





ACCREDITATION

The Alabama Fire College is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

The Commission on Accreditation of Allied Health Education Programs is the largest programmatic accreditor of the health sciences professions. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2,100 individual education programs in 32 health science occupations. CAAHEP accredited programs are assessed on an ongoing basis to assure that they meet the Standards and Guidelines of each profession.

Program Goals & Learning Objectives:

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels. (CAAHEP Standard II.C.)

The Alabama Fire College is also accredited by the Alabama Department of Public Health Office of EMS.

Completion of Alabama Fire College EMR, EMT, AEMT, and Paramedic courses meet the requirements for students to attempt the National Registry of EMT's examination.

The Alabama Fire College awards certification at each level without college credit. However, the Alabama Fire College does have articulation agreements with various institutions who will award college credit for successfully completed AFC courses.

For more information about current articulation agreements and obtaining college credit for Alabama Fire College courses:

- 1(800)241-2467
- registration@alabamafirecollege.org
- www.alabamafirecollege.org



EMERGENCY MEDICAL TECHNICIAN

is an intensive, fast-paced course, taught by experienced Paramedics. Attendance is mandatory, and class meets from 6pm-10pm. Students are encouraged to read the assigned text and complete the assignments in order to successfully complete this course. This course is required to apply for licensure as an EMT. This course is based on the Emergency Medical Technician National Standard Curriculum. Successful graduates are eligible to take the National Registry certification exam and advance to Advanced EMT.

Students are given insights into the theory and application of concepts related to the profession of emergency medical services. Subject matter includes: EMT Operations and Safety, Trauma Management, DOT Laws and Regulations, Infectious Diseases, Blood-borne Pathogens/Universal Precautions, OB/GYN, Airway Management, Neurological Emergencies, Cardiac Emergencies, Environmental Emergencies, and Medical Emergencies. Healthcare Provider CPR is taught and students are certified at the beginning of the class.

ADMISSION REQUIREMENTS

☐ High school diploma or equivalent. If using VA benefits, official transcripts must be obtained from all schools attended, including military transcripts.
☐ Current valid driver's license. Faxed copies are not accepted.
☐ Applicant meets essential functions or technical standards for the EMS program, as directed by the Alabama Department of Public Health office of EMS and Trauma, with form completed and signed
☐ Completed and signed application to the Program in Emergency Medicine, including all required documentation
☐ Signed Statement of Understanding
☐ Physical Examination forms included in application, signed by a licensed physician (or such physician's designee)
☐ Clear criminal background check and drug screen test, to take place after the course begins. The fee will be paid to an agency representative at Orientation.
☐ Verification of health insurance or signed waiver
☐ Proof of a Tuberculosis (TB) skin test within the past 12 months. If the test result was positive, the student must have a clear chest x-ray.
☐ Proof of Tetanus vaccination/booster, or signed waiver. Tetanus vaccination/booster cannot be over ten years old.
☐ Proof of Mumps, Measles, Rubella (MMR) vaccination or titer (vaccination records)
☐ Proof of Hepatitis-B vaccinations. If administered over one year prior, a titer or signed waiver is required.

Course/program may be entered at 17 years of age, but the student must turn 18 before the end of the course/program.

HOW TO APPLY

Students must submit the full admission packet, with method of payment, at the time of registration. *The admission packet will be returned if not complete and signed.* An electronic signature will be considered as legally binding as a document signed in ink.

• Mail: Alabama Fire College, Registration, 2501 Phoenix Drive, Tuscaloosa, AL 35405

Email: registration@alabamafirecollege.org

WITHDRAWAL/REFUND POLICY

Students who register for a course and wish to withdraw in good standing must submit a written request by e-mail to <u>registration@</u> <u>alabamafirecollege.org</u>, to be received prior to orientation in order to receive a full refund. VA students are not charged any tuition if they no-show a class or withdraw the first day, thereafter the tuition is due in full.

