phone Number

Are you diagnosed with a disability that would affect your performance during class or during clinicals? Yes No
 (If yes please explain how your disability will affect your learning either in the classroom or in the clinical setting. Please include documentation from your physician indicating your diagnosis.)

My signature below indicates that the information contained on this form is to the best of my knowledge accurate. I further acknowledge that if any information provided above is found to be inaccurate or misleading that could result in my dismissal from class without reimbursement of my tuition.

 Student Signature Date

Please include as part of your application an application fee of \$60.00 made payable to Life EMS Ambulance.

Refund Policy: All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An applicant fee of not more than \$25.00 may be retained by the school if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing the attached contract/agreement with the school. All refunds shall be returned within 30 days. All Fee's associated with the Criminal Background check are non-refundable. After three business days have elapsed the following refund policy will apply: By the first month of the course running, or by the end of the first quarter of the class ending, whichever occurs first, the student may submit in writing, a notice to withdraw from the course with the understanding that a maximum of 75% of the tuition will be refunded within 30 days of said notice. If a student withdraws from a class after the first quarter or is administratively/academically withdrawn from the course the student accepts responsibility for the entire course tuition.

Student Enrollment Contract / Agreement

I _____ have made application to Life EMS Ambulance – Education Centre (hereafter referred to as Life EMS) for admission to its EMS Educational program(s). As part of my application for such training, I represent the following to be true **(please initial next to each statement in the space provided)**:

- _____ 1. I understand that the EMS training program meets the Michigan Department of Community Health (MDCH) Division of Trauma Services curriculum requirements for Emergency Medical Technician. Upon successful completion of this course I will be eligible to take the National Registry exam. It is possible for me to pass the EMS training program and then fail the National Registry exam. Life EMS makes no guarantee that I will pass the National Registry Exam(s).
- _____ 2. To benefit from this training, the school requires that you must be able to read, write and comprehend the English language, do basic arithmetic problems, and possess a High School Diploma or General Equivalency Diploma.
- _____ 3. I agree that my completion of the EMS training program shall be contingent upon my meeting the requirements of the course of instruction which is set forth in the Course Syllabus and Student Catalog, or as affirmed by Life EMS.
- _____ 4. I agree that I may be dismissed from Life EMS in accordance with the policies set forth in the Student Catalog. Unexcused absences, excessive tardiness and lack of progress in training will also be grounds for dismissal.
- _____ 5. I understand that I must voluntarily submit to a drug or sobriety test anytime the school requests me to do so while attending. If such tests are positive, I will be dismissed from Life EMS. I will not hold Life EMS, its representatives and officials harmless as a result of any testing results by them and will abide by such test results and findings.
- _____ 6. I understand that it is not possible for Life EMS to guarantee employment. The school assists Graduates by making their names and qualifications available to companies that upon request have contacted the school. Should you seek employment in EMS, your driving records and criminal record, if you have one, will be validated through the proper authorities.
- _____ 7. I understand that if I have a criminal record, I will need to investigate whether the National Registry will allow me to take the National Registry Examination. I also need to investigate whether the State of Michigan will grant me licensure. If you, the student do not find out this information until after the tuition is paid you will be responsible for the tuition.
- _____ 8. I understand the points mentioned in this agreement and the Student Catalog are not all inclusive and may be added to or changed at the discretion of the Clinical Performance Manager or the Education Coordinator of Life EMS, if such changes or additions are deemed necessary to improve the program.
- _____ 9. That upon the first day of class, I will have either paid the tuition or established the appropriate payment arrangements with the Education Coordinator for said tuition. I understand that if I have not paid my tuition, or am in default (late) on any payment plan through which my tuition is paid, at the end of the course my name will not be sent in to the State of Michigan for eligibility to take the National Registry exam. I understand that if I am more than 1 month behind on any payment plan, I will not be allowed to take any quizzes or tests until I am up to date on all tuition payments.
- _____ 10. If Life EMS ceases to conduct business for any reason they will reimburse all of the students any monies paid towards tuition no matter of the student's status in the class or the length of time until the end of the course.
- _____ 11. That this application / agreement shall become a part of my student record for the EMS training program and it is a binding agreement between myself and Life EMS Ambulance – Education Centre.
- _____ 12. **(Initial after you have had a chance to look through the School Catalog.)** I have read the Catalog and understand the policies and procedures. I will follow those policies and procedures to the best of my ability.

Student Signature

Date

Clinical Program Agreement

I understand that the clinical aspect of the program is an essential part of the EMS training. To successfully complete the course I must follow the rules described for clinical exposure and complete the prescribed hours.

