



Emergency Medical Services
1027 Florida Ave S. • Rockledge, Florida 32955
321-417-5151 • 321-633-8005
info@emetseeiinstitute.com

Application for Admission: EMT

The primary philosophy of the EMS program department, staff, and instructors is to offer the student the finest and most complete training in Emergency Medical Technician and Paramedic programs to enable the student to become not only certified but to be confident in their skills and knowledge upon completion of the program. The administration, faculty and staff are dedicated to producing a quality educational program. The Emergency Medical Technician program is the entrance level into the emergency medical services field, with the advanced level being the Paramedic.

Last Name: _____ First Name: _____

Middle Name: _____

Previous Name(s) under which transcripts may be received: _____

Mailing Address:

Street Number and Name: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Mobile Number: _____ Email Address: _____

Social Security Number: _____ DOB: _____

Drivers License Number: _____

Emergency Contact:

Last Name: _____ First Name: _____

Middle Name: _____

Relationship: _____

Mailing Address:

Street Number and Name: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Mobile Number: _____ Email Address: _____

	Name, Location	Dates Attended	Degree/Certificate Earned
Elementary School			
High School/GED			
College			
Vocational/Technical Program			

Educational Data

Work Experience

Employer Name	Address	Dates Employed	Position

Licensure

Type of License	State Held In	License/Certification Number	Expiration Date

Have you ever been arrested?

If Yes, please explain:

Consent to Personal & Criminal Background Search

I, _____, consent and allow EMETSEEI Institute Inc. / Coral Springs Investigations LLC to perform a criminal and personal background search on me prior to receiving any training through EMETSEEI Institute Inc. I understand that EMETSEEI Institute Inc. has the right to refuse training to me based on past occurrences found in the background search or for any other reason at EMETSEEI Institute Inc. discretion.

Signature

Date

Personal Information:

Name: _____

Addresses held for the last 5 years: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Place(s) of Employment (include dates for the last 5 years): _____

This form, along with picture ID copy, must be completed and emailed (or mailed) to EMETSEEI Institute Inc. **before** the application for admission can be processed.

● **PROGRAM OBJECTIVES** ●

The following objectives have been established for the EMS program department of EMETSEEI Institute for the EMT

1. To comprehend, apply and evaluate clinical information relevant to his/ her role as an EMT (evaluated by comprehensive course exam and state exam, and by employer's survey.)
2. Demonstrate technical proficiency in all skills necessary to fulfill the role of entry level EMT (evaluated by final practical exam, clinical and field internship evaluations).
3. Demonstrate personal behaviors consistent with professional and employer expectations for the EMT (evaluated by graduate and employer survey).
4. To assist the graduate EMT in the recognition of his/her need for continuing education.

● **ADMISSION POLICY** ●

All general school requirements, plus

1. High School Diploma/GED

● **PROGRAM HOURS** ●

Contact our admissions advisor for class schedules, dates, topics and exam dates. EMETSEEI prospective class hours for the EMT are as follows: EMETS must have a minimum number of 12 students in order to conduct a scheduled program, upon admission, you will be notified of your selection status.

EMT B class 1 is scheduled at the campus on Mondays from 9:00am until 4:00pm and Wednesday from 9:00 am until 4:00 pm.

When enrollment reaches the minimum attendance requirements the program is scheduled.

Clinical and field externship hour scheduling is the responsibility of the student. Schedules are according to availability of hours in the hospital setting and designated ambulance agencies

Contact the business office for further information regarding class schedules.

Clinical and field internship hours will be schedule by the student according to availability of hours in the hospital setting and designated ambulance agencies.

GRADUATION REQUIREMENTS

The student must complete the following to be considered for graduation. These requirements must be complete prior to taking the National Exam

1. Complete all required class, labs and clinical hours
2. Pass each module with a minimum of 70%.
3. Pass the midterm and final exam with a minimum of 70%
4. Maintain an overall average of 70%
5. Complete all required education.
6. Demonstrate competencies in required critical tasks, as outlined in skills lab. clinical area and field internships
7. Meet financial requirements of the school

EMT PROGRAM COURSE CURRICULUM

Emergency Medical Technician – 300 Clock Hours

Objective: It is the goal of this course to prepare you for the State of Florida exam by meeting the required education set forth by the National Highway and Traffic Administration.

Description: The Emergency Medical Technician (EMT) is your entry to the EMS field. The EMT is taught the basic skills required for patient care.

EMT-001 THEORY Required by NHTSA for training in Airway, Patient Assessment, Trauma Emergencies, Medical Emergencies, Pediatrics and Operations.

EMT-001A Preparatory and Airway and 4 Hour HIV/AIDS FS 401	18
EMT-001B Patient Assessment	20
EMT-001C Trauma Emergencies	20
EMT-001D Medical Emergencies	20
EMT-001E Pediatrics Operations Advanced Airway	
16	

EMT-002 LAB Required by NHTSA for Skill Training in Airway Management, Patient Assessment, Trauma Care, and Medical Care, Pediatric Care and Case Management.

EMT-002A Airway Management	9.4
EMT-002B Patient Assessment/Documentation/Decision Making	9.3
EMT-002C Trauma Assessment and Skills	16.0
EMT-002D Medical Assessment and Treatments	16.0
EMT-002E Pediatric/Geriatric skill certification Case Management	9.3

EMT-003 HOSPITAL CLINICAL Required by NHTSA 24
Hands on Patient care is conducted during these hours.

EMT-004 FIELD CLINICAL Required by NHTSA 122
Hands on Patient care is conducted during these hours.