

**AMB TRANS GROUP
EMT-BASIC (EMT-B) PROVIDER COURSE
INFORMATION SHEET**

The Emergency Medical Service (EMS) consists of a team of health care professionals, responsible for providing pre-hospital emergency care and transportation of the sick and injured. Every EMS agency is part of a local or regional EMS system that provides the many varied pre-hospital components required for delivery of proper emergency medical care.

The Emergency Medical Technician (EMT) course is the foundation on which additional knowledge and skills are built upon. EMT-B is the starting point for any individual that is looking for a career in EMS. This course is approximately 280 classroom hours that include the essential knowledge and skills required to provide emergency care in the field. Upon successful completion of the EMT-B Provider Course, students will be eligible to take the National Registry of Emergency Medical Technician's examination.

COURSE INFORMATION:

- Course fee is **\$700.00** (\$200.00 Deposit due at turn-in to save a seat, **Non-Refundable after first day of class**). All check made payable to **TRACE Ambulance Service**. Fee includes textbook, course syllabus, lab fees, & EMT-Student shirt.
- Class starts on **Monday, August 1, 2011** and goes until **Thursday December 29, 2011**
- Class meets every Monday, Wednesday & Thursday from 6 pm until 10 pm.
- Classroom is located at 8400 West 183rd Place, Tinley Park, IL 60487.
- CPR will be taught in accordance to the American Heart Association guidelines.
- This course is in conjunction with Moraine Valley Community College.

COURSE ENTRANCE REQUIREMENTS: to accompany your application

- Copy of driver's license or photo ID.
- Copy of High School Diploma or Equivalency Certificate (GED).
- Copy of Immunization Records showing vaccination for measles, mumps, and rubella. If you are unable to obtain, please see your physician for a Titer Blood Test to check the immunity response to measles, mumps, and rubella.
- Copy of Tuberculosis Test (PPD) that is less than 6 months old.
- Copy of Criminal Back Round Check for previous 7 years
- Applications turned in with missing documents **will not be reviewed** for consideration into the EMT-B training program

KEY ESSENTIALS TO BECOMING AN EMT-B:

- Desire to provide each patient with the best possible care.
- Commitment to obtain the knowledge and skills required to provide patient care.
- Compassion to help those who should become injured or ill.

COURSE COMPLETION:

- Proficiently demonstrate the skills that you learned during the course: Use of an Automated External Defibrillator (AED), airway adjuncts, obtain vital signs, splinting, bandaging, performing CPR, & communication and documentation skills.
- Complete 600 minutes or 10 hours of patient contact time.

EMT-BASIC (EMT-B) PROVIDER COURSE APPLICATION

(Please Print Clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL: _____

DATE OF BIRTH: ____ / ____ / ____ AGE: _____

HAVE YOU EVER BEEN ENROLLED IN ANOTHER EMT-B PROGRAM? IF SO
WERE AND WHEN?

Please explain why you are interested in a career in EMS:

