



Enrollment Application
Student Information Sheet

PROGRAM

Program Start Date: _____

Program Name: _____

STUDENT INFORMATION

NAME: _____ DOB: _____

First Name - Middle Initial - Last Name

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

EMPLOYER: _____

UNIFORM SHIRT SIZE: _____

EDUCATION INFORMATION

What is the highest level of formal education that you have completed?

Highest Completed Grade/Degree _____

Where have you attended EMS classes previously? _____

*A minimum of a High School Diploma or General Educational Development Certificate is required for enrollment in EMT and Advanced EMT programs.

MILITARY SERVICE

Are you currently, or have you ever previously been, under any service obligation with any branch of the US Military; including, but not limited to Active Duty, Active/Inactive Reserve, National Guard?

YES/NO _____

Service Details: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____



Enrollment Application Student Questionnaire

Please respond to the following questions. You may write as much or as little as you wish. Getting to know you allows our instructors to tailor your educational experience. If you need more space than what is provided, attach an additional sheet of paper.

This is your chance to tell the instructors about yourself so they may get to know who you as a current or future public safety professional. Introspect and self-awareness over one's own character, thoughts, and emotions is a key trait for attaining success in personal, academic and professional life.

1.) Why do you want to be an EMR/EMT/AEMT?

2.) What do you consider your greatest achievement? Why?

3.) What do you consider your greatest strength and weakness? Why?

4.) What potential emergency scenario do you fear most? Why?

5.) What is your prior healthcare experience? What other classes have you taken?



Training Acknowledgment Form

HIPAA Acknowledgement

By my signature below, I acknowledge I have received HIPAA training and I understand I am personally responsible for abiding by all HIPAA policies, procedures and principles. I understand the consequence of not abiding by these policies and procedures may include expulsion from the program. I further understand I may face fines and/or civil litigation for improperly disseminating protected health information

OSHA Acknowledgement

By my signature below, I acknowledge I have received OSHA training and I understand I am personally responsible for abiding by all OSHA policies, procedures and principles taught through my training process. I also understand the consequences of not abiding by these policies and procedures may result in contracting a serious illness.

Code of Conduct Acknowledgment

By my signature below, I confirm I have received, read and understand the SMR Code of Conduct. I will adhere to these requirements and any other compliance and regulatory policies. I understand I will be subject to dismissal from the program for violating this Code of Conduct or any other SMR policy.

Policy Locations Acknowledgment

By my signature below, I confirm that it has been explained to me where to find written policies and procedures related to HIPAA, OSHA, Compliance, and Human Resources policies and procedures.

Student Name

Student Signature

Program

Date Signed



Liability Release Form

I fully understand that my participation in this activity/class exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this activity/class and agree to assume any such risks. Gear and supplies shall be issued when necessary, and I will utilize this equipment as directed. If I choose to use any personal equipment, Sparks Medical Resources (referred to as "SMR") is not responsible for any loss or damages to the personal equipment. I hereby release, discharge and agree not to sue SMR, its officers, employees, agents and independent contractors or anyone of affiliation for any injury or death in connection with participation in the activity/class from whatever cause, including the active or passive negligence of other participants in the activity/class. SMR follows all Louisiana State Laws, Regulations and Guidelines. SMR will adhere to all regulations set forth by the Louisiana Bureau of EMS, American Heart Association, American Red Cross, NAEMT, NREMT, and any other universally recognized agency establishing standard-of-care guidelines. In consideration for being permitted to participate in the activity/class, I hereby agree, for myself, my heirs, administration, executors and assigns, that I shall indemnify and hold harmless SMR from any and all claims, demands, action or suits arising out of or in connection with my participation in the activity/class. This form will act as a medical release in the case of an emergency. If any injury occurs immediate medical aid will be provided and EMS will be activated if necessary.

Any complaints or concerns regarding the safe operation of a class shall be brought to the attention of the instructor immediately. The complaint or concern shall be submitted in writing as soon as possible. If the complaint or concern cannot be resolved at the instructor level, the program director or medical director shall intervene.

I understand that I am attending a training program. I further understand that my attendance and class completion does not confer any authority to perform any advanced procedures learned in the class. I will adhere to the policies of my sponsoring agency and defer to the agency's treatment protocols to establish the patient care I am authorized to provide.

I understand by participating in this activity I am giving consent for images of myself to be used for promotional purposes by SMR.

I HAVE FULLY READ THIS RELEASE AND HOLD HARMLESS GREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS FORM IS A FULL RELEASE OF ALL LIABILITY AND SIGNED BY MY OWN FREE WILL.

NAME (PRINT)

SIGNATURE

DATE