If the student or agency is paying full tuition, refunds are calculated according to the following information. Students who withdraw prior to orientation will have no withdrawal penalty. Students who withdraw after attending orientation will receive a prorated refund based on the date of withdrawal. Please see below:

- Withdrawal during 1st week 75% of tuition refund
- Withdrawal during 2nd week 50% of tuition refund
- Withdrawal during or after 3rd week no refund

Alabama Fire College, Registration, 2501 Phoenix Drive, Tuscaloosa, Alabama 35405

Fax: (205) 343-7404	registration@alabamafirecollege.org
Legibly complete form in its entirety-	 incomplete registration forms will not be processed.

Location of Training Facility/Department											
Course Title Begin Date End Date											
Emergency Medical Technician											
Individual Information:											
Social Security Number DOB (MM/DD/YYYY) Gender Previously registered?									stered?		
			`				M F	:	Yes	N	
Last Name		First Nan	ne		IV	/liddle Na	ime		Maide	n/Formeı	r Name
Street Address	City			Cou	unty			State)	Zip Cod	e
										<u> </u>	
Email				Cell Pho	ne Nu	ımber		Work P	hone Nu	ımber	
Department-sponsored information, if app	licable:										
Department sending you for training				Training	Office	er / Fire (Chief				
Email				Cell Pho	ne Nu	ımhar	I	Work P	hone Nu	ımher	
Lindii				Cell I IIO	iic ivu	illibei		WOIKI	iioiie ivu	iiiibei	
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Acknowledgments:											
Hold Harmless: I acknowledge that I could be in exchange for being allowed to participate in this											and in
Signature of Student	training an	ia arms, reier		c conege, i	13 111311	ractors, arr	a no employe		Ty Clairio	ioi iiijai y.	
Honor Statement Policy: During any phase (aca	domic or n	ractical) of	an Alaham	a Eiro Collo	20.001	urco (cour	sowork ovalue	ation proi	oot proot	ical/ekille	.vam
cognitive/written exam) cheating, in any form, is	prohibited.	. Cheating, ir	n any form,	is acting d	lishone	estly to gai	n an unfair ad	vantage. (Cheating	includes bu	ut is
not limited to: giving or receiving unauthorized a stealing, taking without permission. During a cer											
but not limited to, dismissal from and failure of th	e examina	tion: Lookin	g at anoth	er candida	ate's e	xam; Atte	mpting to tak	e an exar	n for som	neone else	;
Attempting to remove an exam from the room data, including but not limited to, photography				candidate;	Posse	ession of a	any device ca	pable of	recoraing	g or transn	niπing
By checking this box, I acknowledge I have	e read and	d understoo	d the Hon	or Statem	ent Po	olicy.					
Course Withdrawal Policy: Students who regist	er for cour	ses and fail t	to attend w	/ill be charg	ged the	e full regist	tration fee. To	receive a	full refund	d, all cance	llations
or withdrawals must be received in writing to Re- receive full refunds for courses canceled by the			alabamaf	irecollege.c	org) at	least two	weeks prior to	the begin	nning of c	lass. Stude	ents will
By checking this box, I acknowledge I have			d the Cou	ırse Withdı	rawal I	Policy.					
Prerequisite Requirements: Courses may have	nrereguisit	tes that inclu	ıde either (certification	or pro	oof of train	ing Forward	all require	d cartifics	ates or prod	of
of training with this registration form. Students no	t meeting	prerequisite	requireme	ents will no	t be ce	ertified. Sit	ting for a test	does not	guarantee	e certificati	on.
Students not certifying will receive a Certificate of Attendance only. Prerequisites must be a certificate from an agency accredited by either ProBoard or IFSAC. (VA Students must be documented that they meet prerequisites before beginning a class.)											
By checking this box, I acknowledge I have read and understood the Prerequisite Requirements.											
Felony Conviction Statement: I hereby affirm a	nd certify, u	under penalt	y of perjur	y, that I hav	e not l	been conv	icted of a felo	ny and the	at I am no	t in violatio	on of
Alabama Administrative Code 360-X-101(3)(e)1-2. I attest that all information provided herein is true and accurate to the best of my knowledge. By checking this box, I acknowledge I have read and understood the Felony Conviction Statement.											
Photo Release Statement: I hereby authorize the staff of the Alabama Fire College to use, reproduce, and/or publish photographs and/or video that may pertain											
to me, including my image, likeness and/or voice	without co	ompensatior	n. I underst	and that th	is mate	erial may b	oe used in vari	ous publi	cations, p	ublic affair	S
releases, recruitment materials, broadcast public service advertising (PSAs) or for other related marketing endeavors. This material may also appear on the Alabama Fire College's website and other related social media sites. This authorization is continuous and may only be withdrawn by my specific revocation of this											
authorization in writing. If I do not wish to agree	authorization in writing. If I do not wish to agree to this release statement, I will alert my instructor at the beginning of the class as such.										
By checking this box, I acknowledge I have	e read and	d understoo	d the Pho	to Release	State	ment.					
(Signature) I attest that the above is true	and accu	ırate.						Date	•		

