

EMS PROGRAM APPLICATION PACKET



9/5/2020

Xtreme Education
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training@xtremeeducation.com

Thank you for your interest in the Emergency Medical Services program offered by Xtreme Education, LLC. We strive to consider all applicants in a fair and consistent manner. This packet describes the steps involved in making application.

** Although Xtreme Education offers a number of different card classes and specialty courses, as a state of Texas approved EMS education program, we are only currently licensed to teach Emergency Medical Response (EMR) and Emergency Medical Technician (EMT) courses. Any reference to any other level of EMS personnel is for your reference only.

Xtreme Education, LLC does not discriminate on the basis of race, color, religion/creed, age, gender, disabling conditions, handicaps, or national origin.

The program to which you are applying is both mentally and physically challenging. Because of the unique environment in which EMS personnel function, it is important to have a good understanding of the demands of the profession. A copy of the Functional Position Description is attached. Please review it carefully to assess your ability to perform the essential job functions of the profession. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the Program Director or the Clinical Manager as soon as possible. While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program's requirements, either with or without reasonable accommodations.

This packet also includes a list of the program's prerequisites and several required forms. Please complete all forms carefully and provide any necessary attachments. You should consult the checklist at the bottom of the form to ensure your application is complete. Please be aware that the time frame for immunizations is lengthy and you should plan accordingly. We do NOT accept incomplete applications. If you have any questions, please contact us. We will be happy to assist you.

INFORMATION FOR PROSPECTIVE STUDENTS

PREREQUISITES

Applicants must meet the following prerequisites to be considered for acceptance into the program:

EMR:

- High school graduation or a GED. (High school seniors may apply, but you must be 18 years old and hold a high school diploma or GED to become certified by the State of Texas) **This is not critical for the program but is required by the National Registry upon taking your exam.**
- Be currently certified in Basic Life Support (CPR) for Healthcare providers. Note that some clinical facilities require AHA rather than some equivalent course (ASHI, Red Cross, etc.) Xtreme Education DOES offer CPR for Healthcare Providers, so please let us know ahead of time if you need this course!!
- Completion of the written application for admission to the program, including all supplemental documentation.

EMT:

- High school graduation or a GED. (High school seniors may apply, but you must be 18 years old and hold a high school diploma or GED to become certified by the State of Texas) **This is not critical for the program but is required by the National Registry upon taking your exam.**
- Verification of immunization against tetanus, diphtheria, mumps, measles, rubella, influenza and varicella.
- Verification of Hepatitis B vaccinations:
- Negative results from a tuberculosis skin test or chest x-ray performed within the last 6 months.
- Be currently certified in Basic Life Support (CPR) for Healthcare providers. Note that some clinical facilities require AHA rather than some equivalent course (ASHI, Red Cross, etc.) Xtreme Education DOES offer CPR for Healthcare Providers, so please let us know ahead of time if you need this course!!
- Completion of the written application for admission to the program, including all supplemental documentation.

The Hepatitis B vaccine series must be started prior to the beginning of clinical rotations!

IMMUNIZATIONS

The following immunizations are required for EMT & AEMT Students

- Mumps, measles, rubella (2-doses of measles vaccine required)
- Tetanus, diphtheria (within 10-years)
- Hepatitis B (requires six months to complete)
- TB Skin test completed within the previous 6 months
- Influenza (in season)
- Varicella or proof of disease (chicken pox) (2-doses required unless the first dose was received prior to the age of 13)

Documentation of these immunizations must be on file at the time application submission
Although the Department does not require it, you should consider also being vaccinated against hepatitis A.

DISABILITY ACCOMMODATIONS

Xtreme Education, LLC will take the steps required for reasonable accommodation to ensure that no individual is excluded, denied service, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Support assistance may include note takers, interpreters for the deaf, tutoring, counseling and advising, special arrangements, tape recorders, etc. Persons requesting disability services should complete a request for services by contacting Xtreme Education, LLC. In many cases, recent documentation of disability may be required.

The National Registry of Emergency Medical Technicians administers a separate process for determining whether accommodations for disabilities will be granted during the certification exams. Eligibility is determined on a case-by-case basis. Therefore, a student who receives an accommodation during an EMT course has no guarantee of receiving an accommodation for the certification exam.

AMERICANS WITH DISABILITIES ACT – ALLOWABLE ACCOMMODATIONS

ACCOMMODATIONS POLICY OVERVIEW

It is the policy of Xtreme Education to administer its education courses in a manner that does not discriminate against an otherwise qualified applicant. Xtreme Education offers reasonable and appropriate accommodations for the classroom portions, written exams, and psychomotor components of the education programs for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

Xtreme Education urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. **At a minimum, all requests for accommodations must be received by Xtreme Education at the time of class start date.**

Xtreme Education will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for the education programs are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the education program's ability to carry out the essential portions of the course(s).
4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so
5. Xtreme Education realizes that each candidate's circumstances are unique and uses a case by case approach to review the documentation that is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Xtreme Education' staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

EMS EDUCATION AND THE ADA

Xtreme Education does not set policy for any other educational institutions regarding appropriate accommodations in the classroom. However, in the interests of public protection and appropriate counseling of prospective EMS students, coordination of National Registry, Texas DSHS, and educational accommodation policies is critical. As EMS educators, we seek guidance from the Disabilities support services connected with our educational institution. As an independent education program that is not sponsored by an institution with disability support, Xtreme Education regularly contacts their State EMS Office for advice. Furthermore, as educators, Xtreme Education abides by the following guidelines:

- No discussion or screening for disabilities, or other addressing of potential disabilities should be performed prior to a student's admission to a training program. No inquiry may be made of a prospective student about any disability. Aptitude or diagnostic testing may only be required prior to admission if it is required of all students
- The EMT job description, which is included in EMT curricula, should be provided for each student at the beginning of their training.
- At the beginning of a course (but never before the course begins), instructors should inquire if there are students who may request accommodations for disabilities. If students request accommodations, the instructor should refer or advise the individual to contact the state EMS office directly to assure a consistent approach to the application of appropriate accommodations in the classroom.

Educators should request documentation of the disability be sent to the school's disability coordinator. Accommodations provided in the classroom setting should be approved in consultation with the disability coordinator and a disability expert (generally an educational psychologist).

Students who have stated they have a disability and are seeking an accommodation during an education program should follow Xtreme Education' policies and procedures in order to have the accommodation met.

REQUESTING AN ACCOMMODATION

Xtreme Education's education programs have several components including a classroom portion, cognitive exams, and psychomotor examinations, where candidates must perform competently some psychomotor aspects of the job of an EMT and/or EMR.

Candidates requesting accommodations should print out and follow the "How to request an accommodation" step by step guide in the section below. Following these steps, including the timely submission of appropriate documentation, will facilitate Xtreme Education's review regarding appropriate accommodations.

