



**GEORGIA / NATIONAL REGISTRY  
EMT PROGRAM  
RESCUE TRAINING INC**

**EMERGENCY MEDICAL TECHNICIAN  
Accelerated Program**

**November 28, 2016  
COURSE APPLICATION  
Savannah, Georgia**

**STUDENT NAME** \_\_\_\_\_

*Return completed application to:*

**RESCUE TRAINING INC  
9 Mall Terrace  
SAVANNAH, GA 31406**

## ***November 2016 – EMT COURSE APPLICATION***

November 2016

Thank you for your interest in the “November 2016 Accelerated” **Emergency Medical Technician** course. Students will take the National Registry EMT exam upon successful completion. It is our desire that this course meet all your expectations. Hopefully the knowledge and experience you gain from this course will enable you to save the lives of the many people that will call upon you to provide pre-hospital emergency medical care.

This course has been limited to 24 students. Students will be accepted on a first come basis. Confirmation of enrollment is granted **after** receipt of payment.

This course is being taught by an experienced Paramedic and Georgia licensed EMS Instructor.

Please complete the enclosed application and return it to RTI no later than November 25, 2016 Register early. ***Money is due no later than the first day of class.*** Course starts on November 28, 2016. (The course may be postponed if enrollment is low)

Most of your questions about the course should be answered in the application package. If for some reason you need to talk to someone about information not addressed or may not be clear in this packet, please call Misty or Carol at 692-8911.

We are excited to offer this course to you at our facilities on Mall Terrace. The amenities that this course will offer you a truly learning experience.

Again, thank you for your interest. We look forward to a very constructive, resourceful, and beneficial EMT course. If I may ever be of assistance to you, please call or email [dave@rescue1.com](mailto:dave@rescue1.com).

Sincerely,

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David E. Hall, Jr., CEO  
Rescue Training Inc

attachments

## **PROGRAM INFORMATION**

### **EMT COURSE**

### **FACULTY**

The faculty of Rescue Training, Inc. is composed of qualified, experienced and respected educators who serve as instructors, advisors, consultants and preceptors for the students enrolled in programs at Rescue Training. The faculty members are drawn from appropriate emergency disciplines and function as a catalyst to instruct, assist and guide students in their learning programs. In addition to faculty responsibilities at Rescue Training, many faculty members also serve on the faculty or administrative staffs of other local colleges, hospitals, technical schools, or Emergency Medical Services.

#### **Medical Director:**

**Richard O. Shields, Jr., M.D.**

In 1984, Dr. Shields moved to Savannah to join Emergency Medical Group at **Memorial Medical Center**. While at MMC he served as Medical Director of the Emergency Department and Chairman of the Department of Emergency Medicine, and served on many hospital committees including Medical Executive, Occurrence Screening, Utilization Review, Critical Care, and Trauma. At the end of 1997, Dr. Shields left MMC to help establish **SouthCoast UrgentCare**. In early 1999 he was recruited to join the expanding group of physicians at **GEA**. He currently staffs four of the GEA hospital ED's and currently serves as Medical Director of the Candler ED. He also is the web master for GEA Online. Dr. Shields was Board Certified by the **American Board of Emergency Medicine (ABEM)** in 1984, and re-certified in 1994. He also serves as an Oral Board Examiner for **ABEM**. He is a member and Fellow of the **American College of Emergency Physicians**. He has held numerous offices with the **Georgia College of Emergency Physicians** including a two-year term as President. He currently serves on the **GCEP** Board of Directors.

#### **President & CEO:**

**Dave Hall, NREMT-P**

Dave is the President and CEO of Rescue Training Inc (est. 1992). He is the Coordinator the Chatham County Medical Reserve Corps and has over 30 years experience as a Medic and Instructor. As one of the founders of a Level 1 Trauma Center based Helicopter/EMS program, Dave has extensive experience in EMS Administrator with 16 years managing and growing the service to become the largest EMS / Helicopter agency in south Georgia; Dave served many years as a medic-supervisor for a large county police operated EMS agency. Dave is a Georgia Level II EMS Instructor as well as a Tactical Medic Instructor. He is a Nationally Registered Paramedic and paramedic licensed in the states of Georgia and Florida. He regularly teaches, speaks, publishes articles and consults on the topic of EMS operations. Dave is also a licensed US Coast Guard Captain (charter boat) and recently received his FAA UAS (drone) Remote Pilot license.