I understand that while I am in the clinical environment I represent the EMS profession and Life EMS, as well as, myself. I will conduct myself professionally at all times and follow the rules governing apparel and personal appearance. **Sign your initials next to each stated rule.**

- _____ 1. Haircuts/Hairstyles: Student's hair must be neat, clean, and secured away from the face. Male student's hair will be no longer than shoulder length.
- _____ 2. Hygiene: Students will practice good personal hygiene habits throughout the course.
- _____ 3. Facial Hair: Mustaches will be neat, clean, and kept off the upper lip. No other facial hair will be authorized. No beards, no goatees, no long sideburns.
- _____ 4. Drugs and Alcohol: Students will not drink any alcohol for 12 hours prior to attending a clinical. The use of any illegal drugs is forbidden at any time during the course.
- _____ 5. Finger nails: Nails will be short and clean. Clear nail polish is preferred. No brightly colored nail polish. Acrylic nails are prohibited.
- _____ 6. Jewelry: Earrings are NOT allowed to be worn during clinical experiences. No other visual piercing will be authorized. Nothing will be worn on the eyebrows, tongue, lip, cheek, nose, or around the exterior aspect of the ear.
- _____ 7. Apparel: Students will wear the provided clinical uniform with the shirt appropriately tucked into the pants. Students will dress appropriately for the weather. During to cold or rainy seasons the student will need to bring a warming layer (jacket) and/or a wind-resistant/waterproof layer that is plain in design and color.
- _____ 8. Foot wear: Students will wear brown or black boots to the ALS clinicals. Students may wear boots or dark dress shoes at the Emergency Room clinicals. No tennis shoes, sandals or open toed dress shoes.

Student Signature

Date

EMS Student Hold-Harmless, Agreement for Clinical Exposure

The undersigned, being 18 years of age or older, does hereby request permission of Life EMS Inc. to participate in clinical exposures at the following places of business; Life EMS Ambulance, and Saint Mary's Hospital. The purpose of this request would be solely for educational benefit. I hereby agree to abide by all clinical rules and regulations set forth by Life EMS and the respective places of business.

I fully realize and appreciate the basic nature of pre-hospital and emergency medical work. I am also fully aware of the possibility that situations will arise which might result in the danger of physical harm or injury, including but no limited to, motor vehicle accidents, assaults, blood and body fluid exposure, and needle pokes from syringes. I do, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential any information related to patient care that I may observe. I have read, do understand, and will abide by the rules governing clinical observers.

If I am injured or have a communicable disease exposure while attending a clinical with any of the contracted clinical sites I will use my personal health insurance or self pay all medical expenses associated with the injury or exposure.

Wherefore, in consideration of the above conditions and the granting of the above request, I hereby agree to hold Life EMS and all of other agents and assigns thereof, harmless from any and all liabilities to me for personal injury or property damage as stated in the contractual agreement whether proximate or remote, sustained during the period of time that I am in the capacity of an EMS student.

Student Signature

Date

Respiratory Screening Questionnaire

The following information must be provided by every student who will be using any type of respirator.

Life EMS uses a N95 particulate respirator as protection against tuberculosis, SARS and other airborne diseases. If you would like more information about the mask and it uses please contact the Health & Safety Specialist, Brent Walker at (616) 242-8873.

Please mark “yes” or “no” to the following

	YES	NO		YES	NO
Have you ever worn a respirator before?			Have you ever had any of the following cardiovascular or heart problems?		
Do you currently smoke tobacco, or have you smoked tobacco in the last month?			Heart attack		
Have you ever had any of the following conditions?			Stroke		
Seizures			Angina		
Diabetes			Heart failure		
Allergic reactions that interfere with your breathing?			Swelling in your legs or feet (not caused by walking)		
Claustrophobia (fear of closed-in places)			Heart arrhythmia (heart beating irregularly)		
Trouble smelling odors?			High blood pressure		
Have you ever had any of the following pulmonary or lung problems?			Any other heart problem that you've been told about		
Asbestosis			If yes, explain:		
Asthma			Have you ever had any of the following cardiovascular or heart symptoms?		
Chronic Bronchitis			Frequent pain or tightness in your chest		
Emphysema			Pain or tightness in your chest during physical activity		
Pneumonia			Pain or tightness in your chest that interferes with your job		
Tuberculosis			In the past two years, have you noticed your heart skipping or missing a beat		
Silicosis			Heartburn or indigestion that is not related to eating		
Pneumothorax (collapsed lung)			Any other symptoms that you think may be related to heart or circulation problems		
Lung cancer			If yes, explain:		
Broken ribs			Do you currently take medications for any of the following problems?		
Any chest injuries or surgeries			Breathing or lung problems		
Any other lung problem that you've been told about			Heart trouble		
If yes, explain:			Blood pressure		
Do you currently have any of the following symptoms of pulmonary or lung illness?			Seizures		
Shortness of breath while at rest			Have you ever used a respirator? If yes, have you ever had any of the following problems?		
Shortness of breath when walking fast on level ground or walking up a slight hill or incline			Eye irritation		
Shortness of breath when walking with other people at an ordinary pace on level ground			Skin allergies or rashes		
Have to stop for breath when walking at your own pace on level ground			Anxiety		
Shortness of breath when washing or dressing yourself			General weakness or fatigue		
Shortness of breath that interferes with your job			Any other problems that interfere with your use of a respirator		
Coughing that produces phlegm			If yes, explain:		
Coughing that wakes you early in the morning					
Coughing that occurs mostly when you are lying down					
Coughing up blood in the last month			Would you like to talk to with a healthcare professional who will review your answers to this questionnaire		
Wheezing					
Wheezing that interferes with your job					
Chest pain when you breathe deeply					
Any other symptoms that you think may be related to lung problems					
If yes, explain:					

