



Owen County EMS TEI 276
2024 EMT CLASS APPLICATION
L.E.O. Application
September 2024-February 2025

Dear Prospective EMT Student,

Thank you for your interest in the Emergency Medical Technician (EMT) course hosted by Owen County EMS. Our program is accredited by the Kentucky Board of Emergency Medical Services (KBEMS) to provide Emergency Medical Technician courses. We also provide continuing education training for all license levels.

Our EMT class will begin September 23rd, 2024, and will be meet Monday, Wednesday and Friday from 5 p.m. to 9 p.m. That will consist of Week One. You must attend one of those nights, not all, for the week period. The idea is to teach the same class multiple times in a week period, to meet each student/law enforcement officers schedule. We understand that Law Enforcement has a hectic schedule, we would like to accommodate as much as possible to give you a successful experience.

We are eager to design a plan for your success in our course that will provide medical knowledge while on duty patrolling, as well as open job opportunities in the healthcare field. Most of the time, Law Enforcement Officers are the first on scene to many medical and traumatic emergencies, our course will provide you the knowledge needed to successfully manage a patient in high stress situations, leading to better outcomes for many!

To successfully complete our program, students will need to participate in both classroom and lab sessions, where knowledge will be put into practice with hands on skills. Additionally, students must participate in twenty-four (24) hours of ambulance ride time to acquire a minimum of ten (10) patient contacts. Upon successful completion of our program, students will be eligible to attempt the computer-based National Registry exam. A passing score on the National Registry exam will qualify individuals to apply to the Kentucky Board of EMS (KBEMS) for licensure as an EMT.

To Register for the Owen County EMT training program, a completed application packet (attached) must be submitted. Books will be your responsibility to purchase, a link will be provided for the electronic version of the book, which will come with access for labs and homework. All applications MUST BE submitted Owen County EMS TEI Administrator Nicki Thomas, no later than August 31st, 2024.

This packet outlines the steps involved to ensure a complete application packet for the Owen County EMT Program. Some costs are the responsibility of the student.

1. Complete: Criminal Background Check Consent Form

2. Complete: EMT Course Application

3. Provide: Proof of High School graduation or Completion of GED

4. Provide: Copy of Driver License

5. Provide: Proof of VALID Health Insurance

6. Provide: Immunization Record with current TB test results

Students will also need to purchase:

1. Course Books (electronic version)
2. Skill tracking and testing platform access
3. Two (2) OCEMS Student EMT Shirts
4. Course ID Badge (provided for you at no cost)
5. Navy EMS work pants (later in class, prior to EMS Ride time)
6. Black duty boots (you may already own some) for ride time

STUDENT DEMOGRAPHICS

Instructions: Please print legibly in black ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification. Incorrect or incomplete statements may prohibit your acceptance. Completed applications imply the candidate's expressions of interest in attending the program and their willingness to accept the associated responsibilities to the program.

First Name: _____ Middle: _____ Last: _____

Preferred name: _____ Maiden name(if applicable): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: (____) _____ - _____

Driver License #: _____ State: _____ EXP. Date: _____

Date of Birth: ____/____/____ Shirt Size: _____

Are you a United States Citizen: yes no (CIRCLE ONE)

If not U.S. Citizen- type of VISA: _____ Country of Origin: _____

Are you a permanent Resident Alien of the U.S.: _____

Resident Alien Number: _____

Do you live in Kentucky? _____

Have you lived in Kentucky continuously for the past 5 years? _____

List all years and other states resided in for last 5 years. _____

Educational Background

High School Name: _____

City: _____ State: _____

High School Graduation Date *OR* GED: _____ / _____ / _____

Schools attended other than High School: _____

Location: _____ Course of Study: _____

Please describe additional course work or training (including Military), which may assist you in EMS Service: _____

Employment Background

Employment Status (Full-time, Part-time, Unemployed, Full-time Student):

Current Employer: _____

Supervisor Name: _____ Work Phone: (____) ____ - _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Other Employment Experience: _____

Community/Volunteer Experience: _____

Criminal Background

Have you ever been convicted of a felony, pled guilty to a felony, entered an Alford Plea to a felony, or participated in a diversion program for a felony?
(YES/NO) _____

By Submitting this application, I am giving Owen County EMS permission to submit my information to the Commonwealth of Kentucky to perform a background Check for the purpose of program acceptance and certification eligibility. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I further understand that this background check does not substitute the required background check that the Kentucky Board of EMS (KBEMS) requires. I attest that I will obtain the KBEMS required background check through Castle Branch.

Student Signature

Date

Records Release

I _____ authorize Owen County EMS TEI Instructors to release my records to my employer as a condition of pay for my enrollment in this program. Owen County EMS TEI may release these records at any time as requested by the sending agency training officer. The records released will include my current overall grade in the program as well as perceived strengths and areas for improvement as observed by the Owen County EMS TEI instructor staff. Quarterly progress reports will not be shared, nor will any disciplinary actions or performance improvement plans.

Student Signature

Date

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____ Phone Number: (____) ____ - _____

Address: _____ City: _____

State: _____ Zip: _____

Medical Conditions or Allergies likely to cause an emergency: _____

I hereby authorize Owen County EMS to contact the above-named person in the event of an emergency and release information necessary for my well-being.

I furthermore attest that I am free from addiction to alcohol or any other controlled substance. I understand that if suspected of substance abuse, that I will be subject to drug and/or alcohol test(s) at my expense.

To best of my knowledge, I do not know of any physical and/or mental conditions that would impair and/or interfere with my ability to perform the required duties of an EMT. If I am suspected of having a condition that impairs my ability to perform the required duties, I understand that I may be required to submit written approval from a licensed physician.

Student Signature

Date