#### **Director of Education and Development**

**Carol Crockett, NREMT-P**

Carol is the RTI Lead Paramedic Instructor with over 15 years paramedic experience - Her instructor qualifications include: ACLS, AMLS, BTLS, CPR Instructor Trainer, PALS and many other EMS related programs. In addition to heading up all EMS courses at Rescue Training she is a part-time paramedic with Southside Fire and EMS in Savannah. Carol is also a V.A. (Veterans Administration) liaison for student affairs. Carol is a member of the State of Georgia BTLS (Basic Trauma Life Support) Committee. She is a very active National Registry Exam Coordinator, conducting approximately ten National Registry exams each year. Carol is certified in Confined Space Rescue and is requested to be the lead instructor for all US Army Ranger EMT and refresher courses.

## ***November 2016 – Accelerated EMT COURSE APPLICATION***

### **PREREQUISITES TO ADMISSION**

An applicant should meet the following prerequisites in order to be admitted into the EMT Course. This course is designed for those that have no prior EMS experience.

1. An applicant must have earned a High School Diploma or G.E.D.
2. An applicant must be at least 18 years of age at time of course completion to be eligible for exams.
3. An applicant must be free of any felony convictions or a waiver issued by the Department of Human Resources.
4. An applicant must sign the Attached "Guidelines and Agreement", (upon acceptance) agreeing to all course guidelines.
5. An applicant must complete the attached application and emergency information form.
6. An applicant must sign the "Substance Abuse/Felony Form.
7. An applicant must provide copy of Drivers License.

#### **\*PRIOR TO CLINICAL ROTATION**

8. Proof of health insurance and student professional liability insurance.
9. An applicant must provide a letter from a physician stating good physical health.
10. An applicant must provide proof of immunizations.
11. An applicant that becomes pregnant at any time during this course, will not be able to complete this particular course but is eligible for the next course, due to the dangers, risks, rules and regulations of expectant mothers completing clinicals and National Registry practical exams and other physical demands that may be asked of an EMT.

\* Detailed explanation in class

## ***November 2016 – EMT COURSE APPLICATION***

### **EMT COURSE**

This Course will provide emergency medical training and will prepare the students to function as an EMT outside the classroom. The course will prepare the student who maintains a passing grade in each section to meet requirements for taking the National Registry EMT Exam. The clinical and didactic training should prepare the student to enter the emergency medical field with an above average ability. This course contains approximately 200 hours, consisting in classroom instruction and clinical rotations that will be both a time consuming and rewarding experience.

**START DATE : November 28, 2016**

**END DATE : December 31, 2016**

**LOCATION : RTI Savannah**

**CLASS DAYS : Monday through Friday (Holidays off)**

**CLASS TIMES : 9:00 am - 5:00 pm**

**COST: \*\$1650.00**

**Cost includes:** All instructional materials, instructor fees, books, expendable teaching supplies, equipment rental, medical teaching aids, AHA CPR fee, class certificate (upon successful completion of the entire program), use of the school facilities and the student media center located at the training center is available to the students for study at no additional cost.

**Cost does not include:** National Registry Exam fees, or expenses to travel to the exam(s). Also not included are insurance, personal medical equipment, clinical uniforms, kits, tools, notebooks, writing paper, and/or pens. Cost for any required inoculations and or physical exams are not included.

\*Tuition is due prior to attending any classes. All payments are to be made by mail or in person at the training center. Payments can be made in the form of money orders, cash, check, MasterCard, Visa, or Discover. Checks are to be made out to Rescue Training Inc. Students may elect to pay a down payment of \$450.00 and three weekly payments of \$400.00.

**November 2016 – EMT COURSE APPLICATION**

**Cancellation and Refund Policy**

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

- 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 (3) business days after signing the enrollment agreement and making initial payment.
- Cancellation after the third (3rd) business day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee, not to exceed \$150.00.
- Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a refund for the number of and amount of any prepaid months (no refund for the current month).
- Cancellation after completing 50% of the program will result in no refund.

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

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

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

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

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

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

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**November 2016 – EMT COURSE APPLICATION**

**Rescue Training, Inc.  
9 Mall Terrace  
Savannah, Georgia 31406  
(912) 692-8911**

*It is the policy of Rescue Training Inc to provide equal opportunities to all applicants and employees and potential students without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.*

**Course Applied For: November 2016 ACCELERATED EMT PROGRAM**  
PLEASE PRINT LEDGABLY

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

T-Shirt Size: \_\_\_\_\_ Polo Shirt Size: \_\_\_\_\_

**EMERGENCY CONTACT:**

Contact Name: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Work / Home phone: \_\_\_\_\_

\_\_\_\_\_

Referral Source: Who referred you to Rescue Training Inc?

