



# For Life Medical Education Services

*"Take our lessons to heart..."* 



NAEMT 

AUTHORIZED  
TRAINING  
CENTER



American  
Heart  
Association®

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SITE

## *March 2023 Nights / Shift-Friendly EMT Course Application and Course Schedule*

(912) 713-2250

[www.EMTTrainingInSavannah.com](http://www.EMTTrainingInSavannah.com)

[info@forlifemeded.com](mailto:info@forlifemeded.com)

**Mission Statement:**

It is the mission of For Life Medical Education Services, Incorporated and its founders and personnel to provide training and instruction in emergency response to all nature of First Responders, in both a courteous, honorable and professional manner.

**Vision Statement:**

Through ***Integrity***, our leaders and instructors foster the trust of those we education; Through ***Teamwork***, we build a network of tenured professional educators to train the next generation of reliable First Responders; Through ***Innovation***, we utilize and integrate the newest and most advanced tools and techniques available into our educational offerings; and Through ***Servant Leadership***, we teach our clients, students and team to go forth and serve the community, leading through serving others. Helping all we come into contact with to “take our lessons to heart...”

**Core Values:**

***Safety*** – Creating a safety culture through education and in practice;

***Respect*** – Honoring others in word and deed;

***Teamwork*** – Fostering an environment where unity and cooperative effort are the attitude;

***Responsibility and Accountability*** – It is okay to make mistakes; own up, but take action, make amends and move forward in an effort to become more professionally, personally and fiscally responsible... every endeavour, failed or successful, is an opportunity for growth;

***Professionalism*** – Modeling the actions of Christ in all we do, serving and preparing to serve, at all times. This is the most professional act of all;

***Empathy*** – Knowing that no matter the situation, we are never above it. Taking care of others and spreading love in both word and action;

***Diversity*** – Great minds think alike, greater minds think differently... but the greatest minds work with those who think differently to achieve common goals;

***Commitment*** – Buy-in to the vision of the organization, working to achieve a common goal and constantly, consistently evolving and growing as a team; through continued education, serving one another and love... and the greatest of these is love.

### Course Information

Course: **Emergency Medical Technician**

Location: For Life Medical Education Services, TBD (relocating offices on the Southside of Savannah)

Meeting Times: HYBRID learning platform, Didactic portion via online/ in class lecture; class to be held on Monday Friday from (1800 - 2230hrs)

Contact Hours: 240 hours

Lead Instructor/ Course Coordinator: Carl Gregory, I/C-A #0342

### Instructor Information

Carl Gregory, BS HCM, NR-P, FF, FSE  
State of Georgia Paramedic Instructor/  
Coordinator, , #I/C-A 0342  
(912) 547-3495 email:  
c.v.gregory@forlifemeded.com

### Director of Education and Operations

Quinn Beltramo, Adjunct Instructor  
State of Georgia Paramedic Instructor/  
Coordinator,  
email:q.beltramo@forlifemeded.com

Corbin Medeiros, MPA, NR-P, FF, FSE  
Adjunct Instructor  
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(912) 257-6808  
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Darrell Fixler, NR-P, RRT  
Adjunct Instructor  
State of Georgia Paramedic Instructor/  
Coordinator,  
flightdoc1300@gmail.com

Scott Nordstrom  
Adjunct Instructor  
State of Georgia EMT Instructor

Prerequisites to Admission -

An applicant must meet the following criteria prior to admission to an EMT course:

1. An applicant must be 18 years or older at the time of completion of the course to be eligible for the course cumulative Final Exam and National Registry exam;
2. An applicant must be free of any felony convictions or a waiver must be issued by the Georgia Department of Human Resources;
3. An applicant must sign the Rules and Responsibilities agreement enclosed therein;
4. Applicant must complete the Substance Abuse/ Felony Form;
5. An applicant must provide a copy of their current valid State Driver's License/ State ID;

Prior to Clinical Rotation –

1. Proof of health insurance or sign a waiver;
2. Applicant must provide a letter from a physician stating good health or a current physical examination (less than 6 months);
3. Applicant must provide a completed immunization record;
4. An applicant that becomes pregnant at any time during the course will not be able to complete this course but is eligible for the next course, due to the dangers, risks and regulations concerning expectant mothers completing clinicals and National Registry practical exams and other physical demands that may be asked of an EMT.

