



Chatham County  
**Paramedic**  
Consortium



Saving Lives Through Education  
PARAMEDIC / TACTICAL / EMS  
www.rescue1.us  
912.692.8911

**GEORGIA / NATIONAL REGISTRY  
PARAMEDIC  
(PARAMEDIC Program)**

**February 9, 2026  
COURSE APPLICATION  
Savannah, Georgia**

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

*Return completed application to:*

**RESCUE TRAINING INC  
9 Mall Terrace  
SAVANNAH, GA 31406  
ATTN: MISTY HALL – misty@rescue1.com**

**December 2025**

Thank you for your interest in the upcoming February 2026 Paramedic Course. This course exceeds the DOT National Standard Curricula and having "state" approval allows the successfully completing student to take the National Registry exam for certification as Paramedic.

This course will be held primarily on every third day (except weekends), which will allow the student to complete the course in approximately ten months.

***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 application and payment.***

Please complete the enclosed application and return it to RTI no later than January 26, 2026. ***All monies are due no later than February 2, 2026.*** The course starts on September 22, 2025. (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 at 912-692-8911**.

We are excited to offer this course to you at our facilities in Savannah, GA. The amenities that this course will offer will allow you a truly exceptional learning experience.

As Rescue Training returns to full operation, we are following the recommendations of the CDC, Department of Public Health, and the guidance of the Governor's Office.

**ANYONE EXHIBITING SYMPTOMS OF COVID-19, A TEMPERATURE OVER 100°, OR WHO HAS KNOWINGLY BEEN EXPOSED TO SOMEONE WHO IS POSITIVE FOR COVID-19 SHOULD NOT COME TO ANY RESCUE TRAINING FACILITY.**

**Common symptoms of Covid-19 include sore throat, temperature above 100 degrees F, cough, and shortness of breath, new significant and unexplained fatigue or muscle aches, new loss of taste or smell. Additional symptoms may also include chills, repeated shaking, headache, and sore throat.**

As part of our efforts to reduce the risk of spreading any illness, we are taking the following precautions:

- Students, staff, visitors and vendors may have their temperature taken at the front door and denied entry if they have a fever over 100 degrees.
- Students may be required to answer a series of health-related questions and have their temperature taken every day before entering the classroom.
- Anyone who registers a temperature greater than 100.04 degrees must leave campus immediately and will not be able to return until cleared by a medical professional or evidence of a negative COVID-19 test.

- Hand sanitizers are available throughout the Training Center, but we encourage students to bring their own sanitizer so that it is immediately available to them throughout the day.
- Students and staff must practice social distancing (6') whenever in the classroom and facilities, as much as possible.
- We strongly discourage making direct contact with other persons and ask that everyone practice appropriate sneezing and coughing etiquette.
- We are cleaning and disinfecting classrooms daily.
- Classroom doors will remain open to prevent the need to touch doorknobs, and all restrooms and other common areas are cleaned and sanitized multiple times per day depending on traffic and touch points.
- Staff and students are encouraged but not required to wear masks.
- Should current virus situation or guidance require, we may suspend "in-classroom" training and move the didactic portion to the "ZOOM" platform to continue the program, utilizing "at-home" education via the internet.
- The health and safety of our staff, students, and visitors are a top priority for Rescue Training. As the public health crisis remains a fluid and evolving situation, we ask for your patience and understanding should the policies and procedures outlined in this message change with little notice. We will do our best to communicate openly and clearly whenever new information is available, or our procedures change.

Thank you for your understanding during this trying time. Anyone scheduled to attend upcoming training may contact any staff member should you have any questions or need additional information.

Again, thank you for your interest. I look forward to a very constructive, resourceful, and beneficial Paramedic course. If I may ever be of assistance to you, please call.

Sincerely,

\s\\_\_\_\_\_  
David E. Hall, Jr., CEO  
Rescue Training Inc

Attachments

## PROGRAM INFORMATION      CCPC - PARAMEDIC 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, Inc. 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, Inc., 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 Founder and President of Rescue Training Inc., a private EMS training institute established in 1992 and dedicated to preparing high-performing emergency medical professionals. With more than 30 years of field and leadership experience, Mr. Hall is recognized as a leading voice in EMS education, operations, and tactical medicine. Dave began his career with Chatham County EMS, where he served for eight years as a frontline provider. He went on to co-found and lead a Level I Trauma Center-based Helicopter EMS program (MedStar/LIFESTAR), which became the largest EMS and air medical transport agency in South Georgia. Over a 16-year span in EMS administration, he oversaw the development and growth of multiple operational divisions, gaining recognition for both service innovation and personnel development. He holds a Bachelor of Science in Management and maintains active certification as a Nationally Registered Paramedic (NRP). Dave is a Georgia Level II EMS Instructor, a Tactical Medic Instructor, and a licensed Paramedic in both Georgia and Florida. His instructional focus emphasizes operational readiness, clinical excellence, and leadership in high-stakes environments. Dave remains highly engaged in the public safety community through his work with the Chatham County Medical Reserve Corps, the Local Emergency Planning Committee (LEPC), and the Chatham County EMS Advisory

