



For Life Medical Education Services

“Take our lessons to heart...” 

Fall/ Winter 2020 Advanced-EMT Class Application

******Must be returned by e-mail, mail or in person NLT
1700hrs on August 17th for enrollment in the class.***

(912) 713-2250
www.forlifemeded.com
forlifemededservices@gmail.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: **Advanced Emergency Medical Technician**

Location: For Life Medical Education Services, 10710 White Bluff Road, Savannah, GA 31419

Meeting Times: Hybrid learning platform, Didactic portion via online/ in class lecture; class to be held on a shift friendly (C-shift) schedule from (0900 – 1700hrs); periodic Saturday classes from 1000 – 1600hrs throughout the course.

Contact Hours: 240 hours

Lead Instructor/ Course Coordinator: Carl Gregory

Instructor Information

Lead Instructor: Carl Gregory, BS HCM, FF, NRP

E-mail Address: forlifemededservices@gmail.com

Office Hours: By Appointment

Response Time (phone/e-mail): 24 Hrs.

Contact #: (912) 713-2250

Co-Instructors: Corbin Medeiros, MPA, CEM

E-mail address: cwmedeiros74@gmail.com

Office Hours: By Appointment

Response Time (phone/ email): 24 Hrs.

Contact #: (912) 247-7850

Co-Instructor: Joseph Tse

E-mail address: jtse@gardencity-ga.gov

Office hours: by appointment

Response time: (phone/ email): 24 hours

Prerequisites to Admission -

An applicant must meet the following criteria prior to admission to an AEMT 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. Applicant must have a current NREMT or State certification as an EMT/ EMT-I
3. An applicant must be free of any felony convictions or a waiver must be issued by the Georgia Department of Human Resources;
4. An applicant must sign the Rules and Responsibilities agreement enclosed therein;
5. Applicant must complete the Substance Abuse/ Felony Form;
6. An applicant must provide a copy of their current valid State Driver's License/ State ID;
7. Have successfully completed a State-certified, NREMT-accepted EMT Course and pass the NREMT EMT cognitive exam PRIOR to beginning the second section of this course.

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 AEMT.

AEMT 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 240 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: August 24th, 2019

End Date: December 12th, 2020

Location: 10710 White Bluff Road, Suite# 3, Savannah, GA 31419

Class Dates: Online didactic component due weekly; cognitive exams due at the end of each week on Sunday and Psychomotor skills in class each day.

Class Times: Monday – Saturday (online) (two days a week/ shift friendly) 0900 – 1700hrs

Cost: \$1300.00

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, clinical experience Polo shirt/ teeshirt use of the school facilities and equipment at no additional cost.

Cost does not include: National Registry Written or Practical 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 \$450.00 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 a three month period, with payments due by the 15th of each month.

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 after signing the enrollment agreement and making deposit or initial payment;
- Cancellation after the third (3rd) business day, but before class will result in a refund of all monies paid, minus the registration fee of \$125.00. This refund will be given upon return of any and all course materials, however if the textbook is opened, the entire deposit will be forfeited.
- Cancellation after attendance of the first class, but prior to 50% completion will result in a refund for the number and amount of any prepaid months, not including the current month.

When calculating the refund due to a student, the first month of actual non-attendance during the month by the student (after receiving written notice) is used to determine the prepaid month or months due for a refund.

Refunds will be made within 30 calendar days of termination of the student’s enrollment or upon receipt of a Cancellation Notice from the student.

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

Print name _____

Sign name _____

Date _____

Fall/ Winter 2020 AEMT 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

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 to any class time or prior to any clinical experience/rotation. I understand if I choose not to follow this guideline I may be dropped 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 AEMT license and AEMT certification. I fully understand that to attend the AEMT 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 felony offense should be immediately brought to the attention of the Director of Education and Development, so as to forward to such information to the Georgia State Office of EMS and Trauma for consideration of possible permission to attend the AEMT class.

Student Printed Name

Student Signature

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
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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.

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

Classroom attire:

- Designated Plain Blue or Black Tee or Polo Shirt
- Long EMS-style Pants
- Composite/ Steel-Toed boots

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