**EMT Course** –

This course will provide emergency medical training and will prepare the students to function as an EMT outside the classroom, whether in-facility (i.e., hospital, physician's office) or in the field (Fire/ EMS or combination thereof). This course is designed to prepare the student, who maintains a passing grade in each section, to meet the requirements, while acquiring the knowledge skills and attributes to successfully finish the National Registry of Emergency Medical Technicians and respective State requirements/ examinations, as applicable. This course is approximately 324 hours, consisting of cognitive, psychomotor and didactic training. It will require a significant investment by the student, but will ultimately be extremely rewarding.

**Start Date: March 13<sup>th</sup>, 2023**

**End Date: July 7<sup>th</sup>, 2023**

**Location: TBD**

**Class Dates: Online didactic and cognitive components every third day and psychomotor skills in class every Saturday and last 3 weeks of class.**

**Class Times: M - F (1800 - 2230) and Saturday (1000-1600), [every third Saturday] Cost: \$1950.00 (if installments are chosen; \$650 down/ 4 payments of \$350.**

*Cost includes:* All instructional materials, instructor fees, books, expendable teacher supplies, equipment rental, medical teaching aids, AHA BLS Provider CPR fee and card, class certificate, two (2) clinical polo or teeshirts, use of the school facilities and equipment at no additional cost.

*Cost does not include:* National Registry Written exam fees, travel expenses to exams, malpractice insurance, personal medical equipment, clinical uniforms, kits, tools, notebooks, writing paper, pens or pencils. Cost for inoculations or physical exams is also at the cost of the student.

**Tuition** –

A \$650.00 deposit is required 15 days prior to class beginning to secure course materials for each student. The remainder can be paid on the inception date of class or, upon signing of a

payment agreement, can be paid in three separate installments over the course of the class, with \$325 payments due on the 13th of each month, with payment due in full the day before the NREMT Skills exam. Be advised, in order to utilize this method of payment, a credit or debit card must be kept on file to be charged. \*\*\*Regardless of whether the class is completed, the balance will be due.\*\*\*

**Cancellation and Refund Policy**

Should student enrollment be canceled at any time, for any reason, all refunds will be issued as follows:

- Cancellation notification must be made in writing, by electronic mail, letter or by certified mail;
- All monies will be refunded if the school does not accept the applicant or if the student cancels within three days of making deposit or initial payment, but not less than four (4) days prior to class;
- Cancellation less than three (3) business days before class will result in a refund of all monies paid, minus the registration fee of \$325.00. This refund will be given upon return of any and all UNOPENED/UNUSED course materials (i.e., course manual/ access);
- Cancellation after attendance of the first day of class, will result in no refund being granted, and all funds being due for the entirety of the course. Only extenuating circumstances such as the death of a parent or biological child, or military Permanent Change of Station of the personnel, not a spouse.

When calculating the refund due to a student, written notification must be submitted with supporting documentation, where applicable. Refunds will be made within 30 calendar days of termination of the student’s enrollment or upon receipt of a Cancellation Notice and required documentation from the student.

I understand the above payment plan and the “refund policy” as outlined.

Print name \_\_\_\_\_

Sign name \_\_\_\_\_

Date \_\_\_\_\_



# Family Educational Rights and Privacy Act (FERPA) Information Release Form

In accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), a Federal law that protects the privacy of student educational records;

**AND**

In accordance with Georgia Rule 511-9-2-.16. (1)(b)(5): All EMS Initial Education Programs must maintain satisfactory records for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the Sponsor in a safe and accessible location. All EMS Initial Education Program records are subject to review by the Department at any time.

STUDENT FULL LEGAL NAME: \_\_\_\_\_

DOB \_\_\_\_\_ and Student Social Security Number \_\_\_\_\_ authorizes

(name of School) For Life Medical Education Services, Incorporated,

(address of school) P.O. Box 60334 Savannah, Georgia 31420 to

release **ALL** personal educational information to:

Georgia Office of EMS and Trauma  
1680 Phoenix Boulevard, Suite 200  
Atlanta, GA 30349  
Phone: (770) 996-3133  
Fax: (770) 996-7656  
dph-phemsinfo@dph.ga.gov

I understand the release of records includes transcripts, grades, attendance, conduct, discipline, and any other records related to education. The release of records is valid the date the release is signed and has no expiration date.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Date: \_\_\_\_\_

**This form should be printed, filled out completely and legibly by the student and uploaded to the approved course in the License Management System. Signatures must be "wet" and not generated electronically.**

**March 2023 EMT Course Application**

First name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Work Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

T-Shirt Size - S / M / L / XL / XXL / 2XL / 3XL Polo Shirt Size - S / M / L / XL / XXL / 2XL / 3XL

Emergency contact information –

Contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Referral source/ Who referred you? \_\_\_\_\_

Have you ever been convicted of any crime, not including traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_; If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant employment history

Current employer: \_\_\_\_\_

Job duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ / current

Applicant Education and Training: List training and attach copies of certificates

GED \_\_\_\_\_ Yes/ \_\_\_\_\_ No Diploma \_\_\_\_\_ Yes / \_\_\_\_\_ No

Advanced education (college, technical, vocational

\_\_\_\_\_  
\_\_\_\_\_



EMS courses or training

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**References –**

1.