\_\_\_\_\_

\*\* Have you ever been convicted of any crime, not - including traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:

\_\_\_\_\_

\*\*Applicant complete and sign form: "Felony Statement"

**November 2016 – EMT COURSE APPLICATION cont.**

Applicant Employment History: List your current employment.

Employer Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Applicant's Education and Training: List your education and training.

High School Name and Address

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GED \_\_\_\_\_ Yes \_\_\_\_\_ No      Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (college, technical, vocational):

\_\_\_\_\_

EMS courses or Training:

\_\_\_\_\_

References: List someone in the EMS field who would be willing to provide a reference for you.

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 Rescue Training Inc 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 education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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# DATA Information Sheet *{confidential}*

PRINT or TYPE

STUDENT Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ DOB \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relation: \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

**List any Hospitalizations for serious illnesses or injuries**

\_\_\_\_\_

**List any major medical problems** \_\_\_\_\_

**List any current prescription medications** \_\_\_\_\_

\_\_\_\_\_

## **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, nor should I consume any alcohol prior to any class time or prior to any clinical rotations. I understand if I choose not to follow this guideline that I may be dropped from the course.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Instructor**

\_\_\_\_\_

# Felony Statement

By signing below I am stating that I have never committed, nor been charged with, nor being 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 my result in my dismissal from the EMT class or denial by the Georgia State Office of EMS to issue and EMT certification/license. I fully understand that to attend the EMT class with a felony offense or on-going investigation that I am required to obtain permission from the Georgia State Office of EMS. Any felony offense should be immediately brought to the attention of the Director of Education, so as to forward such information to the Georgia State Office of EMS for consideration of possible permission to attend the EMT Class.

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Student Printed Name

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Student Signature

Date \_\_\_\_\_

**RTI SCHOOL POLICY: Healthcare and Liability Insurance**

**APPLIES TO: EMT, EMT-A, and Paramedic Students**

**DATE: July 01, 2011**

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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. Rescue Training Inc, Southeast GA EMS, Region IX, and DHR is not responsible for any injury, illness, or health care costs that may be incurred or associated with practice, skills, clinicals, or any other training provided by RTI.

**Insurance Information**

Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy#: \_\_\_\_\_

SELF PAY or Responsible Party: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

In consideration for working in the EMS field, Rescue Training Inc provides me the opportunity to acquire training and instruction, I, the undersigned, agree to indemnify, protect, and hold harmless Rescue Training, Inc., and its officers, directors, employees agents and assignees, from any and all liability judgments, 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, or training activity.

I agree that I will defend, at my own expense, any and all actions, lawsuits, or proceedings which may be brought against Rescue Training Inc in connection with the above and shall satisfy, pay, and discharge any and all judgments that may be entered against RTI, the Hospital, or EMS Agency in any such actions or proceedings.

**Student Professional Liability Insurance**

Rescue Training Inc requires all students to maintain Professional Liability Insurance prior to beginning any clinical rotation.

Students must provide either an individual purchased policy verifying coverage of \$1,000,000-\$3,000,000 aggregate or a letter from employer verifying such coverage.

A recommended provider of PLI is:  
Health Providers Service Organization  
Web: [www.hpso.com](http://www.hpso.com)  
E-Mail: [service@hpso.com](mailto:service@hpso.com)  
Phone: 1-800-982-9491

I, \_\_\_\_\_, agree to the insurance policies listed above.  
(printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RTI SCHOOL POLICY: Dress Code**

**APPLIES TO: EMT, EMT-A, and Paramedic Students**

**DATE: July 26, 2011**

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Rescue Training Inc has implemented a dress code/uniform policy in accordance with EMS professional standards and appearance expectations. While in uniform you are representing Rescue Training as well as your own professional image to potential future employers and to the public. Each student is issued a number of T-Shirts and collared shirts to wear during class and EMS/Hospital rotations.

All students shall adhere to the Rescue Training dress code policy effective August 1, 2011.

Classroom Attire

- Designated RTI T-Shirt
- Long Pants
- Closed toed-shoes

Clinical Attire

- Designated RTI collared shirt
- Black or blue pants, black belt, & black shoes and socks are required
- Designated Rescue Training collared shirt (should be tucked in)

I, \_\_\_\_\_, agree to the dress code policies listed above.  
(printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date