Committee. Additionally, he is a licensed U.S. Coast Guard Captain (Charter boat) and an FAA-certified Small Unmanned Aircraft System (sUAS) Pilot, bringing a unique perspective on emerging technologies and multi disciplinary response. He continues to teach, consult, and present on topics including EMS operations, trauma care, tactical field medicine, and organizational leadership. His contributions to EMS education are marked by a deep commitment to integrity, innovation, and student success.

## **PREREQUISITES TO ADMISSION**

An applicant should meet the following prerequisites in order to be admitted into the **Paramedic**.

1. An applicant must have earned a High School Diploma or G.E.D.
2. An applicant must be currently certified as an Emergency Medical Technician or higher.
3. An applicant **must** obtain a National Registry EMT Basic, Intermediate, Advanced, or a State EMT certification to be eligible to sit for the Paramedic Exam.
4. An applicant must be at least 18 years of age.
5. An applicant must sign the Felony Form. If unable to sign this form, you must obtain the "waiver" form from the Director of Education.
6. An applicant must sign the "Guidelines and Agreements", (upon acceptance) agreeing to all course guidelines.
7. Submittal of proper tuition.
8. An applicant must complete the attached application and emergency information form.
9. An applicant must sign the "Substance abuse form".

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

10. An applicant must provide copy of current CPR card, Drivers License, proof of health insurance.
11. An applicant must provide a letter from a physician stating good physical health.
12. An applicant must provide proof of immunizations.
13. An applicant that becomes pregnant at any time during this course, will not be able to complete this 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 or any other physical demands that may be asked of a Paramedic.

## **FEBRUARY 2026 PARAMEDIC COURSE**

This course will provide **advanced** emergency medical training at an accelerated rate and will prepare the students to function as a Paramedic outside the classroom. The course will prepare the student who maintains a passing grade in each division to meet the requirements for taking the National Registry Paramedic Exam. The clinical and didactic training should prepare the student to enter or continue in the emergency medical field with an above average ability. This course contains approximately 712 hours of classroom instruction and 400 hours of clinical rotation that will be both a time consuming and a rewarding experience.

**START DATE: February 9, 2026**

**END DATE: November 9, 2026**

**LOCATION : 9 Mall Terrace, Savannah, GA 31406**

**CLASS DAYS: Every 3<sup>rd</sup> Day (No Weekends)**

**CLASS TIMES: 9:00 AM - 5:00 PM**

**National Registry Exam: TBA**

**COST: \$7,600.00**

**Cost includes:** Paramedic text book and instructional materials, instructor fees, ACLS provider course fees and manual, Platinum Education account fees, equipment rental, medical teaching aids, Paramedic class certificate (upon successful completion of the entire program).

**Cost does not include:** Any state certification fees, National Registry exam fees, or expenses to travel to the exam(s). Also, not included are any required personal or professional insurance policies, personal medical equipment, clinical uniforms, kits, or tools. Notebooks, writing paper, pens, the cost for any required inoculations, physical, or health insurance, etc. (It is estimated that upon completion of the course, the National Registry exam and certification fees will be approximately \$410.)

\*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, AmEx, or Discover. Checks are to be made out to Rescue Training Inc. Students who have not paid their balance in full by the end of the course, will **not** be eligible for the final course exam.

### **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, except for 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: \_\_\_\_\_



# RESCUE TRAINING INC PARAMEDIC PROGRAM

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## APPLICATION CHECKLIST

- ☐ COMPLETED APPLICATION FORM
- ☐ EMERGENCY INFORMATION FORM
- ☐ SUBSTANCE ABUSE/FELONY FORM
- ☐ COPY OF EMT LICENSURE OR HIGHER
- ☐ LETTER OF RECOMMENDATION FROM EMPLOYER OR EMS RELATED
- ☐ COPIES OF CURRENT CPR CARD
- ☐ COPY OF DRIVER'S LICENSE
- ☐ PROOF OF HEALTH INSURANCE OR NOTARIZED WAIVER
- ☐ GOOD PHYSICAL HEALTH LETTER FROM PHYSICIAN
- ☐ PROOF OF IMMUNIZATIONS/TB TEST \*\*\*
- ☐ COPY OF HIGH SCHOOL DIPLOMA OR GED

***Submit two copies of all of the above items!***

**APPLICATIONS WILL BE ACCEPTED THROUGH January 30, 2026 (until full) WITH CLASS BEGINNING ON February 9, 2026.**

\*\*\* = MUST PROVIDE PROOF OF ALL IMMUNIZATIONS (EVEN CHILDHOOD) AND TB TESTS (WITH A NEGATIVE READING WITHIN THE LAST YEAR, OR (AT YOUR OWN EXPENSE), GET ALL NECESSARY IMMUNIZATION BOOSTERS, TITERS, or TESTS.