ast Name	First N	lame	Middle Name	Maiden/Former Name				
ETHOD OF PAYMENT	Γ (If applicable)							
Cash								
Check (DL # & val	lid phone number must be list	ed on check)						
Money order								
Purchase order (c	opy of PO with details require	d upon registration)						
Credit card								
Credit card inform	ation:							
American Exp	oress Name on Credit Card							
Discover								
MasterCard	Credit Card Number	Credit Card Number						
Visa								
	Expiration Date	Zip code		Phone Number				
Company/De	partment	Address, 0	City, State					
	<u> </u>		-					

	In-State	Out-of-State	Please note:		
EMT Tuition	\$950	^{\$} 1900	Must be paid at time of registration.		
Clinical Insurance Fee \$16 \$16		^{\$} 16	Must be paid at time of registration. Renews every January.		
Drug Screen and Background Check	nd Check \$55-70 \$55-70		Paid directly to the screening agency on the first night of class		

Students are required to have: khaki pants, black leather belt, and black non-porous shoes.

REQUIRED SUPPLIES (available at the AFC Bookstore):

- Stethoscope
- Pen light
- Safety vest
- Safety glasses
- Masks (3M)
- Shears (blue)
- AFC navy golf shirt with logo
- BLS-HCP Code (\$25)
- Emergency Care and Transportation of the Sick and Injured, 12th edition
- Platinum Planner Skills Manager

In person: Alabama Fire College Bookstore, located on the main campus in Tuscaloosa

By phone: 1(866)984-3545
Online: <u>www.afcbookstore.org</u>

EMERGENCY MEDICAL TECHNICIAN

REQUIRED BACKGROUND INFORMATION

The following information is required by the Alabama Department of Public Health EMS Division (ADPH) and the National Registry of Emergency Medical Technicians (NREMT). A 'yes' answer will need to be addressed immediately with the ADPH and/or NREMT and may affect your ability to become credentialed and/or licensed. To contact the ADPH, call (334)206-5383 or visit www.adph.org/ems. To contact the NREMT, call (614)888-4484 or visit www.nremt.org.

Have you ever been convicted of a drug vi	Yes	No	
Have you ever been addicted to drugs or a	Yes	No	
Have you ever been convicted of a felony	charge?	Yes	No
Have you ever been convicted of a DUI?		Yes	No
Have you ever been treated for mental illn	ess?	Yes	No
Have you been diagnosed with a medical <i>If yes, please explain on a separate sheet</i>		Yes	No
All students enrolled in Alabama Fire Colland pass both a drug screen test and a byou willing to submit to, and pay for, an iscreening, if required by the Program and	Yes	No	
Have you read the Essential Function Star	Yes	No	
Are there any current or previous medica ability to meet the demands stated in the	Yes	No	
If you answered 'yes' to the previous question, please explain:			

I understand that completion of this application is a component of the admission process for Alabama Fire College Program in Emergency Medicine. I certify that the information given in this packet is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission. Admission to the program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

Applicant Signature	Date

The Alabama Fire College endorses the Americans with Disabilities Act. Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective emergency medical care. Admission, progression and graduation are contingent upon the student/applicant's ability to demonstrate the essential functions delineated for Alabama Fire College Program in Emergency Medicine with or without reasonable accommodations throughout the program of learning.