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

2.

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or if attendance commences immediate termination.

I authorize For Life Medical Education Services to contact employers and educational organizations regarding my employment and education. I authorize my employers and educational organizations to fully and freely communicate information regarding my employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my employment and educational history.

I have carefully read and agree to the above listed statements and I understand and agree to its terms.

Applicant Signature

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

**Student Information Sheet**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

\*\*\*\*\*

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

List hospital preference \_\_\_\_\_

Major medical problems

\_\_\_\_\_

\_\_\_\_\_

Current medications (over-the-counter and prescription)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Substance/ Drug Abuse Statement**

I, \_\_\_\_\_, do swear that I am not currently taking any illegal drugs or substances. I understand that I must not take any illegal drugs during the course of my class or clinicals, nor should I consume alcohol prior within 8 hours of any class time or clinical experience/ rotation. I will also be subject to a pre-course drug screening and random drug screenings/ mandatory post-injury screenings as well. I understand if I choose not to follow these guidelines, or refuse any test, it will constitute grounds for immediate dismissal from the course.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Instructor Signature

**Felony Statement**

By signing below, I am stating that I have never committed, nor have been charged with, nor investigated for, nor prosecuted for any felony offense in the State of Georgia or any other state. I fully understand that my failure to disclose this information regarding a felony record or investigation may result in my dismissal from the course or denial by the State of Georgia Office of EMS and Trauma to issue my EMT license and EMT certification. I fully understand that to attend the EMT course with a felony offense or on-going investigation, that I am required to obtain permission from the State Office of EMS and Trauma. Any criminal offense should be immediately brought to the attention of the Director of Education and Development, so as to forward such information to the Georgia State Office of EMS and Trauma for consideration of possible permission to attend the EMT class.

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Student Printed Name

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Student Signature

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Date

**Healthcare Information**

Each student must provide proof of health/ accident insurance coverage at the beginning of the course or sign a notarized waiver of health insurance coverage. For Life Medical Education Services, Georgia Office of EMS and Trauma Region IX and Department of Health and Human Services are not responsible for any injury, illness or healthcare costs that may be incurred or associated with practice, skills, clinical experiences or any other training through For Life Medical Education Services.

Insurance Information

Name \_\_\_\_\_  
Insurance Provider \_\_\_\_\_  
Policy# \_\_\_\_\_  
Self Pay or responsible party \_\_\_\_\_  
Contact Information \_\_\_\_\_  
Emergency Contact \_\_\_\_\_

In preparation for working in the EMS field, FLMES provides me the opportunity to acquire training and experiences. I, the undersigned, agree to indemnify, protect and hold harmless For Life Medical Education Services and its officers, directors, employee, agents and assignees from any and all liability judgements, claims, costs, damages or injury arising out of or in connection with any and all acts of negligent conduct on the part of the undersigned, however caused, during any instructional, clinical experience or training activities.

I agree that I will defend, at my own expense, any and all actions, lawsuits or proceedings which may be brought against for Life Medical Education Services in connection with the above and shall satisfy, pay and discharge any and all judgments that may be entered against FLMES, the Hospital or EMS agency in any such actions or proceedings.

By signing below, I agree to the statements listed above:

\_\_\_\_\_  
Name Date Witness Signature Date

**Dress Code**

FLMES has implemented a dress code/ uniform policy in accordance with EMS professional standards and appearance expectations. While in uniform, you are representing FLMES as well as your own professional image to potential future employers and to the public. This MUST be worn to class daily, no exceptions.

All students must adhere to the FLMES dress code effective February 25, 2018:

Classroom attire:

- Designated Plain Blue or Black Tee or FLMES Polo Shirt
- Long EMS-style Pants (BDU's ex: 5.11, TruSpec, etc)
- Composite/ Steel-Toed boots, NO TENNIS SHOES or SANDALS at any time!
  - Uniform rules are in effect from the first day of the course.

Clinical Attire:

- Designated collared shirt (to be purchased by student)
- Blue or black EMS style pants, black belt and black composite/ steel-toed boots
- Polo shirt/ tee shirt must be tucked in at all times

By signing below, I agree to the statements listed above:

\_\_\_\_\_

Name	Date	Witness Signature	Date
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