RESCUE Training, Inc

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

GEORGIA / NATIONAL REGISTRY ADVANCED EMERGENCY MEDICAL TECHNICIAN COURSE

January 19, 2026
COURSE APPLICATION
Savannah, Georgia

STUDENT NAME _____

Return completed application to:

RESCUE TRAINING INC
9-A Mall Terrace
SAVANNAH, GA 31406
ATTN: MISTY HALL

November 2025

Thank you for your interest in the "January 2026" **Advanced Emergency Medical Technician** course. Students will take the National Registry AEMT 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.

Please complete the enclosed application and return it to RTI no later than January 5, 2026. Register early. ***All monies are due no later than January 9, 2026.*** The course starts on January 19, 2026. (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 692-8911.

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

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

Sincerely,

_____
David E. Hall, Jr., NREMT-P
CEO / Instructor

attachments

PROGRAM INFORMATION

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:
David E. Hall, Jr., BS, NRP

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 to be admitted into the AEMT Course. This course is designed for those that are licensed at the EMT level.

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 Driver's License.

8. An applicant must provide copy of current EMT License.

9. Copy of current CPR certification.

***PRIOR TO CLINICAL ROTATION**

10. Proof of health insurance or sign notarized waiver.

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 and other physical demands that may be asked of an AEMT.

* Detailed explanation in class

AEMT COURSE

This Course will provide emergency medical training and will prepare the students to function as an AEMT 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 AEMT 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 230 hours, consisting in classroom instruction and clinical rotations that will be both a time consuming and rewarding experience.

START DATE : January 19, 2026

END DATE : May 11, 2026

LOCATION : Rescue Training, 9 Mall Terrace, Savannah, GA 31406

CLASS DAYS : Mondays and Fridays Every Other Week

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

COST: *$2250.00

Cost includes: All instructional materials, instructor fees, books, expendable teaching supplies, equipment rental, medical teaching aids, 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 an initial payment of $600- and three-monthly payments of $550.

Cancellation and Refund Policy

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made per 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:_____

January 2026 – AEMT 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: January 2026 AEMT COURSE

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: _____

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

Contact Name: _____

Relationship to you: _____

Daytime phone: _____ Evening phone: _____

_____

Referral Source: Who referred you to our company?

_____

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: _____

Job Duties: _____

Dates of Employment (Month/Year): _____

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

High School Name and Address

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.

_____ _____

APPLICANT SIGNATURE DATE

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 _____

_____

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**

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 AEMT class or denial by the Georgia State Office of EMS to issue and AEMT certification. I fully understand that to attend the AEMT 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 and Development, to forward such information to the Georgia State Office of EMS for consideration of possible permission to attend the AEMT Class.

_____

Student Printed Name

_____

Student Signature

_____

Witness Printed Name

_____

Witness Signature

Date _____

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

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

DATE: July 01, 2011

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.

_____ _____

Signature Date

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: _____

_____ _____

Signature Date