The purpose of this document is to state physical and mental qualifications necessary to be successful in the workplace. Alabama Fire College Program in Emergency Medicine and/or its affiliated clinical agencies may identify additional essential functions. Alabama Fire College Program in Emergency Medicine reserves the right to amend the essential functions as deemed necessary.

The EMT essential function requirements include but are not limited to the ability to:

Physical Demands:

- 1. Physical ability to walk, climb, crawl, bend, push, pull, lift, and balance over less than ideal terrain
- 2. Good physical stamina and endurance, which would not be adversely affected by having to lift, carry, and balance, at times, in excess of 125 lbs, or 250 lbs with assistance
- 3. See different color spectrums
- 4. Have good hand-eye coordination and manual dexterity to manipulate equipment, instrumentation, and medications

Requirements for problem solving abilities, data collection, judgment, and reasoning:

- 5. Send and receive verbal messages as well as appropriately operate the communication equipment of current technology
- 6. Collect facts and organize data accurately, to communicate clearly both orally and in writing using the English language (9th grade level or higher)
- 7. Differentiate between normal and abnormal findings in the human physical conditions by using visual, auditory, olfactory, and tactile observations
- 8. Make good judgment decisions and exhibit problem-solving skills under stressful situations
- 9. Be attentive to detail and aware of standards/rules that govern practice, and implement therapies based upon mathematical calculations (9th grade level or higher)
- 10. Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates
- 11. Handle stress and work well as part of a team
- 12. Be oriented to reality and not mentally impaired by mind-altering substances
- 13. Not be addicted to drugs
- 14. Work a shift of 24 hours in length
- 15. Tolerate exposure to extremes in the environment including variable aspects of weather, hazardous fumes, and noise
- 16. Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180° peripheral vision capacity must possess a valid driver's license, and must be able to safely and competently operate a motor vehicle in accordance with state law.

(continued on next page)

EMERGENCY MEDICAL TECHNICIAN

ESSENTIAL FUNCTION REQUIREMENTS

An individual who discloses a disability may request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the College. Requests for reasonable accommodations should be directed to Registration at Alabama Fire College.

I have reviewed the essential functions for this program and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by Alabama Fire College Program in Emergency Medicine faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

Applicant Signature	Date
OR	
I have read and understand these essential functions and, to the best of my knowledge, I value to a disability. I understand that I need to provide documentation of my disability and my physician. This information must be provided to Registration at the Alabama Fire College	recommendation for accommodations fron
Applicant Signature	Date
If you answered "unable to perform" in the above statement, please explain.	•

Non-Discrimination Statement: It is the official policy of Alabama Fire College that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.

Statement of Understanding: Commission of a Felony

I understand that commission of a felony may prevent or impede my taking the appropriate Registry Exam administered by the National Registry for Emergency Medical Technicians and to become licensed by Alabama Department of Public Health. The authority to approve applicants for the registry examinations rests with the National Registry.

Statement of Understanding: Background Screen Checks

I understand that every student who enrolls in Alabama Fire College Program in Emergency Medicine and desires to participate in courses which have a clinical component is required to have a Background Screen Check. A student who is refused acceptance for clinical experience due to a positive background screen will not be able to complete the clinical component of the required courses and will not receive a passing grade for the course.

Statement of Understanding: Weapons Policy

I understand that possession, (while on College-owned or controlled property), of firearms, ammunition, explosives, fireworks, or other dangerous instrumentalities is prohibited. Violations of the policy will render a student subject to disciplinary action under the procedures which provide for adequate notice and fair hearing. Penalties for violations may include reprimand and probation, loss of privileges, suspension, expulsion, and other penalties which may be set forth in the College regulations.

Statement of Understanding: Pre-Clinical Drug Screen

I understand that every student who enrolls in Alabama Fire College Program in Emergency Medicine and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. The student must abide by the College's Drug Screen Policy and Agency Clinical Policy for which the student is assigned clinical practice. This policy includes reasonable suspicion screening.

