



Chatham County  
**Paramedic**  
Consortium



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



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

**January 19, 2021  
COURSE APPLICATION  
Cochran, Georgia**

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

*Return completed application to:*

**HEARTLAND EMS, INC.  
PO BOX 636  
COCHRAN, GA 31014  
ATTN: MICHAEL C. JOHNSON JR.**

**December 2020**

Thank you for your interest in the up-coming January 2021 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.

The Chatham County Paramedic Consortium is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

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 is limited to 24 students.

Please complete the enclosed application and return it to us before January 8, 2021. Remember, placement in the course is on a first-come basis. Register early. Confirmation of enrollment is granted **after** receipt of payment. All monies are due no later than January 8, 2021, and class starts on January 19, 2021. (The course may be postponed if enrollment is low).

This application should answer most of your questions about the course. If for some reason, you need more information not addressed in this application, please call Michael C. Johnson Jr. at (478) 934-1133.

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

Sincerely,

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Michael C. Johnson Jr. BBA, NRP  
Director of Business Development  
Heartland EMS, Inc.

MCJJ/mh

Attachments

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***Saving Lives Through Education!***

**PROGRAM INFORMATION**

**CCPC - PARAMEDIC COURSE**

**FACULTY**

The faculty of the Chatham County Paramedic Consortium/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., some faculty members also serve on the faculty or administrative staffs of other local colleges, hospitals, technical schools, or Emergency Medical Services.

**President/ CEO:**

Dave Hall, NRP is the President and CEO of Rescue Training Inc (est. 1992). He is the Coordinator the Chatham County Medical Reserve Corps, Chairman of the "Local Emergency Planning Committee" (LEPC), 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 an FAA Licensed UAV Pilot.

**Medical Director:**

Richard O. Shields, Jr., M.D., FACS, Georgia Emergency Associates, more than 20 years' practice as Emergency Physician – most of which has been in a large Regional Trauma Center. Board Certified – American Board of Emergency Medicine - American College of Emergency Physicians, Georgia College of Emergency Physicians. Several Publications.

**Assistant Instructors:**

Assistant Instructors, other physicians, paramedics, preceptors and qualified instructors will also be assisting throughout the course.

## **PREREQUISITES TO ADMISSION**

An applicant should meet the following prerequisites for admission into the **Paramedic program**.

1. An applicant must have earned a High School Diploma or GED.
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 National Registry 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 a copy of current CPR certification, 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, may not be able to complete this course but is eligible for the next/future program. This is 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.

## **JANUARY 2021 PARAMEDIC COURSE**

This course will provide **advanced** emergency medical training at an accelerated rate and will prepare the student to function as a paramedic outside the classroom. The program 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 rotations that will be both a time consuming and a rewarding experience.

**START DATE: January 19, 2021**

**END DATE: October 2021**

**LOCATION: 111-2 Beech Street, Cochran, GA 31014**

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

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

**National Registry Exam: TBA**

**COST : \$6,475.00 \* Pay per month options available**

**Cost includes:** Paramedic text, 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 vaccinations, physical, or health insurance, etc. (It is estimated, that upon completion of the course, the National Registry exam and certification fees will be approximately \$375.)

\*Tuition is due before 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 made out to Rescue Training Inc. Students may elect to pay a down payment of \$925.00- and seven-monthly payments total: \$5550.00. 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 the 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 before 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: \_\_\_\_\_

## **PARAMEDIC PROGRAM 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 copies of all of the above items!***

**APPLICATIONS WILL BE ACCEPTED THROUGH January 08, 2021, WITH CLASS BEGINNING ON January 19, 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 individual 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***

**JANUARY 2021 - PARAMEDIC COURSE APPLICATION**

Heartland EMS, Inc.  
PO Box 636  
Cochran, Georgia 31014  
(478) 934-1133

***It is the policy of Rescue Training Inc and Heartland EMS, 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



**JANUARY 2021 PARAMEDIC COURSE APPLICATION**

Referral Source: Who referred you to our company? \_\_\_\_\_  
Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No DOB \_\_\_\_\_

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

Other training (College graduate, technical, vocational):

\_\_\_\_\_

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: \_\_\_\_\_

**JANUARY 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 and Heartland EMS, 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 job, 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.

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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 "Program Director", 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 Michael C. Johnson Jr. at (478) 934-1133 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_

# No Interest Payment Plan

## Tuition Schedule January 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 (AUG)	Total Course Cost
\$925	\$850	\$450	\$6475.00

### Payment Schedule Dates

Down Payment – 01/08/21

1.	JAN '21 (down)	\$925.00
2.	FEB '21	\$850.00
3.	MAR '21	\$850.00
4.	APR '21	\$850.00
5.	MAY '21	\$850.00
6.	JUN '21	\$850.00
7.	JUL '21	\$850.00
8.	AUG '21	\$450.00

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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 under this plan. I also understand that a "Late Fee" in the amount of \$25.00 will be automatically charged to my account after the 5<sup>th</sup> day of the month.

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, Heartland EMS, 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 or Heartland EMS, Inc. in connection with the above and shall satisfy, pay, and discharge any and all judgments that may be entered against RTI, Heartland EMS, Inc., the Hospital, or EMS Agency in any such actions or proceedings.

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Signature

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Date

**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)