



For Life Medical Education Facilitators

“Take our lessons to heart...” 

Fall/ Winter 2020 EMT Class Application

******Must be returned by e-mail, mail or in person NLT 1700hrs on
August 7th 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: **Emergency Medical Technician**

Location: For Life Medical Education Services, 10710 White Bluff Road, Savannah, GA 31406

Meeting Times: HYBRID learning platform, Didactic portion via online/ in class lecture; class to be held on a shift Friendly (C-shift) schedule from (1800 – 2200hrs); periodic Saturday classes from 1000 – 1600hrs throughout the course.

Contact Hours: 324 hours

Lead Instructor/ Course Coordinator: Carl Gregory

Instructor Information

Corbin Medeiros, MPA, NR-P, FF, FSE
State of Georgia Level III Instructor, #480
(912) 257-6808
email: c.medeiros@forlifemeded.com

Joseph Tse, NR-P, FSE, FI-1
State of Georgia Level III Instructor, #723
(912) 210-0641
email: j.tse@forlifemeded.com

Sandra Atkins,
State of Georgia Level II Instructor, #1553

email: s.atkins@forlifemeded.com

Robert Buckley
State of Georgia Level I Instructor, #391
(912) 388-9190
email: robertjbuck2006@gmail.com

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: August 14th, 2020

End Date: December 19th, 2020

Location: 10710 White Bluff Road, Suite# 3&4, Savannah, GA 31419

Class Dates: Online didactic and cognitive components due every 3 days and Psychomotor skills in class daily.

Class Times: M-F (1800 – 2200), S (1000 - 1600); no Sunday Classes

Cost: \$1695.00

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 polo shirt, 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 \$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 a four month period, with payments due on the 15th of each month thereafter for \$348.33 each.

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, but before the first day of class;
- Cancellation after the third (3rd) business day, but before class will result in a refund of all monies paid, minus the registration fee of \$275.00. This refund will be given upon return of any and all UNOPENED/UNUSED course materials;
- 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 _____

Fall/ Winter 2020 EMT Night-Shift 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 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 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 EMT class.

Student Printed Name

Student Signature

Date