REFERRED BY: _____

ATG EMT-B CLASS		AUG TO DEC 2011		AAOS Emergency 10ed EXTRA - NOTES	
MONTH	DATE	DAY	TOPIC	LUMC CHAPTER	
AUG	1	M	WELCOME		
	3	W	GPR	AHA	Hands-on
MOD 1	4	TH	EMS SYSTEMS	1	
	8	M	WORKFORCE SAFETY-MEDICAL/LEGAL	2.-3.	
	10	W	COMMUNICATION/DOCUMENTATION	4	
	11	TH	HUMAN BODY	5	
	15	M	LIFE SPAN DEVELOPMENT	6	
	17	W	MOD REVIEW		
	18	TH	TEST MODULAR 1		
MOD 2	22	M	PHARMACOLOGY	7	Section 10
	24	W	MOD REVIEW - LAB		Hands-on
	25	TH	TEST MODULAR 2		
MOD 3	29	M	PATIENT ASSESSMENT	8	Hands-on
	31	W	PATIENT ASSESSMENT		Hands-on
SEP	1	TH	LIFTING & MOVING	35	Hands-on
	7	W	REVIEW & LAB		Hands-on
	8	TH	TEST MODULAR 3		Paperwork turn in
MOD 4	12	M	AIRWAY	9	Start Ride Time
	14	W	AIRWAY	9	Hands-on
	15	TH	REVIEW & LAB		Hands-on
	18	M	TEST MODULAR 4		Payment in full
MOD 5	21	W	SHOCK	10	
	22	TH	BLS - CPR	11	Hands-on
	26	M	TEST MODULAR 5		
MOD 6	28	W	MEDICAL OVERVIEW	12	Hands-on
	29	TH	MEDICAL OVERVIEW		Hands-on
OCT	3	M	RESPIRATORY EMERGENCIES	13	Section 10
	5	W	CARDIOVASCULAR EMERGENCIES	14	Section 10
	6	TH	NEUROLOGIC EMERGENCIES	15	
	12	W	REVIEW & LAB		Hands-on
	13	TH	GASTROINTESTINAL - ENDOCRINE	16. - 17.	
	17	M	IMMUNOLOGIC - TOXICOLOGY	18. - 19.	

	19	W	PSYCHIATRIC EMERGENCIES	20	
	20	TH	GYNECOLOGIC EMERGENCIES	21	
	24	M	REVIEW & LAB		Hands-on
	26	W	TEST MODULAR 6		
MOD 7	27	TH	TRAUMA OVERVIEW	22	Hands-on
	31	M	TRAUMA OVERVIEW		Hands-on
NOV	2	W	BLEEDING - SOFT-TISSUE	23. - 24.	
	3	TH	FACE & NECK INJURIES	25	
	7	M	HEAD & SPINE INJURIES	26	
	9	W	REVIEW & LAB		Hands-on
	10	TH	CHEST INJURIES	27	
	14	M	ABDOMINAL-GENITOURINARY	28	
	16	W	ORTHOAEDIC INJURIES	29	
	17	TH	ENVIRONMENTAL EMERGENCIES	30	
	21	M	REVIEW & LAB		Hands-on
	23	W	TEST MODULAR 7		
MOD 8	28	M	OBSTETRICS-NEONATAL	31	
	30	W	OBSTETRICS-NEONATAL	31	Hands-on
DEC	1	TH	REVIEW & LAB		Hands-on
	5	M	PEDIATRIC EMERGENCIES	32	PEPP
	7	W	PEDIATRIC EMERGENCIES		PEPP
	8	TH	GERIATRIC EMERGENCIES	33	GEMS
	12	M	GERIATRIC EMERGENCIES		GEMS
	14	W	PT's w/ SPECIAL CHALLENGES	34	
	15	TH	REVIEW & LAB		Hands-on
	19	W	TEST MODULAR 8		
	21	W	TRANSPORT- INCIDENT COMMAND	36.-38.	
	22	TH	VEHICLE EXTRICATION - WMD	37.-39.	
	26	M	REVIEW & LAB		Hands-on
	27	T.	TEST - WILD CARD		
	28	W	TEST - WRITTEN FINAL	1.-39.	
	29	TH	TSET - PRACTICAL		Hands-on

• Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency. Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-513-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex Male Female

Race Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800/367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

Release and Authorization

I consent to undergo drug/alcohol testing performed by qualified medical personnel immediately following the request of company authorized agents. Such agents include but are not limited to owners, management personnel and supervisors.

I understand that the sole purpose of this test is to determine the presence of any illegal drugs, narcotics, or alcohol in my body.

I understand and agree that the result of this test are a factor in the determination of employment with this company and consent to release the results of these tests to company personnel who are involved in the employment process.

I hereby release the company, its officers, agents, and representatives from any and all legal liability as a result of a positive finding, failure or refusal to take the test when requested.

Signature

Witness

Date