Although each accommodation request is analyzed separately, some general principles guide Xtreme Education's decisions. Documentation must be current and provided by a qualified professional. Documents will be reviewed by Xtreme Education's consultants and approval of accommodations must be obtained by Xtreme Education.

Xtreme Education administers courses and examinations in English only and does not provide accommodations for English language learners or individuals with limited English proficiency as they are not considered disabled under the ADA.

The psychomotor examination evaluates necessary skills and simulations of skills required of an EMT and/or EMR. Use of assistive devices on the psychomotor examination to assist disabled persons to demonstrate psychomotor competency may be permitted provided these same assistive devices can be used safely and effectively on the job. Prior approval of use of any of these devices on an Xtreme Education's psychomotor examination must be obtained. Decisions cannot be made at the time of the examination. Documentation of a physical disability must be submitted in accordance with Xtreme Education's guidelines in a timely manner.

RESPONSE AND ROLE REGARDING DISABILITIES

Xtreme Education is committed to the provision of reasonable accommodations which do not compromise the ability of its certification tests to evaluate a candidate's ability to safely and effectively perform the critical tasks in the provision of EMS care. The program(s) provided by Xtreme Education attest to a standard of care in the interest of public protection. Accordingly, these standard guides the accommodations that can be made for candidates taking an Xtreme Education's course. Xtreme Education also recognizes that each disability is unique to the individual and all decisions regarding reasonable accommodation are evaluated on a case-by-case basis.

Xtreme Education is an approved education program through Texas Department of State Health Services but does not issue a state license or permit to work. While we do our best to cover as many aspects of pre-hospital care, not all aspects of an EMT's job are covered in the National Registry cognitive or psychomotor examinations. Accordingly, the state licensing agencies will continue to have the responsibility and authority to determine an applicant's ability to safely and effectively provide EMS services with respect to those physical and mental skills not tested on National Registry certification examinations.

ABOUT THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) is designed to eliminate unnecessary barriers to people with disabilities in the areas of employment, transportation, public accommodations, public services, and telecommunications. This comprehensive federal act has many sections that affect builders, state and local governments and employers. Title III of the ADA specifically assures that certification test sponsors and education programs must provide appropriate accommodations to otherwise qualified candidates so as to permit candidates to be tested on their true abilities.

HOW TO REQUEST AN ACCOMMODATION

If you are requesting an accommodation on any level in an Xtreme Education program course, you must complete the following steps:

1. Review and Complete the following documents:
 - Accommodations Questionnaire

- Accommodations Checklist
- Accommodations Disability Policy

2. Email the following documents to training@xtreeducation.com **at the time of the class start date:**

- Completed and signed Accommodations Questionnaire
- A letter from an appropriately credentialed professional, such as an educational psychologist with (1) the diagnosis of your disability, (2) specific disability symptoms, and (3) recommendations for accommodations
 - This information should be written on professional letterhead, dated, and signed
- Psychological evaluation, signed comprehensive assessment report, and accompanying standard scores
- Evidence of previously approved accommodations
- A personal statement written by you describing your disability and its impact on our daily life and educational functioning

*Please note: Some accommodations requests may require additional documentation

3. Xtreme Education will send you an email to confirm receipt of your documentation and follow up with an Accommodations Letter indicating whether your request has been granted.

4. Once all documents are reviewed, Xtreme Education will send you an Accommodations Letter if it has determined to approve your accommodation. If it is not approved, you will receive a letter of notification explaining the denial.

5. If you have any questions, contact Xtreme Education at training@xtreeducation.com

ACCOMMODATIONS POLICY

Introduction

The following information is provided for candidates for Xtreme Education program courses. Candidates requesting program accommodations should share this information with individuals responsible for rendering a diagnosis of the specific disability so that appropriate documentation can be assembled to support the request for accommodations.

The mission of Xtreme Education is to serve the community and First Responder organizations by providing life-saving educational programs to all those that wish to participate. The primary purpose of this educational program is to help protect the public by providing the public, employers, state-licensing agents, and governmental agencies with reliable methods for educating pre-hospital care providers who have met prescribed standards for certification.

The Xtreme Education process consists of different assessment and education components; in-person education, online education, cognitive examinations, and psychomotor skills examinations.

Cognitive Examinations

Written examinations are designed to test the knowledge and abilities of the entry level First Responders and Emergency Medical Technicians, as well as any other students we educate in other educational programs. We strive to educate students to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflects the content of the current National EMS Practice Analysis and include questions about the provision of EMS care.

Practical Examinations

Practical examinations are designed to test the skills and abilities of the entry level First Responders and Emergency Medical Technicians to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflects the content of the current National EMS Practice Analysis and include a scenario-type format which requires the candidate to demonstrate his/her skills and abilities in a simulated environment which reflects the out of hospital setting. The process is a formal verification of the candidate's "hands-on" skills and abilities, rather than a teaching, coaching, or remedial training session.

Policy Overview

It is the policy of the Xtreme Education to administer its courses and examinations in a manner that does not discriminate against an otherwise qualified applicant. Xtreme Education offers reasonable and appropriate accommodations for the written and practical components of the course programs for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

Xtreme Education urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. At a minimum, all requests for accommodations must be received by Xtreme Education at the time of the scheduled start date.

Xtreme Education will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the program's ability to assess the essential functions of pre-hospital care, which the test is designed to measure.

4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
5. Xtreme Education realizes that each candidate's circumstances are unique and a case by case approach to review the documentation is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Xtreme Education's staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

Accommodations Check List

How to Apply for Accommodations

Xtreme Education wants to ensure that all candidates receive a fair and unbiased opportunity to demonstrate their knowledge, skills, and abilities related to EMS. To ensure that each candidate receives a fair opportunity to attend educational courses, Xtreme Education offers reasonable and appropriate accommodations for persons with documented disabilities. Xtreme Education recognizes that each disability is unique to the individual and all decisions regarding reasonable accommodations are evaluated on a case-by-case basis. Xtreme Education complies with the Americans with Disabilities Act (ADA).

1. Review Xtreme Education's policy on accommodations.
(Send an email to training@xtremeeducation.com if you have questions.)
2. Complete the questionnaire. Print, complete, and sign the questionnaire.
3. Get your supporting documentation*. Ask your healthcare specialist for the appropriate documentation to support your request. These documents include:
 - a. A letter from an appropriately credentialed professional, such as a psychologist, with (1) the diagnosis of your disability, (2) specific disability symptoms, and (3) recommendations for accommodations
 - b. This information should be written on professional letterhead, dated, and signed
 - c. Psychological evaluation, signed comprehensive assessment report, and accompanying standard scores
 - d. Evidence of previously approved accommodations
 - e. A personal statement written by you describing your disability and its impact on your daily life and educational functioning

*Please note: some accommodations requests may require additional documentation

4. Email it all to the training@xtremeeducation.com
5. Wait patiently while we review the documents and process your request.
6. Watch for our email. We will send you an email with a letter indicating the results of your accommodations review.
 - a. The letter will provide detailed instructions on what to do next.
 - b. If more information is required, the letter will explain exactly what is still needed.
 - c. if the request is denied, the letter will explain why it was denied and what is required of you.