Healthcare professional instructions: If **yes** has been answered, you may need a pulmonary function test.

Please discuss your review with Brent Walker, our Occupational Health & Safety Specialist (616-242-8873).

Background Inquiry Release

IN CONNECTION WITH MY STUDENT APPLICATION WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PART OR AGENCY CONTACTED BY THIS SCHOOL TO FURNISH TO THEM THE ABOVE MENTIONED INFORMATION.

I ACKNOWLEDGE I HAVE RECEIVED A SEPARATE DOCUMENT (SEE SCHOOL CATALOG) ENTITLED "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" (FCRA).

Print full legal name: _____

SS#: _____ - _____ - _____ Any other names used: _____

Sex: _____ Race: _____ Date of birth: ____/____/____

Driver License #: _____ State of Issuance: _____

Current address: _____

City/County/State/Zip: _____

Previous address: _____

Signature: _____ Date: _____

Signature of Parent/Guardian (if applicant under 18 years of age)

Date

FOR OFFICE USE ONLY

**EDUCATION COORDINATOR: _____

** _____ hereby certifies that the above named individual has received a summary of his/her rights under Appendix A to Part 601 of the FCRA and that this request for a Consumer Investigative Report meets the requirements of permissible purpose under Section 604 of the FCRA and that information obtained will not be used in violation of any federal or state equal opportunity regulation, and that, if any adverse action is taken based on the computer report, a copy of the report and a summary of the consumer rights will be provided to the consumer.

EMS Instructor Coordinator Students ONLY - Please complete this page.

EMS Instructor Coordinator Student Hold-Harmless, Agreement for Student Teaching Experience

The undersigned, being 18 years of age or older, does hereby request permission of Life EMS Inc. to participate in student teaching experience. The purpose of this request would be solely for educational benefit. I hereby agree to abide by all rules and regulations set forth by Life EMS and the respective places of business.

I fully realize and appreciate the basic nature of pre-hospital and emergency medical work. I am also fully aware of the possibility that situations will arise which might result in the danger of physical harm or injury. I do, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential any information that I may hear or may observe. I have read, do understand, and will abide by the rules governing the student teaching experience.

If I am injured during a student teaching experience, I will use my personal health insurance or self pay all medical expenses associated with the injury or exposure.

Wherefore, in consideration of the above conditions and the granting of the above request, I hereby agree to hold Life EMS and all of other agents and assigns thereof, harmless from any and all liabilities to me for personal injury or property damage as stated in the contractual agreement whether proximate or remote, sustained during the period of time that I am in the capacity of an EMS IC student.

Student Signature

Date

EMS IC Student Teaching Agreement

I understand that the student teaching experience is an essential part of the IC training. To successfully complete the course I must follow the rules described for the student teaching experience and complete the prescribed hours.

I understand that while I am in a teaching environment I represent the EMS profession and Life EMS, as well as, myself. I will conduct myself professionally at all times and follow the rules governing apparel and personal appearance.

Sign your initials next to each stated rule.

- _____ 1. Haircuts/Hairstyles: Student's hair must be neat, clean, and secured away from the face. Male student's hair will be no longer than shoulder length.
- _____ 2. Hygiene: Students will practice good personal hygiene habits throughout the course.
- _____ 3. Facial Hair: Mustaches will be neat, clean, and kept off the upper lip. No other facial hair will be authorized. No beards, no goatees, no long sideburns.
- _____ 4. Drugs and Alcohol: Students will not drink any alcohol for 12 hours prior to student teaching. The use of any illegal drugs is forbidden at any time during the course.
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- _____ 6. Jewelry: No visual piercing will be authorized. Nothing will be worn on the eyebrows, tongue, lip, cheek, nose, or around the exterior aspect of the ear.

Student Signature

Date