

PCHD EMS Academy

EMT Student Application

This is a student application applying for possible enrollment into the PCHD EMS Emergency Medical Technician (EMT) Academy. Please be thorough on your responses. A completed resume is required to be submitted and attached to this application for consideration.

The PCHD EMT program is a competitive enrollment process. Applicants are selected on merit and completion of this application does not guarantee enrollment into the EMT program.

You will be contacted by PCHD staff within fourteen (14) days after submission of this application. Please closely monitor your email for correspondence.

The PCHD EMS academy is a 20-week hybrid EMT course. The course will cover the EMT curriculum, and we use the Emergency Care and Transport of the Sick and Injured Twelfth Edition textbook. The cost of the book is included in your tuition and will be provided on the first day of class.

Class meets on Wednesdays, in-person, from 0900-1700 at the PCHD EMS Training Center located at 750 E. Anderson Street, Weatherford, Texas. Attendance is mandatory each class day for course completion. Students will spend several hours each week completing lectures, assignments and quizzes online at home.

EMT students will schedule and complete five (5) separate twelve-hour shifts doing clinical rotations in the Emergency Department and on the Ambulance.

Tuition for the PCHD EMT program is \$1500. Tuition is paid AFTER you are accepted into the program and all enrollment requirements are met.

Tuition covers your course instruction, course material and disposables, required textbook, uniform shirts, name badge, online classroom access to Microsoft and Canvas, and scheduling software access to EMCE to schedule your required clinical rotations. The EMT student is responsible for obtaining black EMS pants and solid black shoes for in-person class and clinical rotations prior to the start of class & stethoscope.

Refunds: After tuition is paid, the EMT student is entitled to a full refund before day one of class. Between weeks 1 and 3, the student is entitled to \$1,000 refund. After week 3, the student will not receive any form of tuition reimbursement or refund.

Immunizations and or titers required prior to registration/tuition payment:

Most of these shots have already been given by the time a student graduates from a Texas High School.

The Parker County Hospital District Outreach Department is capable to provide all of these services. PCHD Outreach can be reached at 817-458-3254 and is located at 1115 Pecan Dr., Weatherford, TX.

Required Immunizations:

- Hepatitis B (series of three shots, does not expire)
- Tetanus/Diphtheria (expires after 10 years)
- MMR (mumps, measles, rubella - does not expire)
- Varicella (chicken pox)
- Meningitis (required if you are under 22 years of age)
- TB Skin Test
- Flu Shot (must be current October-March)

This is not an application for employment for PCHD. Completion, enrollment or participation in the PCHD EMT program does not guarantee any form of employment with PCHD.

To provide equal opportunities to all individuals, student enrollment decisions at Parker County Hospital District will be based on merit, qualifications, and abilities. Parker County Hospital District does not discriminate in enrollment opportunities based on race, color, religion, gender, national origin, age, disability or any other classification in accordance.

**Indicates Required Question*

1. Today's Date *

2. First and Last Name *

3. Email *

4. Phone number *

5. Home Address *

6. Emergency Contact Information* (name, relationship, phone number, email)

7. Submit your cover letter or resume. This is required. Please be sure to include all education, professional and work experience. *

Files submitted: _____

8. Highest level of education obtained (Select all that apply) *

- Have not completed high school or GED
- High School Diploma GED
- Some College, no Degree
- Associate degree
- Bachelor's degree
- Master's degree

9. Have you ever been arrested for a criminal offense? *

Mark only one selection:

- Yes
- No

10. If you have been arrested for a criminal offense, what was the offense and when did this occur? *

11. Are you currently on academic suspension or academic probation with any school, college or university? *
Mark only one selection.

- Yes
- No

12. Have you ever been banned or barred from working in healthcare? *
Mark only one selection.

- Yes
- No

13. Please provide a professional reference we can contact if needed. This can be a current or past employer, a past coach or teacher or someone who knows you professionally or academically other than family. Please provide an email address, and phone number in which they can be contacted. Please provide your affiliation with this reference and how you know them and for how long you have known them. *

14. Are you currently employed? If so, please provide your employment details. Please include your employer's name, immediate supervisor's name, a contact number to the employer, your job title, and a brief description of your job duties. *

To the best of my knowledge, the information I have provided in this application is true and accurate.

Signature

Date