Questionnaire for Applicants Requesting Accommodations

(only to be completed by those requesting an accommodation; this is due at the time of class start date, not before) _

Date: _____

Name: _____

Address: _____

Email Address: _____

Date of Birth: _____ Phone: _____

What is the nature of your disability?

- Learning Disability _____
- Psychiatric Disability _____
- Physical Disability _____
- ADHD _____
- Other _____

To facilitate Xtreme Education’s processing of your request for an application, please provide:

- a. All requested documents in support of your request (see the Xtreme Education ADA Policy for specific information as to requested documentation)
- b. A personal statement describing your ability and its impact on your daily life and educational functioning.

What accommodations are you requesting?

List any prior classroom or test accommodations that you have received. Please include any accommodations you received while attending elementary or secondary school, and/or college:

Certification/Authorization

I certify that the above information is true and accurate. If the accommodation granted includes extended time for the standard testing time schedule, I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Signature: _____

Authorization for Release of Information

If clarification of further information regarding the documentation provided is needed, I authorize Xtreme Education to contact the professional(s) who diagnosed the disability and/or those who have provided me with previous accommodations. I authorize such professional(s) and entities to communicate with Xtreme Education in this regard to provide Xtreme Education with such clarification and/or further information.

Signature: _____

Next Steps:

Submit this questionnaire with supporting documents to training@xtreemeeeducation.com

Please allow us time to review the documents and process your request

We will send you an email with the status of your request and instructions on what you should do next.

UNIFORMS

EMT/AEMT STUDENTS

You will not be required to wear specific uniforms during the classroom portion, but you are required to wear them in the clinical portions of this program. Additional information is found later in the packet.

SUPPLIES

EMT STUDENTS

Students will be required to purchase a stethoscope for use during laboratory sessions and clinical rotations. Purchase of a blood pressure cuff is encouraged since manual BP cuffs often are not readily available at rotation sites.

BOOKS

(SUBJECT TO CHANGE)

To be successful in this program you will need to purchase and read the course textbook. **These will be purchased at www.mypersonstore.com WITH MyLab Brady Access by Xtreme Education for you, and this is how you will complete assignments during the course.** The Required textbooks are as follows:

EMR: Emergency Medical Responder: First on Scene,
11th Edition Chris Le Baudour, Assessment Training
Institute, Inc.

J. David Bergeron, Department of Health, Southern Maine Technical
College Dr. Keith Wesley, Medical Editor ©2019 Pearson

Prices:

Digital + Print

[Emergency Medical Responder: First on Scene plus MyLab Brady -- Access Card Package, 10th Edition](#)

\$155.92 | ISBN-13: 978-0-13-441943-5

EMT: Emergency Care, 13th Edition

Daniel J. Limmer, EMT-P, Southern Maine Technical
College Michael F. O'Keefe, Southern Maine Technical
College ©2016 Pearson

Prices:

Digital + Print

[Emergency Care PLUS MyBradyLab with Pearson eText -- Access Card Package, 13th Edition](#)

\$174.30 | ISBN-13: 978-0-13-419075-4

Advanced EMT: Advanced EMT: A Clinical Reasoning Approach, 2nd Edition

Melissa Alexander, Richard Belle Published by Pearson

Copyright © 2017

Digital + Print

[Advanced EMT: A Clinical Reasoning Approach PLUS MyLab BRADY with Pearson eText - Access Card Package, 2nd Edition](#)

\$208.99 | ISBN-13: 978-0-13-468242-6

class schedules

Class schedules will vary, based on the needs of the specific students and will be revealed upon individual course coordination.

The EMR course is a 96-hour course, typically given two nights a week, for six weeks, but can be modified to fit your specific needs.

The EMT course is 150 hours to include classroom time, 24 hours of hospital clinical rotations, and 48 hours of ambulance ride-outs required in addition to the classroom time. Clinical rotations will be scheduled for a time outside of class at a time agreed upon by the clinical sites. **For this, you will be required to utilize your FISDAP access.**

ONLINE COURSE ACCESS

Xtreme Education, LLC can offer some portions of the EMS courses online, in a “live” virtual instructor-led fashion, or as a remote “satellite” location. While students may be able to take the classroom portion(s) of the course online, the same attendance policies exist for the course, and all classroom assignments must still be completed. The student **MUST** still also attend the skills exam session, the final exam, and the clinicals in-person, at a time and place set by the course director. The “online” student is still expected to stay on pace with the course, or they will be dropped from the course, with no refunds up to that point.

transportation and travel costs

Xtreme Education, LLC assumes no responsibility for expenses incurred as a result of travel or transportation that must be arranged by students to satisfy course requirements.

COSTS

EMR:

- Tuition- \$275.00
- Textbooks- \$155.92

Total Paid to Xtreme Education: \$275.00

EMT:

- Tuition - \$750.00
(EMT Students are required to pay a \$250 deposit at the time of application. This deposit is non-refundable if Xtreme Education has already started getting your Drug Screen, Criminal Background check, and Liability Insurance coverage.)

Included in Tuition:

- Criminal Background Check – \$29.95 (costs vary)
- Drug Screening- \$36.00 (costs vary)
- Liability Insurance Fee - \$16.00
- One Uniform Polo Shirt - \$20.00 (Additional shirts may be purchased by the student at their own cost)

Not included in Tuition:

- Textbooks – \$174.30 (see above for specific pricing)
- FISDAP (Clinical Scheduling and Tracking Database)- \$30.00

▪ **Total Paid to Xtreme Education: \$750.00**

Payment Plans available, please contact Xtreme Education for specific terms on the payment plan

Additional Fees for Certification for EMR and EMT:

- Texas DSHS application Fee: \$64
- National Registry Exam Fee:
 - EMR- \$75
 - EMT- \$80
- Fingerprint Fee: approx. \$40

STUDENT UNIFORM INFORMATION

Students enrolled in EMT courses are required to wear a uniform for the clinical portion of the Program. These uniforms must meet the specifications outlined in the Student Handbook.

THE CLINICAL UNIFORM CONSISTS OF:

- a polo shirt with the program logo, provided by Xtreme Education
 - dark blue or black EMS pants meeting the specifications of the program (uniform-style pants with cargo-type pockets, hemmed without drawstrings)
 - a black belt appropriate for the EMS pants
 - an Xtreme Education, LLC program photo ID badge
 - black, low-heeled, closed-toe, clean shoes or boots
 - other tools or instruments as specified by the program (e.g. penlight, safety vest, eye protection, N95 Respirator, pen, notepad, stethoscope)
-
-

Restrictions are also placed on hair color, facial hair, nail polish, nail length, perfume, tattoos, piercings, and jewelry. These restrictions are based on professional and safety standards. The uniform must be clean and pressed. Clinical sites, preceptors or Xtreme Education, LLC staff may turn you away if they feel your dress or general appearance is inappropriate.

