



KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
(270) 208-1000
www.ktemms.org

4RCA
2720 Moscow Dr.
Hickman, KY 42050
(270) 236-2517
4riverscareeracademy.com



SPRING 2021 EMT BASIC PROGRAM INFORMATION

Program Description

The Emergency Medical Technician program provides instruction in delivering proper emergency care to the sick and injured in a pre-hospital setting. The overall goals are to save lives, reduce complications, and combine effective interpersonal communication with medical knowledge and skills for every patient. Upon completion of this course, the student is eligible to participate in the National Registry of Emergency Medical Technicians (NREMT) examination.

Persons Eligible for EMT Training

Due to the intensity of the program and the desire to keep instructor-to-student ratio low, the class number will be limited. Students must be at least 17 years of age*, a high school Senior or graduate, and possess a valid Driver's License. While agency affiliation is not required, preference will be given to personnel of Ambulance Services, Fire Departments, Law Enforcement Agencies, and Rescue Squads. Priority will also be given to residents of Fulton County, Kentucky. Applicants must submit to a criminal background check prior to acceptance and drug screening following admission as required by clinical sites. **Parents of students 17 years of age must sign ALL forms and ATTEND interview with minor to be considered for admission.*

Requirements for Course Completion

1. Attend all classes. Students with two or more unexcused absences will be dismissed.
2. Demonstrate proficiency of all skills.
3. Achieve passing score on final exam.

Registration Procedure

Completion of this application does not guarantee admission to any EMT Course. All applicants will be notified by phone or email of admission decision. Successful applicants will be required to provide the following documents to complete their registration for the program:

1. Copies of all relevant academic transcripts: high school, college or university, military service schools, and other (proprietary) schools. High School Seniors will need to provide a letter stating they are in their Senior Year of High School and copy of their most recent progress report.
2. Birth Certificate
3. Verification of immunization against
 - a. Mumps, measles, rubella (2 doses of measles vaccine required)
 - b. Tetanus, diphtheria (within 10 years)
 - c. Varicella (chicken pox) or proof of disease (2 doses required unless the first dose was received prior to the age of 13)
 - d. Hepatitis B
 - e. Influenza
 - f. Negative result from tuberculosis skin test or chest x-ray within the last 6 months*
4. Evidence of current CPR Certification*

**Conducted during course curriculum for students who do not currently possess.*

Application Procedure

Persons meeting eligibility and wishing to apply for the EMT program shall complete the application and supporting documents on the following pages. While not required, an accompany resume is encouraged. Completed application shall be mailed OR emailed to:

KenTenn EMS
Attn: Education
105 Nolan Ave.
Fulton, KY 42041
edu@ktems.org

Class Information

Hours: 160

Course Number: 332-21-01-B

Place: Four Rivers Career Academy **Room:** Four Rivers Room (*entrance at rear of building*)

Days: Mondays & Thursdays, and weekends to be arranged for lab/clinicals

Time: 5:30 PM - 9:30 PM (*tentative*) **Tuition and Fees:** \$1,500 (*NREMT & State Licensure fees NOT included*)

Academic Calendar

November 2	<i>Applications Due</i>
November 17	<i>Interviews at Fulton City Hall, 101 Nelson Tripp Pl. Fulton, KY</i>
November 18	<i>Interviews at Four Rivers Career Academy, 2720 Moscow Ave. Hickman, KY</i>
December 4	<i>Notified by this date of Application decision</i>
December 30	<i>50% Tuition Payment (\$750) due*</i>
January 7	<i>Class Orientation, remaining 50% Tuition Payment (\$750) due*</i>
January 11	<i>First day of Class</i>
January 15	<i>Final day to drop Class for 100% refund (no refunds given after this date)</i>
May 31	<i>Last day of Class</i>

Please make check payable to **KenTenn EMS remitted to **105 Nolan Ave. Fulton, KY 42041**.*

Program Contacts

Joe Smith
Lead Instructor
KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
edu@ktems.org

Anna Gaskins
Program Director
Air Evac 143
701 CC Gurien Dr.
Troy, TN 38260
anna.gaskins@air-evac.com

Kevin Kelley
Director of EMS
KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
kevin@ktems.org

Keep for your records.



KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
(270) 208-1000
www.ktemts.org

4RCA
2720 Moscow Dr.
Hickman, KY 42050
(270) 236-2517
4riverscareeracademy.com



EMT – BASIC PROGRAM APPLICATION

Applicant Information (Please print legibly)

Last Name: _____ First Name: _____

Middle Initial: _____ Preferred Name (for Badge): _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ - _____ Email: _____

Highest Level of Education Completed, including degree, institution, and date completed:

Name of Emergency Contact: _____

Emergency Contact Phone Number(s): (____) _____ - _____ (____) _____ - _____

Applicant Questionnaire

Are you currently employed? If yes, provide the name of your employer and days/shift worked:

Which date/location for program interviews would best work for you? Nov. 17th at Fulton City Hall or Nov. 18th at Four Rivers Career Academy in Hickman? We will make every attempt to accommodate your preference.

Do you have access to a computer, camera, and internet for any classes conducted online AND reliable means of travel to and from class/clinical locations?

What are your long-term career goals? How do you plan to serve your community as an EMT?

Please share how you plan to finance the course fee:

Applicant References (Please do not list relatives)

Name: _____ Address: _____

Relationship: _____

Phone Number: () - Email: _____

Name: _____ Address: _____

Relationship: _____

Phone Number: () - Email: _____

Applicant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Agency Affiliation (Optional – to be completed by Agency Representative)

Agency Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: () - Email: _____

Length of time applicant has been associated with agency: _____

Will the agency be providing financial support for applicant? Please explain.

