

SWVEMS
Training Program
AEMT
Application Packet



Southwest Virginia EMS Council, Inc.
506 Piedmont Ave
Bristol Va. 24201
276-628-4151
www.southwest.vaems.org

Application Instructions/ Check List

EMT to AEMT Program

The following items are required to qualify for the entrance examination to the AEMT program:

- ❑ Review the **Admission Policy and Enrollment Requirements**. (pages 3 – 5)
- ❑ Complete the **AEMT course Application** in its entirety. (page 6)

The following items are required to complete the application package to the AEMT program. Submit the following items to the SWVEMS Training Program, as applicable.

- ❑ Copies of the following:
 - a. Current EMT.
 - b. Current CPR card
 - c. General equivalency diploma OR high school diploma OR evidence of post-secondary education.
 - d. Copy of driver's license.
 - e. Copy of Health Insurance.
 - f. Copy of Malpractice Insurance must be purchased before start of clinical.
- ❑ Complete two (2) **Recommendation for AEMT Program** forms.

Recommendation forms must be completed by:

- a. Your agency EMS Physician (OMD)
- b. Your agency chief operational officer.

The following item should be completed and submitted to the course coordinator on the first night of class.

Complete the **Personal Health History Form** or submit copies of all information requested in lieu of Personal Health History Form.

Admission Policy and Enrollment Requirements

The SWVEMS Training Program will not discriminate in its admission policies on the basis of sex, race, national origin, color, creed, disabling conditions, handicaps, age, religion or sexual preference. All candidates must meet minimum requirements and provide documentation prior to entry into an Advanced Life Support program. Qualified applicants may be subject to a selection process by the advisory committee should the number of qualified applicants exceed the number of spaces available in the program.

All candidates applying for entrance into a SWVEMS Training Program ALS training class must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC 5-31-1460, ALS student enrollment requirements** (page 4). For entrance into the AEMT program,

1. The candidate must hold current certification in CPR.
2. The candidate shall be an active member, in good standing, of an EMS agency.
3. The candidate must hold current certification as an EMT.

Health Care Provider Statement

All students are required to submit a Personal Health History form (page 7). The document is to be completed by the student and their health care provider. All documents must be legible and dated in order to be accepted. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to the form.

Students who do not provide a Personal Health History form will not be permitted to participate in clinical or laboratory sessions until the information has been provided.

REQUIRED IMMUNIZATIONS AND MEDICAL RECORDS

Documentation of all immunizations must be submitted to the course coordinator on a date specified prior to the beginning of laboratory sessions.

1. Proof of immunization or results of rubella (German measles) titer.
2. Proof of immunization or results of mumps titer.
3. Proof of immunization or results of rubeola (measles) titer.
4. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, turn in a signed statement specifying such).
5. Results of PPD.
6. Results of chest x-ray if PPD is positive.
7. Hepatitis B vaccine status.

Most immunizations are offered at no charge through local health departments. Call the Health Department in the County in which you reside, or call your private physician for information. Students should maintain the originals of all documents in a personal portfolio for future reference. Students are required to copy their records. NO copies will be made by the Course Coordinator.

STUDENT WITHDRAW AND TUITION REFUND

Students must notify either the Course Coordinator or the Program Director in writing to officially withdraw from a SWVEMS Training Program ALS course. Tuition shall be refunded in accordance with the following schedule:

- A student who withdraws at least seven (7) days prior to the start of classes is eligible to receive a full refund of tuition and fees.
- A student who withdraws less than seven (7) days prior to the start of classes is eligible to receive a refund of 75% of tuition and fees.
- A student who withdraws during the first week of classes is eligible to receive a refund of 50% of tuition and fees.
- A student who withdraws during the second week of classes is eligible to receive a refund of 25% of tuition and fees.
- A student who withdraws after the second week of class is not eligible for a refund of tuition and fees.

STATE BOARD OF HEALTH – VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS – Article 4.

12 VAC 5-31-900. General requirements.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Be clean and neat in appearance;
2. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

12 VAC 5-31-1460. ALS student enrollment requirements.

An enrolled student in an ALS certification program (EMT, AEMT, PARAMEDIC) must comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Hold current certification as an EMT or higher EMS certification level.
4. Hold, at a minimum, a high school or general equivalency diploma.

4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.
5. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.
6. Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.

