















# 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 ~~12/05/21~~ 2021 (until full) WITH CLASS BEGINNING ON ~~12/05/2021~~.**

\*\*\* = 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 Admission may be denied or rescinded based on a review of the check.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***



**NOVEMBER 2021 - 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:       **2021 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

**NOVEMBER 2021 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: \_\_\_\_\_

**NOVEMBER 2021 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

**2021 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.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
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 November 2021 Paramedic Course

Master Card / Visa / Discover accepted.

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Seven payments / Per Month system:

Down Payment	Monthly x SIX	Monthly x 1 (JUL)	Total Course Cost
<b>\$925</b>	<b>\$850</b>	<b>\$450</b>	<b>\$6475.00</b>

### Payment Schedule Dates

Down Payment – 11/30/21

1.	<b>NOV'21 (down)</b>	<b>\$925.00</b>
2.	<b>JAN '22</b>	<b>\$850.00</b>
3.	<b>FEB '22</b>	<b>\$850.00</b>
4.	<b>MAR '22</b>	<b>\$850.00</b>
5.	<b>APR '22</b>	<b>\$850.00</b>
6.	<b>MAY '22</b>	<b>\$850.00</b>
7.	<b>JUN '22</b>	<b>\$850.00</b>
8.	<b>JUL '22</b>	<b>\$450.00</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 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, 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: \_\_\_\_\_

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



RESCUE TRAINING INC

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**RTI SCHOOL POLICY: Dress Code**

**APPLIES TO: EMT-B, AEMT, 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)