The specific Dress Code and Personal Hygiene policies are contained in the Student Handbook.

Students who need to purchase uniforms may do so from any source. However, the uniforms must meet the specifications that have been set forth.

UNIFORM VENDORS

Students who need to purchase uniforms may do so from any source. However, the uniforms must meet the specifications of the program. The following are sample places that supply uniforms that meet the requirements. It is not required that you purchase from these vendors, and Xtreme Education is in no way affiliated with any of these vendors.

Waco

W Promotions

906 Austin
Waco, TX 76701
(254) 754-3242
(800)-889-3242

Dream Fly Promotions
115 E Pine
West, TX 76691
254-826-7170

Online

Galls

www.galls.com

INFORMATION ON A CAREER IN EMERGENCY MEDICAL SERVICES

NATURE OF THE WORK

People's lives often depend on the quick reaction and competent care of emergency medical technicians (EMTs) and paramedics, EMTs with additional advanced training to perform more difficult pre-hospital medical procedures. Incidents as varied as automobile accidents, heart attacks, drownings, childbirths, and gunshot wounds all require immediate medical attention. EMTs and paramedics provide this vital attention as they care for and transport the sick or injured to a medical facility.

Depending on the nature of the emergency, EMTs and paramedics typically are dispatched to the scene by a 911 operator and often work closely with police and fire department personnel. Once they arrive, they determine the nature and extent of the patient's condition, while trying to ascertain whether the patient has preexisting medical problems. Following policies and protocols, they give appropriate emergency care and when necessary, transport the patient. EMTs and paramedics also treat patients with minor injuries on the scene of an accident or at their home without transporting them to a medical facility. Some paramedics work as part of helicopter flight crews that transport critically ill or injured. All treatments are carried out under the supervision of medical doctors. In addition, Community Paramedics provide long term care that address public health, primary care, disease management, social services, and wellness care.

EMTs and paramedics may use special equipment such as backboards to immobilize patients before placing them on stretchers and securing them in the ambulance for transport to a medical facility. Usually, one EMT or paramedic drives while the other monitors the patient's condition and gives additional care as needed. At the medical facility, EMTs and paramedics transfer patients to the emergency department staff, report their observations and actions, and may provide additional emergency treatment. After each run, EMTs and paramedics replace used supplies, check equipment, decontaminate the equipment and the interior of the ambulance, and write a patient care report.

Beyond these general duties, the specific responsibilities of EMTs and paramedics depend on their level of qualification and training. The Texas Department of State Health Services certifies or licenses emergency medical service (EMS) providers and the National Registry of Emergency Medical Technicians (NREMT) registers providers at four levels: First Responder, also called Emergency Care Attendant (ECAs), EMT, EMT-Intermediate (Advanced EMT), and Paramedic. The lowest level, First Responder (ECA), is trained to provide basic emergency medical care because they tend to be the first persons to arrive at the scene of an incident. Many firefighters, police officers, and other emergency workers have this level of training. The EMT represents the first component of the emergency medical service (EMS) system. An EMT is trained to care for ill or injured patients on scenes and during transport by ambulance to the hospital. The EMT has the skills to assess a patient's condition and manage

respiratory, cardiac, other medical and trauma emergencies. The EMT-Intermediate (Advanced EMT) has more advanced training that allows administration of intravenous fluids, use of advanced airway techniques and equipment to assist patients experiencing emergencies. Paramedics provide the most extensive pre-hospital care. In addition to the procedures already described, paramedics may administer drugs, interpret electrocardiograms (EKGs), use manual defibrillators to restart the heart, perform surgical airways, and use other complex equipment

WORKING CONDITIONS

EMS Providers work both indoors and outdoors, in all types of weather. They are required to do considerable kneeling, bending, and heavy lifting. These workers risk noise-induced hearing loss from sirens and noisy accident scenes and back injuries from lifting patients. In addition, EMTs and paramedics may be exposed to diseases such as Hepatitis and HIV, as well as violence from drug overdose victims or mentally unstable patients. The work may not only be physically strenuous, but also stressful, involving life-or-death situations and suffering patients. Nonetheless, many people find the work exciting and challenging and enjoy the opportunity to help others. EMTs and paramedics should be emotionally stable, have good dexterity, agility, and physical coordination, and be able to lift and carry heavy loads.

EMTs and paramedics employed by fire departments work about 48-72 hours a week. Those employed by hospitals frequently work between 48 and 60 hours a week and those in private ambulance services, between 45 and 50 hours. Some of these workers, especially those in police and fire departments, are on duty for extended periods. Many EMTs and paramedics work 24/48 hours shifts in which they work for 24 hours and are off the next 48 hours. Because emergency services function 24 hours a day, EMTs and paramedics have irregular working hours that add to job stress.

EMPLOYMENT

EMTs and paramedics held about 226,500 jobs in 2010. Most career EMTs and paramedics work in

metropolitan areas. There are many more volunteer EMTs and paramedics, especially in smaller cities, towns, and rural areas. They volunteer for fire departments, or emergency medical services (EMS).

EMTs and paramedics may respond to only a few calls for service per month or may answer 20 calls for service per shift.

Full and part-time paid EMTs and paramedics were employed in a number of settings. About 4 out of 10 worked in local and suburban transportation, as employees of private ambulance services. About 3 out of 10 worked in local government for fire departments, public ambulance services and Emergency Medical Services. Another 2 out of 10 were found in hospitals, where they worked full time within the medical facility or responded to calls in ambulances or helicopters to transport critically ill or injured patients. The remainder worked in various industries providing emergency services.

TRAINING, OTHER QUALIFICATIONS, AND ADVANCEMENT

Formal training and certification are needed to become an EMT or paramedic. In Texas, an applicant

must complete a Department of State Health Service approved course, pass a credentialing exam and a skills exam. All initial applicants will be required to take the National Registry of EMTs examination to obtain a Texas certification or licensure. To maintain certification, EMTs and paramedics must re-register, every 2 years for the National Registry, and/or every four years for the Texas Department of State Health Services. In order to re-register or re-certify, an individual must meet the continuing education requirements set by the issuing entity.

Training is offered at progressive levels: EMT, Advanced EMT (EMT-Intermediate), and Paramedic. The EMT represents the first level of skills required to work in the emergency medical system. Formal classroom experiences are enhanced with combined time in an emergency room and on an ambulance. Coursework typically emphasizes emergency skills such as managing respiratory, trauma, and cardiac emergencies and patient assessment. The program also provides instruction and practice in dealing with bleeding, fractures, airway obstruction, cardiac arrest, and emergency childbirth. Students learn to use and maintain common emergency equipment, such as backboards, suction devices, splints, oxygen

delivery systems, and stretchers. The course is a prerequisite for further training as an advanced EMT (EMT-Intermediate) and paramedic

Advanced EMT (EMT-Intermediate) training requirements vary from State to State. In Texas, Advanced EMTs receive additional training in assessment, trauma, physiology, airway management, and medical emergencies. Training commonly includes 250 hours of additional instruction beyond EMT coursework which includes required classroom work, and a specified amount of clinical experience. Prerequisites for taking the Advanced EMT examination include certification or registration as an EMT. Advanced EMT (EMT-Intermediate) is not a prerequisite for paramedic training.