Reason(s) for recommending applicant for certification: _____

Agency Official Signature: _____ Date: _____

Hepatitis B Immunization Information

Hepatitis B Virus (HBV) is a serious disease caused by a virus that attacks the liver. Short-term consequences of Hepatitis B include an average of seven (7) weeks lost from work and the risk of permanent liver damage. Long-term consequences include chronic active Hepatitis, cirrhosis of the liver, and liver cancer. The virus is primarily spread to health care workers through contact with infected blood or other body fluids. Health care workers have three (3) to five (5) times the risk of the general public of acquiring Hepatitis B. THE CENTER FOR DISEASE CONTROL (CDC) AND THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) RECOMMEND VACCINATION OF ALL HEALTH CARE WORKERS. As a student in a health care field, you will have direct contact with patients who could be Hepatitis B carriers.

I, _____, hereby affirm that I have been well advised and thoroughly informed of the hazards of not obtaining the Hepatitis B immunizations.

_____ I have already been vaccinated against Hepatitis B and will provide proof of these to Four Rivers Career Academy EMT instructors.

_____ I will immediately start and obtain the entire series of Hepatitis B immunizations prior to any clinical rotations or other activities involving patient care and will provide proof of these to Four Rivers Career Academy EMT instructors. Completion of the Hepatitis B series takes approximately (6) months to complete.

_____ I Choose NOT to obtain the Hepatitis B immunizations. I that because most clinical sites require the vaccine, my decision not to obtain may affect my ability to participate in certain clinical activities and may have bearing on the status of admission to the EMT program.

I understand that participating in clinical rotations involves certain risks, and injuries can occur that result in extensive treatments, personal injury, or even death. I understand that it is my responsibility to obtain the Hepatitis B immunizations and to provide proof of such to Four Rivers Career Academy and its EMT instructors. In consideration of being allowed to enroll in clinical rotation courses, I affirm that REGARDLESS OF MY HEPATITIS IMMUNIZATION STATUS, I DO HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE FOUR RIVERS CAREER ACADEMY, ITS GOVERNING BOARD, ITS EMPLOYEES, INSTRUCTORS, AGENTS, AND REPRESENTATIVES (THE "RELEASED PARTIES"), FROM ALL LIABILITY WHATSOEVER TO ME FOR PERSONAL INJURY, DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OR BY ANY STATUTORY VIOLATION, OR CAUSED BY MY CONTRACTING HEPATITIS B OR ANY CONTAGIOUS DISEASE WHATSOEVER, INCLUDING INJURIES OR DISEASES CAUSE BY "SHARP" CUTS, NEEDLE STICKS, OR EXPOSURE TO PATIENTS OR THEIR BODILY FLUIDS OR RESPIRATIONS, AND I EXPRESSLY HEREBY DISCHARGE AND RELEASE THE SAID RELEASED PARTIES ABOVE NAMED FROM ANY CLAIM, DEMAND, CAUSE OF ACTION OR DAMAGE OF ANY DESCRIPTION IN ANY WAY RELATED TO MY CONTRACTING INFECTIOUS DISEASES AND MY OBTAINING OR FAILING TO OBTAIN IMMUNIZATIONS AGAINST THESE DISEASES. I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

EXECUTED this _____ day of _____, 20_____.

STUDENT/LEGAL GUARDIAN SIGNATURE: _____

PRINTED NAME: _____

Criminal History Important Disclosure and Agreement

Student Name: _____

Student Address: _____

Student has requested admission or has been admitted to Four Rivers Career Academy EMT class to seek a certificate in EMT certification. A portion of the curriculum which the Student must complete involves a clinical rotation or observation at a hospital or health care facility. If Student completes the field of study and obtains the certificate sought, Student might have to be licensed or certified by the Commonwealth of Kentucky or other jurisdiction before Student can be employed in his or her chosen field. Before beginning or continuing Student's field of study at Four Rivers Career Academy EMT, Student should be aware that a criminal record may have adverse consequences on Student's ability to reach Student's ultimate goal of certification/licensure and employment. For instance, Student may not be able to complete clinical rotations or observations if Student has a criminal record. Likewise, such a record may prevent Student from being licensed, certified, or employed.

A criminal background check may and probably will be required in connection with Student's clinical rotation/observation, licensure/certification, and employment. Four Rivers Career Academy, its collaborating community partners, and individual instructors and its faculty, officers, and employees cannot determine with certainty whether Student's criminal record, if any, will have any adverse effect on Student's ability to complete the field of study, be licensed/certified, or be employed.

Student understands that the decision as to whether the Student can attend clinicals or observation at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency.

Student, by signing below, acknowledges receipt of this document and understands its contents. Student covenants never to sue or seek damages from Four Rivers Career Academy or any of its collaborating partners as a result of any adverse consequences described above which maybe suffered by Student as a result of Student's criminal record. Student acknowledges that Four Rivers Career Academy, its partners or a health care provider may have to obtain are part of Student's criminal record or other required information at some time in the future to place Student in a clinical rotation or observation.

Student must sign all forms necessary for the EMT class or a health care provider to obtain this criminal report or other required information in order to be admitted into a clinical rotation or observation.

Student/Legal Guardian Signature: _____

Printed Name: _____

Date: _____

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Twin City Ambulance Service d/b/a KenTenn EMS
Company

Kevin Kelley, Director or EMS/Four Rivers Career Acad
Requestor/Contact Person

105 Nolan Ave.
Address

Fulton, KY 42041
City, State, Zip

Date

kevin@ktems.org
E-mail address

270.472.8342
Telephone Number

Please denote which purpose applies to this request:

- ☐ Employment
- ☐ Criminal Investigation
- ☐ Screening Housing Applicants
- ☐ Volunteer/Care over Juvenile
- ☐ Licensing
- ☒ Other (please explain) EMT School Applicant