### Policy

All students accepted in the CCPC Paramedic Program will be required to, at their own expense, consent to and complete with satisfactory results a national level criminal background check and drug screening for certain clinical sites.

Applicants must submit to and satisfactorily complete a CBC and drug screening prior to admission into such sites. Admission may be denied or rescinded based on a review of the check. The student must sign below, indicating that he or she understands the policies and procedures involved and agrees to participate.

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***Signature***

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***Date***

## ***FEBRUARY 2026 - PARAMEDIC COURSE APPLICATION***

Rescue Training, Inc.  
9-A 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:       **2026 PARAMEDIC COURSE**

Applicant **Full** Name: \_\_\_\_\_

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

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

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

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

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

Who should be contacted if you are involved in an emergency?

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

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

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Shirt Sizes: \_\_\_\_\_ T-Shirt                      \_\_\_\_\_ Polo Shirt

## **FEBRUARY 2026 PARAMEDIC COURSE APPLICATION**

Referral Source: Who referred you to our company?

\_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_

What state issued your license? \_\_\_\_\_

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"**

Applicant Employment History: List your current employment.

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

Employer Phone: \_\_\_\_\_

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

Employer E-Mail: \_\_\_\_\_

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

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

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

High School Name and Address

Last Grade? \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational, degree):

\_\_\_\_\_

EMS courses or Training:

\_\_\_\_\_

References: List any two people who would be willing to provide a reference for you.

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

## **FEBRUARY 2026 PARAMEDIC COURSE APPLICATION**

Please provide any other information that you believe should be considered:

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### **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 communicate information fully and freely regarding my employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my employment and education.

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

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APPLICANT SIGNATURE

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DATE

## **2026 PARAMEDIC COURSE APPLICATION**

### 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 Paramedic class or denial by the Georgia State Office of EMS to issue a Paramedic certification. I fully understand that to attend the Paramedic class with a felony offense or an on-going investigation will require permission from the Georgia State Office of EMS. Any felony 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 for consideration of possible permission to attend the Paramedic Class.

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Student Printed Name

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Student Signature

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Witness Printed Name

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Witness Signature

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Date

***If you are unable to sign this certificate, please contact Misty Hall (912) 692-8911 as soon as possible.***

\*Some clinical sites may require a criminal background check at the student’s expense.

## **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 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.**

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**Date**

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**Signature**

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**Witness**

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**Instructor**

\*Some clinical sites may require a drug screening at the student's expense.

# Emergency Information Sheet *{confidential}*

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

**Address** \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

# Payment Plan

## Tuition Schedule February 2026 Paramedic Course

Master Card / Visa / Discover accepted.

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Nine payments / Per Month system:

Down Payment	Monthly x EIGHT	Total Course Cost
<b>\$1200</b>	<b>\$800</b>	<b>\$7600.00</b>

### Payment Schedule Dates

Down Payment – 02/09/2026

1.	<b>FEB '26 (down)</b>	<b>\$1200.00</b>
2.	<b>MAR '26</b>	<b>\$800.00</b>
3.	<b>APR '26</b>	<b>\$800.00</b>
4.	<b>MAY '26</b>	<b>\$800.00</b>
5.	<b>JUN '26</b>	<b>\$800.00</b>
6.	<b>JUL '26</b>	<b>\$800.00</b>
7.	<b>AUG '26</b>	<b>\$800.00</b>
8.	<b>SEP '26</b>	<b>\$800.00</b>
9.	<b>OCT '26</b>	<b>\$800.00</b>

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I, \_\_\_\_\_ (print name) understand the above-mentioned plan. I also understand the "refund" policy and accept the terms and request to make payments on my tuition in accordance with this plan.

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



**RTI SCHOOL POLICY: Healthcare & Liability Insurance – Hold Harmless/Negligence**

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

**DATE: July 01, 2011**

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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, 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.

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Signature

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Date

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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, DHR, and any clinical facility 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: \_\_\_\_\_

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Signature

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Date