The most advanced level of training for this occupation is paramedic. At this level, the caregiver receives additional training in physiology, pharmacology, patient assessment, cardiology, trauma, airway management and extensive training in other body systems. Paramedic coursework lasts eighteen to twenty-four months and can result in an associate degree in applied science. Such education prepares the graduate to take the NREMT and the State Credentialing Examination and become certified as a paramedic. Extensive classroom, clinical and field training is required. Due to the longer training requirement, almost all paramedics are in paid positions. Refresher courses and continuing education are available for EMTs and paramedics at all levels.

Advancement beyond the paramedic level usually means leaving fieldwork. A paramedic can become a supervisor, community paramedic, flight paramedic, operations manager, administrative director, or executive director of emergency services. Some EMTs and paramedics become instructors, or dispatchers, while others move into sales or marketing of emergency medical equipment. A number of people become EMTs and paramedics to assess their interest in healthcare and then decide to return to school and become registered nurses, nurse practitioners, physician assistants, physicians, or other health care workers.

JOB OUTLOOK

Employment of emergency medical technicians (EMTs) and paramedics is expected to grow by 33

percent from 2010 to 2020, much faster than the average for all occupations. Emergencies such as car crashes, natural disasters, and violence will continue to create demand for EMTs and paramedics. There will also continue to be demand for part-time, volunteer EMTs and paramedics in rural areas and smaller metropolitan areas.

Growth in the middle-aged and elderly population will lead to an increase in the number of age-related health emergencies, such as heart attacks or strokes. This, in turn, will lead to an increase in the demand for EMTs and paramedic services. An increase in specialized medical facilities will require more EMTs and paramedics to transfer patients with specific conditions to these facilities for treatment. In addition, many systems are modifying the traditional role of paramedics and adding more public health responsibilities. This will increase the number of positions available at each service.

In recent years, companies that build ambulances have started to update and redesign their interiors to keep EMTs, paramedics, and patients safer during transport. These companies

are hiring EMTs and paramedics as consultants to learn their ideas about such updates and designs.

Most opportunities for EMTs and paramedics are expected to arise in hospitals and private ambulance services. Competition will be greater for jobs in local government, including fire, police, and independent third service rescue squad departments, where salaries and benefits tend to be slightly

better. Opportunities will be best for those who have advanced certifications, such as Advanced EMT (EMT-Intermediate) and paramedic, as clients and patients demand higher levels of care before arriving at the hospital.

EARNINGS

Earnings of EMTs and paramedics depend on the employment setting and geographic location as well

as the individual's training and experience. According to a recent survey conducted by the Journal of Emergency Medical Services average annual starting salaries was \$37,909 for a Paramedic, \$29,542 for an EMT-Intermediate, and \$27,747 for an EMT¹. Several agencies in the Central and East Texas Areas offer starting salaries of at least \$50,000 annually.

Those in emergency medical services who are part of fire or police departments receive the same benefits as firefighters or police officers. For example, many are covered by pension plans that provide retirement at half pay after 20 or 25 years of service or if disabled in the line of duty.

RELATED OCCUPATIONS

Other workers in occupations that require quick and level-headed reactions to life-or-death situations

are Air Traffic Controllers, Firefighting Occupations, Physician Assistants, Police and Detectives, and Registered Nurses.

SOURCES OF ADDITIONAL INFORMATION

National Association of Emergency Medical Technicians

www.naemt.org

National Registry of Emergency Medical Technicians

www.nremt.org

National Highway Traffic Safety Administration, Office of Emergency Medical Services www.ems.gov

Texas DSHS EMS website

<https://dshs.texas.gov/emstraumasystems/>

Source: U.S. Department of Labor

¹http://www.jems.com/sites/default/files/Download_IEMS_2012_Salary_Survey.pdf

FUNCTION POSITION DESCRIPTION: EMT

The following general position description should guide you when considering what qualifications, competencies, and tasks are required of the EMT. The ultimate responsibility for defining specific job descriptions lies with each EMS entity. This means that even though a student meets the requirements of Xtreme Education, LLC's education program requirements, he or she is not guaranteed to meet those set by a specific employer.

QUALIFICATIONS

You must first successfully complete the course of study offered by Xtreme Education, LLC. The Texas Department of State Health Services must provide prior approval for all of our EMT courses. Once you have successfully completed the program, you are eligible for certification with the Texas Department of State Health Services. However, you will not be granted certification until you have passed the national certification exam.

You must be at least 18 years of age. You will need at least a high school education or its equivalent (a GED) to master the knowledge and skills required for successful completion. You must possess the ability to communicate verbally face-to-face, by telephone, by computer, and by radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret written and oral instructions; ability to use good judgment and remain calm in high stress situations; ability to work effectively in an environment with loud noises, flashing lights, and other distractions; ability to function effectively throughout and entire work shift (up to 24 hours without sleep); ability to read small print under life-threatening time constraints; ability to read and understand English language manuals and road maps; ability to read information on a computer screens, ability to discern street signs and address numbers; ability to interview patients, family members, and bystanders; ability to document, on paper and using a computer, relevant information with medical and legal ramifications in a prescribed format; ability to converse in English with coworkers and hospital staff as to patient status; good manual dexterity, with ability to perform all tasks related to highest quality patient care; ability to bend, stoop, and crawl on uneven terrain; ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; ability to work in low light, confined spaces, and other dangerous environments.

COMPETENCY AREAS

EMT: You must demonstrate competence in handling emergencies using basic life support equipment and skills in accordance with all cognitive, psychomotor, and behavioral objectives in EMT National Standard Curriculum. Required skills include cardiopulmonary resuscitation, bandaging and splinting, traction splinting, mechanical aids to breathing, vital signs, patient assessment, spinal immobilization, automated external defibrillation, small volume nebulization, metered dose inhalers, epinephrine

auto injectors, pneumatic anti-shock garment, and administration of some medications, including activated charcoal, albuterol, epinephrine, oral glucose and nitroglycerin.

DESCRIPTION OF TASKS

Receives call from dispatcher; responds to emergency calls; reads maps on paper and computer;

may drive ambulance to emergency site, using most expeditious route; observes traffic ordinances and regulations.