Statement of Understanding: Student Classroom Behavior

I understand that students are expected to give courtesy to others while in class, show a willingness to respond to questions and participate in class discussions, and have a lively interest in the subject matter, as evidenced by alertness and attentiveness during classroom activities. The College and the program have "zero tolerance" for disruptive class behavior. Since enrollment in college is by choice, students who fail to demonstrate common courtesy and cooperation in the classroom are choosing, by their behavior to cancel their enrollment. The EMS Group Supervisor will be notified of all such violations and appropriate steps taken. Special health problems will be considered on an individual basis. Visitors (including children) are not allowed in the classroom.

Statement of Understanding: Possibility of Non-Traditional Work Hours and Weekend Assignments

I understand that availability of clinical sites will determine clinical placement and there may be some non-traditional work hours and weekend assignments (i.e. 3pm-11pm, 11pm-7am, etc.).

Photo Release Statement:

I hereby authorize the staff of Alabama Fire College to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), or for other related marketing endeavors. This material may also appear on Alabama Fire College's website and other related social media sites. This authorization is continuous and may only be withdrawn by my specific revocation of this authorization in writing. If I do not wish to agree to this release statement, I will alert my instructor at the beginning of the class as such.

Student Name (print)		
Signature of Student	Date	
Last 4 digits of SSN	Phone	

Student Name (print)		DOB		
Last 4 digits of SSN		Gender	M	F
Address			'	
City	Sta	te	Zip Code	
	·		•	

			1	
	Has the student ever:	Yes	No	If 'yes' please explain.
a.	lost consciousness due to injury?			
b.	had a concussion?			
c.	stayed overnight in a hospital?			
d.	had an operation?			
e.	had heat exhaustion or heat stroke?			
f.	had a broken neck or neck injury?			
g.	had a back or spinal injury?			
h.	had a heart murmur?			
i.	had high blood pressure?			
j.	had a heart problem?			
k.	fainted while doing exercise?			
l.	lost an extremity?			

Note: No pregnant student will be accepted into the program without written approval from the student's physician and/or approval from the EMS Medical Director.

The information presented in this medical history is accurate to the best of my knowledge, and I have no medical conditions or illnesses that would prevent my participation in all EMS training activities. In addition, I have read the "Essential Functions" for the program and meet all physical demands, problem solving abilities, and working characteristics required.

	Signature of Student	Date	
-1			

Student Name (prin	h+)							
Height	Weight	(lhs.)		Is the stude	nt able to co	mmunicate verbally	12 Y	es N
Vision Stat			ght eye: 20 / Corrected:		minumente verbung			
Blood Pressu	, , , ,	Pulse						
Dioda i ressa	,	1 disc	Tiute					
	Normal	Abnormal		!	f 'Abnormal	' please explain.		
Skin								
Head & neck								
Eyes								
Ears, nose, & throat								
Teeth & mouth								
Lungs & chest								
Cardiovascular								
Abdomen & lymphatics								
Genitalia/hernia								
Neurological								
Orthopedic screening:								
Upper extremities								
Lower extremities								
Spine & back								
Date of Tetanus / Boost	er (cannot be ov	ver 10 yrs)						
Date of Mantoux PPD (TB) Test				Results:				
Date of Chest X-ray				Clear?	Yes	No		
Date of Measles Vaccination				Exe	mpt	Immune		
Dates of Hepatitis Vacci	nation	1:		2:		3:		
Additional comments								
The student has provide	d me a copy o	f the "Essent	tial Function	ns" for the Pr	ogram, and	d he or she is able	to perfor	m these
functions. This is to cert	ify that on this	s c	lay of		/	, I perform	ed the ab	ove
limited examination of _								
evaluation, I am of the o	oinion that he	/she IS	/ IS NOT	physica	ally and me	edically able to pa	rticipate	in Alaban
Fire College Program in	Emergency M	edicine.						
Physician's Signature				Date Phone				
Physician's Name						ı		
Address						,		