



PENINSULA COLLEGE

EMERGENCY MEDICAL TECHNICIAN

Program Coordinator: Tyler Gage
206-617-0550

PROGRAM INFORMATION AND APPLICATION

The EMT Program at Peninsula College trains students in the **basic** emergency medical procedures including, but not limited to:

- Introduction in HIV/HBV Prevention
- Baseline Vitals
- Airway Management
- Communication and Documentation Skills
- General Pharmacology
- Respiratory, Cardiovascular, Behavioral and other Emergencies
- Bleeding and Shock
- Injuries to Head and Spine
- Diabetes and Allergies
- Poisonings
- Infant and Child Emergency Care

This course adheres to the U.S. Department of Transportation Guidelines and the Washington State Department of Social and Health Services Standards. Admission into the EMT (FA 120) course is regulated by Washington Administrative Code (WAC) 246-976-041, which states that a candidate **must be at least 17 years of age at the beginning of the course.**

The total length of the course is 154 hours over the duration of one quarter (11-12 weeks). **The class meets every Wednesday from 6:00pm-10:00pm and Saturday from 9:00am-6:00pm.** Additional hours for mandatory field internship and Health Care Provider CPR will be schedule as needed outside of the above stated class periods.

Upon successful completion of the course, students will receive a Certificate of Completion and be eligible to take the NREMT computer-based exam.

EMT-BASIC APPLICATION PROCEDURE

Applications must be submitted by the following deadline dates, to be considered for entrance:

Fall Quarter – August 15

Spring Quarter – March 1

Admission is granted based upon a verifiable affiliation relationship first and then as space allows. No application is considered unless all documents listed on page 2 are included.

Accepted students will be notified by e-mail approximately four (4) weeks prior to the beginning of the class and will receive instructions for registration, a course schedule, and text book requirements. You must keep the coordinator informed of any e-mail address changes.

Admission policies are subject to change. Applications will be accepted under the terms in place at the time an application is received in the EMT-B Program Office. It is the responsibility of the applicant to keep up-to-date on any program changes that may affect his/her qualifications for acceptance.

APPLICATION REQUIREMENTS CHECKLIST

After you have checked off the items below you may mail or hand deliver your application packet to:

Tyler Gage c/o Clallam County EMS • 102 East 5th Street •Port Angeles WA 98362

We do not make photocopies so it is important for you to bring required photocopies with you.

- Completed Peninsula College EMT Application.
- Completed Affiliation and Certification form (requires agency supervisor signature)
- Included a photocopy of high school diploma, high school transcripts or GED certificate.
- Included photocopy of current driver's license (**must be copied at 200%**).

Required Textbook:

The textbook is provided by the college. The student is responsible for purchasing the access code to the book. The ISBN for the access code is:

Do not purchase the access code until instructed to do so. There will potentially be options for discounts from Jones and Bartlett. This information will be provided by the instructors or the bookstore at time of course acceptance

EMT 12E Premier Digital (access code only)

9781284227215



PENINSULA COLLEGE

Date Received (*Office use only*)

Emergency Medical Technician Program Application

Please type or print clearly:

Quarter Applying

Fall Spring

Last Name First Name Initial Previous Name

Student ID Number SSN (optional) Male Female

Home Phone # Work/Message Phone # Date of Birth Place of Birth

E-mail Address (**Required**)

Mailing Address City State Zip

Alternate Mailing Address (if above is temporary) City State Zip

Person to Contact in Case of Emergency Phone #

Name of High School Location Did you graduate? Yes No

If you didn't graduate from high school, give highest grade completed.

Did you receive a GED? Yes No

All College and Universities Attended

Name of Institution	Location	Credits	Graduation Date/Degree

I consider myself to be a member of the following ethnic group:

- | | | | |
|-------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Eskimo | <input type="checkbox"/> Aleut | <input type="checkbox"/> Multi-Ethnic | <input type="checkbox"/> Other: _____ |

Your answer above will permit the Continuing Education office to accurately complete the State and Federal census forms.

Most recent work experience (last 3-5 years)

Job Title/Type of Work	Employer	Dates Employed

I understand that failure to meet program requirements will delay and possibly void the application process. My signature confirms the accuracy and truthfulness of information contained in this application.

Name (please print)

Signature

Today's Date

AFFILIATION AND CERTIFICATION

In order to become a Washington State Certified EMT, students must be at least 18 years of age, have successfully complete an EMT course, have passed the NREMT computer-based exam and provide a document of affiliation with a pre-hospital care provider agency such as a fire department, police department, ambulance service, etc. The course instructor will explain these requirements during the class orientation on the first night. Applicants who are not affiliated may be excepted into the class based on space availability; however, affiliation must be obtained within one year after completion in order to be certified by the State of Washington. You have 12 months following completion of the class to apply for State certification.

You are also required to clear an in-depth Department of Health background check in order to receive a certificate from the State of Washington.

Please check the box that applies to your situation:

I am affiliated with _____.

Agency verification required. *Failure to obtain the signature of your agency supervisor will result in your application being processed as if you do not have an affiliation.*

Supervisor Signature _____

I am currently not affiliated and would appreciate help in identifying possible affiliation agencies.

Name (please print)

Signature

Today's Date