Determines nature and extent of illness or injury; takes pulse, blood pressure, and respirations; observes changes in skin color and other diagnostic signs; auscultates breath sounds; makes

determinations regarding patient status; establishes priority for emergency care; provides appropriate emergency care based on competency level; May use equipment based on competency level, including but not limited to epinephrine auto injectors, small volume nebulizers, metered dose inhalers, mechanical aids to breathing, long spine board, short spine boards, glucometers, pulse oximeters, splints, bandages and pneumatic anti-shock garment.

Assists in lifting, carrying, and transporting patients to ambulance. Reassures patients and bystanders; avoids undue haste and mishandling of patients; searches for medical information emblem to aid in care. Extricates patient from entrapment; assesses extent of injury; uses prescribed techniques and appliances; radios dispatcher for additional assistance or services; provides light rescue service if required; provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries to facility, and asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department, or according to written protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports observations about patient and patient care at scene and en route to facility both verbally and in writing, provides assistance to emergency staff as required.

Replaces supplies; sends appropriate used supplies for sterilization; checks all equipment for future readiness; maintains ambulance in operable condition; ensures cleanliness of ambulance and orderliness of equipment and supplies; decontaminates vehicle interior; determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure; maintains familiarity with all specialized equipment.

PHYSICAL GUIDELINES

strength

Perform physical activities requiring ability to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds.

manual dexterity

Perform motor skills such as standing, walking, writing; manipulative skills requiring eye-hand coordination and arm-hand steadiness, taking blood pressure, and using various types of large and small equipment.

coordination

Perform body coordination such as walking, running, climbing stairs, retrieving equipment and moving patients from the floor/bed/chair to a cot.

mobility

Physical ability to maneuver in small spaces (ambulance) and treatment areas, ability to walk, stand, kneel, stoop, and ability to be in prolonged uncomfortable positions.

visual ability

See objects far away, see objects close and to discriminate colors. Visual ability must be sufficient for driving an ambulance and for observation and assessment necessary in-patient care. Students will perform such skills as reading a patient's chart on paper and computer screen, detecting a patient's color, checking pupils, and reading medication labels.

hearing

Be able to hear normal sounds with background noise and distinguish sounds sufficient to monitor and assess health needs. Necessary activities include hearing monitor alarms, emergency signals, listening to breath sounds, talking with patients and hearing radio transmissions.

concentration

Concentrate on details with moderate amount of interruptions.

attention span

Attend to task/functions for periods up to 60 minutes in length and to attend to task/functions for periods exceeding 60 minutes in length.

conceptualization

Understand and relate to specific ideas, concepts, and theories generated and simultaneously discussed.

memory

Remember task/assignments over both short and long periods of time and recall theory and skills information in clinical and simulation situations throughout the program.

critical thinking

Apply the theory taught in lecture courses in simulations and clinicals. Ability must be sufficient for clinical judgment in patient care.

interpersonal

Interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; able to establish a rapport with patients, colleagues, faculty, and professional staff.

CRIMINAL BACKGROUND CHECK REQUIREMENT

Some of our Clinical Affiliation Agreements require that students complete and submit a criminal background check prior to being granted access to those facilities. There are two categories of crimes.

Students may never have convictions, including a conviction for an attempt, conspiracy, or solicitation at any time from any state or jurisdiction for an offence listed in section 250.006(a) or (c) of the Texas Health and Safety Code or in section 301.4535 of the Texas Occupation Code as may be amended or recodified. The list as of June 1, 2010 includes:

1. Murder
2. Capital murder
3. Manslaughter
4. Criminally negligent homicide
5. Unlawful restraint
6. Kidnapping
7. Aggravated kidnapping
8. Continuous sexual abuse of young child or children
9. Indecent exposure
10. Indecency with a child
11. Improper relationship between educator and student
12. Improper photography or visual recording
13. Sexual assault
14. Aggravated assault
15. Aggravated sexual assault
16. Intentional, knowing, or reckless injury to child, elderly individual, or disabled individual
17. Intentional, knowing, or reckless abandonment or endangerment of child
18. Deadly conduct
19. Terroristic threat
20. Aiding suicide
21. Prohibited sexual conduct (incest)
22. Agreement to abduct child from custody
23. Violation of certain orders in family violence case
24. Violation of protective order preventing hate crime
25. Sale or purchase of child
26. Arson
27. Robbery
28. Aggravated robbery
29. Burglary
30. Online solicitation of minor
31. Money laundering

32. Medicaid fraud
33. Cruelty to animals
34. Compelling prostitution
35. Causing sexual performance by a child
36. Possession or promotion of child pornography
37. Any other offense for which registration as a sex offender is required

Students may not have convictions in the **last five (5) full years** from any state or jurisdiction for an offence listed in section 250.006(b) of the Texas Health and Safety Code as may be amended or recodified. The list as of June 1, 2010 includes:

1. Assault punishable as a Class A misdemeanor or felony
2. Theft punishable as a felony
3. Misapplication of fiduciary property of financial institution punishable as a Class A misdemeanor or felony
4. Securing execution of a document by deception punishable as a Class A misdemeanor or felony (not tampering with government record)
5. False identification as peace officer
6. Disorderly conduct

The clinical sites reserve the right to amend these lists.

DO NOT COMPLETE THIS PROCESS UNTIL YOU ARE ADVISED BY XTREME EDUCATION!

DRUG SCREENING REQUIREMENT

Some of our Clinical Affiliation Agreements require that students complete and submit a drug screening prior to being granted access to those facilities. Students who test positive for the following substances without providing a prescription **will not** be allowed to complete clinical rotations:

1. Amphetamines;
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolites
5. Marijuana
6. Methadone
7. Methaqualone
8. Opiates
9. Oxycodones
10. Phencyclidine
11. Propoxyphene

This list may be amended by the clinical sites. In addition, students are subject to further drug screening for cause. Please refer to the Student Handbook.

DO NOT COMPLETE THIS PROCESS UNTIL YOU ARE ADVISED BY XTREME EDUCATION, LLC!

ADMISSIONS PROCESS

Carefully review the Functional Position Description. This document describes the physical and mental tasks the EMS profession requires. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact Xtreme Education, LLC as soon as possible.

1. Complete the Application Form
2. Obtain and attach the following documents to your Application Form. **We will NOT accept incomplete applications.**
 - a. Evidence of a High School Diploma or a GED. (High School Seniors should submit a letter stating that they are in their Senior Year of High School) This is not critical to the program, but the National Registry may require this before you are able to test.
 - b. Verification of immunization against **(EMT Students ONLY)**
 - i. Mumps, measles, rubella (2-doses of measles vaccine required)
 - ii. Tetanus, diphtheria (within 10-years)
 - iii. TB Skin test completed within the previous 6 months
 - iv. Varicella or proof of disease (chicken pox) (2-doses required unless the first dose was received prior to the age of 13)
 - v. Hepatitis B
 1. Must complete second shot by the stated dates in previous pages
 2. Must complete the entire series before the beginning of clinicals (three weeks after the first-class day).
 - vi. Hepatitis A is not required, but it is recommended.
 - vii. Negative results from a tuberculosis skin test or chest x-ray performed within the last 6 months.
 - c. Influenza (during flu season) **(EMT Students ONLY)**
 - d. Evidence of current CPR Certification for Healthcare providers (Can be provided by Xtreme Education)
 - e. Copy of your driver's license or state ID Card
3. Bring your completed application packet with your required \$250 deposit (if required) to Xtreme Education or mail the completed package. Once we verify that all information is present, you will be contacted by the Program Director. You may choose any option below to turn in your application:
 - a. PO Box 671, West, TX 76691
 - b. training@xtremeeducation.com
 - c. West EMS, 411 W Meadow, West, Texas 76691

NOTE: Please retain copies of all documents you provide as part of the admissions process. Employers frequently require similar documents as part of their application process. Xtreme Education, LLC does NOT routinely provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files.

EVALUATION OF APPLICANTS

The number of students in the program is limited by spaces available for clinical experience in affiliated hospitals and EMS provider organizations. Acceptance into the program is on a first come first serve basis.

PLEASE RETURN THE FOLLOWING
PAGES ALONG WITH THE REQUIRED
DOCUMENTS TO XTREME
EDUCATION, LLC.

Xtreme Education, LLC

PO Box 671

West, Texas 76691

888-84-XTREME

email: training@xtremeeducation.com

or

West EMS

411 W Meadow

West, Texas 76691



EMS Program Application



Last Name	First Name	Middle Initial	Preferred Name
Social Security Number		Date of Birth	
Mailing Address			
City	State	ZIP	
Home Telephone (with area code)		Work Telephone (with area code)	
Cell Phone Number (with area code)		Email Address	
Highest Level of Education Completed, including degree and institution if appropriate.			
Name of Emergency Notification		Telephone Number (with area code)	

The nature of EMS duties requires restrictions to be placed on credentialing of persons with criminal histories. Clinical Sites will require a criminal background check and a drug screen prior to beginning clinical rotations. If the student does not meet the standards set by the clinical site, the student will not be allowed to attend or complete the clinical at that site. Applicants with criminal histories who wish to take the NREMT examination or be certified by the Texas Department of State Health Services are reviewed by those agencies on a case by case basis. Therefore, Xtreme Education, LLC is not able to advise a student with a criminal history if he/she will be eligible for certification upon course completion. Restrictions from entering a clinical site may not be the same as those of the certification/ licensing agencies. Questions regarding certification of applicants with criminal histories should be directed to the Texas Department of State Health Services or the National Registry of EMT's.

PLEASE INITIAL EACH LINE AS YOU COMPLETE THE STEP

have you:

- _____ Reviewed the Functional Position Description?
- _____ Paid the required \$250, non-refundable, deposit, if applying for EMT Program?

have you attached the following documents to this application?

- _____ Evidence of High School Diploma, GED, or letter stating you are in your senior year of High School
- _____ Verification of immunization against tetanus, diphtheria, influenza, mumps, measles, rubella, varicella and hepatitis B. **(EMT Students ONLY)**
- _____ Negative results of a tuberculosis skin test or chest x-ray performed within the last 6 months **(EMT Students ONLY)**
- _____ Copy of driver's license or State ID Card
- _____ Copy of current Basic Life Support (BLS) Card (AHA Health Care Provider)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

CRIMINAL HISTORY

IMPORTANT DISCLOSURE AND AGREEMENT

Student Name:

Student Address:

Field of Study:

Student has requested admission to Xtreme Education, LLC's program to gain a certificate in the above field of study. A portion of the curriculum which the student must complete involves a clinical rotation or observation at a hospital or health care facility. If the student completes the field of study and obtains the degree or certificate sought, the student might have to be licensed or certified by the State of Texas or another jurisdiction before Student can be employed in his or her chosen field.

Before beginning or continuing the field of study with Xtreme Education, LLC., the student should be aware that a criminal record may have adverse consequences on their ability to reach their ultimate goal of certification/licensure and employment.

For instance, the student may not be able to complete clinical rotations or observations if the student has a criminal record. Likewise, such a record may prevent the student from being licensed, certified, or employed. A criminal background check may and probably will be required in connection with the student's clinical rotation/observation, licensure/certification, and employment.

Xtreme Education, LLC. and its faculty, officers, and employees cannot determine with certainty whether the student's criminal record, if any, will have any adverse effect on the student's ability to complete the field of study, obtain the degree sought, be licensed/certified, or be employed.

Student understands that the decision as to whether they 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. For a complete list of offenses, please refer to the section on Criminal Background Checks found earlier in this packet.

Student, by signing below, acknowledges receipt of this document and understands its contents. Student covenants never to sue or seek damages from Xtreme Education, LLC as a result of any adverse consequences described above which maybe suffered by the student as a result of the student's criminal record. Student acknowledges that Xtreme Education, LLC or a health care provider may have to obtain part of the student's criminal record or other required information at some time in the future to place the student in a clinical rotation or observation. Student must sign all forms necessary for Xtreme Education, LLC 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.

Signature of Student

Date



Background Check Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com (“BGC”) to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us, Xtreme Education, one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First	Middle (<input type="checkbox"/> none)	Last
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Other names used:

Current and former addresses:

current

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W.

<p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor</p>

	Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.

- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.



Disclosure Regarding Background Check

We, Xtreme Education, will obtain one or more consumer reports or investigative consumer reports (or both) about you for acceptance as a student. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about whether BGC's international privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides and BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name

HEPATITIS B IMMUNIZATION

INFORMATION

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

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.

In the health care setting, Hepatitis B patients are difficult to identify. In many cases, they do not show symptoms and it may not be known that they are infected with the Hepatitis B virus. 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. Hepatitis B represents the major occupational infectious disease hazard of health care workers.

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. THEREFORE, IT IS REQUIRED THAT YOU OBTAIN THE SERIES OF THREE (3) IMMUNIZATIONS FOR HEPATITIS B OR PROVIDE PROOF OF SEROLOGIC CONFIRMATION OF IMMUNITY TO HEPATITIS B VIRUS OR YOU MUST QUALIFY FOR ONE OF THE EXCLUSIONS LISTED IN RULE 97.62.

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

_____ I understand that participating in clinical rotations involves certain risks, and injuries can occur that result in extensive treatments, personal injury and even death. I understand that it is my responsibility to obtain the **Hepatitis B immunizations and to provide proof of such to Xtreme Education**.

_____ I have already been vaccinated against **Hepatitis B** and will provide proof of these to Xtreme Education, LLC.

_____ I will immediately start and obtain the entire series of **Hepatitis B immunizations** prior to clinical rotations or other activities involving patient care and will provide proof of these to Xtreme Education. Completion of the **Hepatitis B** series takes approximately four (4) to six (6) months to complete. **Please see schedule regarding admission requirements.** Watch your dates closely.