**SWVEMS
Training Program**

**506 Piedmont Ave.
Bristol Va. 24201
276-628-4151,
www.southwest.vaems.org**

AEMT Course Application

Y AEMT

Section-1: APPLICANT INFORMATION

[PLEASE PRINT CLEARLY]

_____ Last Name	_____ First Name	_____ MI	_____ CPR Expiration date
_____ Street Address			_____ Social Security Number
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Home)
_____ E-mail Address			_____ Phone (Alternate – specify type)
_____ EMS Agency Affiliation			_____ Date of Birth

Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY

[PLEASE PRINT CLEARLY]

_____ Last Name	_____ First Name	_____ MI	_____ Relationship
_____ Street Address			_____ Phone (Home)
_____ City/Town	_____ State	_____ Zip Code	_____ Phone (Alternate – specify type)

Section-3: AFFIRMATION AND SIGNATURE

[PLEASE PRINT CLEARLY]

I certify that I meet all requirements of the SWVEMS Training Program and the Virginia Office of Emergency Medical Services, which are necessary to enroll in this course.

_____ Signature	_____ Date
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**SWVEMS
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Personal Health History

Every student entering an advanced life support program at the SWVEMS Training Program is required to return this record, properly completed, to: SWVEMS Training Program, Attention: Mr. Josh Wilkinson, Program Director, 506 Piedmont Ave Bristol Va. 24201. If you have any physical or emotional impairment that may require accommodations at the SWVEMS Training Program, please indicate these under the Pertinent Health Information section below so that we may make plans to meet your needs.

Students will not be permitted to participate in clinical or laboratory sessions until this information has been provided.

Completely fill out all information below. **[PLEASE PRINT CLEARLY]**

Last Name	First Name	MI	
Street Address	City/Town	State	Zip Code
Social Security Number	Phone (Home)		
E-mail Address	Program of Study		

Pertinent Health Information **[PLEASE PRINT CLEARLY]**

Please list any disabilities, special needs, allergies or required medication that you would like the SWVEMS Training Program to be aware of:

The information given on this form is correct to the best of my knowledge. I authorize the SWVEMS Training Program to contact the health professional for verification or clarification of information contained on this form.

Student Signature	Date
Print Name	

IMMUNIZATION RECORD **Date:** _____

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

MMR (Measles, Mumps, and Rubella)	
Y Immunization Dose 1	____ / ____ Month Year
Y Immunization Dose 2	____ / ____ Month Year

RUBEOLA (Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose 1 ____ / ____
Month / Year
- Immunization Dose 2 ____ / ____
Month / Year
- Report of immune titer ____ / ____
Month / Year
- Documentation of diagnosed measles disease ____ / ____
Month / Year

MUMPS – If given instead of MMR Check appropriate boxes.

- Immunization Dose .. ____ / ____
Month / Year
- Documentation of diagnosed mumps disease ____ / ____
Month / Year

RUBELLA (German Measles) – If given instead of MMR. Check appropriate boxes.

- Immunization Dose .. ____ / ____
Month / Year
- Report of immune titer ____ / ____
Month / Year

VARICELLA (Chicken Pox) Check appropriate boxes.

- Varicella Vaccine ____ / ____
Month / Year
- Serologic evidence of immunity ____ / ____
Month / Year
- Reliable history of chicken pox ____ / ____
Month / Year

TUBERCULOSIS – Required within the past year. Check appropriate boxes.

- Result of PPD: _____ mm of induration ____ / ____
Month / Year
- Results of chest x-ray if PPD is positive - _____ ____ / ____
Month / Year
Chest x-ray may be substituted for a PPD test if x-ray taken within the past year.

HEPATITIS – B Check appropriate boxes.

- Hepatitis-B Series

Dose 1	Dose 2	Dose 2
____ / ____ Month / Year	____ / ____ Month / Year	____ / ____ Month / Year

Has not completed the Hepatitis-B Series.

Health Officer Signature _____ Name (Print) / Credential _____

Address _____

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Recommendation for AEMT Program

Section-1: APPLICANT INFORMATION [To be completed by applicant]

Last Name

First Name

MI

Certification Number

Mandatory Statement

I hereby waive my right of access to, and authorize SWVEMS Training Program to use confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the AEMT program. **I authorize my sponsoring agency and OMD rights to information regarding my progress throughout the course.**

Signature

Date

Section-2: Recommendation

I, the undersigned, do hereby acknowledge that I am aware that the above named student is applying to take the AEMT program through the SWVEMS Training Program. **The OMD and Agency have access to progress or concerns of the recommended student, but must do so in writing to the Program Director.**

Operational Medical Director

RECOMMEND/DO NOT RECOMMEND
(Circle One)

Date

Comments:

Captain or Chief Officer of EMS Agency

RECOMMEND / DO NOT RECOMMEND
(Circle One)

Date

Comments:

