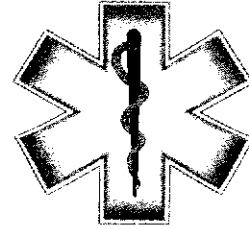




**Emergency Medical Services  
Of Northeastern Pennsylvania**



**PLEASE POST  
EMT BASIC COURSE  
LOCATION  
THOMPSON HOSE COMPANY  
53 WATER ST., THOMPSON, PA**

**CLASS DATES & TIMES  
START DATE: TUESDAY, JANUARY 12, 2021  
TUESDAY & THURSDAY EVENINGS  
7:00 PM – 10:00 PM  
EVERY OTHER SATURDAY – 8AM-3PM**

**IF YOU WILL BE SEEKING AN ACCOMMODATION CONTACT THE  
OFFICE IMMEDIATELY**

**COURSE DESCRIPTION**

The EMT course covers all techniques of emergency medical care presently considered within the responsibilities of the EMT, as well as operational aspects of the job which they will be expected to perform. The course consists of **approximately 180 hours** of classroom and skills training. Specific objectives of the course are: 1) teach students the overall role and responsibilities of the EMT in performing both the emergency care and operational aspects of the job; 2) develop student skills in patient assessment and all emergency treatment procedures, and 3) develop student skills in the use and care of all equipment required to accomplish the job. The course is taught to the new National Education Standard.

**PREREQUISITES**

This course is designed for all individuals desiring to provide emergency medical care with an ambulance service or other pre-hospital rescue service, routinely providing emergency care. Persons enrolling in the course are required to read, write and have good oral command of the English language. Enrollees must be sixteen (16) years of age at the start of the class. **A photo ID must be presented on registration night. Must have proof of a Booster Tetanus shot within ten years and a current TB test.**

**COURSE FEE**

The fee for the course, including all instructional materials and supplies is \$650.00. Checks or money orders should be made payable to EMSNP and must be submitted with the course registration form. Any person who has not pre-registered must be prepared to make full payment to EMSNP on registration night. A \$20.00 charge will be applied for any returned checks. **All students will be responsible for the NREMT Cognitive Computer Adaptive fee, which is presently \$80.00.**

**PRE-REGISTRATION**

Individuals should pre-register by completing the enclosed application and return it with \$445.00 registration fee to EMSNP. **Deadline for pre-registration is Monday, January 4, 2021.** Individuals who fail to pre-register will be accepted on a "space available" basis. **The registration fee will be applied toward the course fee of \$650.00.** Applications received without payment of the registration fee will be deemed not to have pre-registered. **REFUNDS**

**QUALIFICATION INFORMATION**

Do you have any physical limitations which preclude you from performing the skills established by the course curriculum\*\*

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you ever been arrested or convicted of a misdemeanor or felony?

\_\_\_\_\_ Arrested \_\_\_\_\_ Convicted

Specify charge or charges, dates and places: \_\_\_\_\_

Note: Special circumstances exist for individuals who have been convicted of a felony or misdemeanor\*\*

\*\*Applicants will not be denied course attendance solely because of this information. The Pennsylvania Department of Health will review individual registrations to determine eligibility for certification.

**AFFIRMATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, falsified statements on the application may be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements.

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

**DO NOT WRITE BELOW THIS SPACE**

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Documentation of Review: \_\_\_\_\_

Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_ Course Number: \_\_\_\_\_

Tuition Paid: \_\_\_\_\_ Date of Registration: \_\_\_\_\_