_____ I Choose NOT to obtain the **Hepatitis B** immunizations. I understand if I choose not to obtain the **Hepatitis B** immunizations and I do not qualify for any of the Exclusions in Rule 97.62, I will not be considered for admission into this program.

EXECUTED this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

HEPATITIS B IMMUNIZATION

RELEASE OF LIABILITY

In consideration of being allowed to enroll in clinical rotation courses, I hereby affirm that REGARDLESS OF MY HEPATITIS IMMUNIZATION STATUS, I DO HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE XTREME EDUCATION, LLC, 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 OR ANY CONTAGIOUS DISEASE WHATSOEVER, INCLUDING INJURIES OR DISEASES CAUSED 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. THIS RELEASE WILL BE APPLICABLE TO DAMAGES SUSTAINED BY ME CAUSED BY THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, EVEN IF THEY ARE DISCHARGED OR PROTECTED AGAINST THEIR OWN NEGLIGENCE.

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.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE OF LIABILITY BY READING IT AND THE XTREME EDUCATION, LLC HEPATITIS B INFORMATION DOCUMENT BEFORE SIGNING BELOW.

EXECUTED this ___ day of _____, 20__.

SIGNATURE _____

Printed Name: _____

HEALTH INSURANCE

DISCLOSURE AND AGREEMENT

The profession and activities that you will undertake as part of your educational experience will expose you to risks. The dangers include, but are not limited to, ambulance crashes, assaults, hazardous materials exposures, infectious diseases, lower back injuries, abrasions, cuts, and exposure to extreme temperatures.

Students are provided liability insurance through Xtreme Education, LLC for the purposes of the clinical rotations only. This is not health insurance and does not equate to medical benefits.

The facilities in which you will be learning do not provide worker compensation or other medical benefits to the student.

If the student becomes sick or injured as a result of participating in the EMT courses, the student will be responsible for any and all costs that are associated with the treatment. As such, students are highly encouraged to purchase personal health care coverage while participating in these courses.

I understand that Xtreme Education, LLC and affiliated clinical sites have no responsibility for providing health care services in the event of illness or injury. In addition, students may be requested to acknowledge and sign additional liability release forms from clinical sites.

Date: _____

Signature: _____

Printed Name: _____



EMS Program Student Agreement

Notice: Your application will not be valid until you have initialed each bullet point and submitted this form to the Course Coordinator.

If you have any questions regarding the course policies, do not hesitate to contact the Course Coordinator or refer to the Student Handbook. If you have any concerns about meeting these course criteria, please do not submit an application until you speak with the Course Coordinator.

_____ I have read and understood the course policies.

_____ I verify that I am above the age of 18 or will be by the Licensure Examination. I also verify that I have completed high school, as evidenced by a high school diploma or G.E.D. If the student is between ages 16 to 18 a parental consent form must be complete and signed by the parent / guardian. Contact the course coordinator for the form.

_____ I understand that the \$250.00 application fee is completely non-refundable should I get into the class. I understand that the entire course fee is completely non-refundable after the start of the first class. I understand that all additional fees are completely non-refundable should I get into the class, although I will be able to keep all materials.

_____ I understand that in addition to the course fee, I am responsible for the payment of National Registry of Emergency Medical Technicians testing fees.

_____ I understand that I must attend all class and practical sessions. I have checked my schedule and have no conflicting events on any class or practical session.

_____ I understand that this course is very intense, and I realize that I will receive no refund if I drop the course because of school or work-related conflicts.

_____ Any and all material submitted to Xtreme Education becomes property of Xtreme Education and can be used for publication at a later date.

Print Name

Signature

Date



STUDENT CONTRACT

I hereby certify that the statements on my application are true and complete, that I understand the responsibilities of the program and that no claim will be made by me or in my behalf, against the personnel in charge of this Program (i.e., the Course Coordinator(s)), his or her agents, employees or designees, Xtreme Education, or any other authorized clinical or observation site, the sponsoring group and/or the facility(s) used for training, for any loss, injury, damage, which may result there from. I hereby certify that I am aware of, and will abide by, all the requirements set forth by this Program in the Student Handbook, the class syllabus, and any ancillary documents which have been, or which may be, provided to me from time to time throughout the Program. I also certify that I have received a copy of this Contract, a class syllabus outlining the class schedule and reading assignments, and the EMS Training Program Student Handbook and agree to abide by all rules, regulations, policies and procedures as outlined by the Program.

I further understand and agree that as a student in the EMS Program, I must maintain the confidentiality of all matters related to the patients, the Program, and the Program instructors and staff. This includes, but is not limited to, refraining from looking up, disclosing, copying, publishing, altering, or modifying any educational, classroom, business or patient records, materials, computerized data or any other form of information unless authorized to do so. This Confidentiality provision is intended to, and shall survive, to the end of my participation in the Program, whether such end is by completion or termination from the Program, and in the case of termination, regardless of the reasons for such termination.

It has been explained to me that any violation regarding confidentiality will be considered a serious infraction and will result in disciplinary action, up to and including termination from the Program and possible legal consequences.

If Student is under 18, a parent must sign below as well.

Student Signature

Date

Parent/Guardian if applicable

Date



WAIVER OF RIGHTS

In consideration for the opportunity to pursue training and/or education, the undersigned hereby waives any and all rights that he/she might have to claim damages, compensation, or remuneration in any form from Xtreme Education, LLC and any and all students, faculty, staff, Clinical Mentors and preceptors, visitors, patients, and/or employees or any of the authorized clinical sites. These rights specifically pertain to any injuries to the undersigned occurring under the following circumstances: The undersigned is injured while he/she is a student or student observer in any training program or clinical observation location, or a while a passenger in any ambulance or other vehicle owned and operated by any of the contracted/authorized clinical sites or emergency services, while such student is present in any classroom, training area, clinical observation site, ambulance or other vehicle as an observer and/or as part of a training program.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal property, mental anguish, emotional distress, psychological injuries, and/or death resulting from any such injuries. All reference herein to the undersigned shall include not only the individual signing this document, but also his or her personal representative, heirs, survivors and assigns.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood and received a copy of this document; that he/she is 18 years of age or older (or if under 18 years of age, that a parent or legal guardian has read, understood and received a copy of this document); and that he/she is fully aware of the risks inherent in the type and nature of training and clinical observation to be engaged in, as well as the risks and dangers inherent in riding in an ambulance or other vehicle operated by an ambulance company. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

Dated this ____ day of _____, 20__.

(Signed)

(Printed Name)

If Student is under 18 years of age, signature of parent or legal guardian:

Signature

Date signed

Print Name



Photo Release Permission Slip

As a student/participant of Xtreme Education, I hereby consent to the use of photographs/videotape taken during the course or event for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Xtreme Education to photograph me for educational purposes and/or at events.

No, I do not authorize Xtreme Education to photograph me for any event.

Signature: _____ Date: _____

Name: _____