



CFARS TC EMT COURSE #14 – Summer 2019 EMT CLASS

APPLICANT REGISTRATION PACKAGE

COMPLETED REGISTRATION PACKETS ARE DUE NO LATER THAN June 2, 2019

- Course Dates:** June 24, 2019- August 7, 2019. Students must attend all dates. Full schedule is attached
- Course Times:** Mondays, Wednesdays and Fridays 8:30 am – 4:30 pm
- Course Location:** Clinton First Aid & Rescue Squad, 48 Old Highway 22, 2nd floor, Clinton NJ 08809
- Course Fee:** Payment due with registration, payable to CLINTON FIRST AID & RESCUE SQUAD- Includes the cost of the text book, online access, 2 uniform shirts and photo ID.

- **Hunterdon County EMS Agency member:** \$400 materials fee, **PLUS** \$850 tuition - Total -\$1250
- **Hunterdon County Resident non-affiliated:** NOT ACCEPTING APPLICATIONS
- **Out-of-County:** NOT ACCEPTING APPLICATIONS
- This delivery will NOT be accepting the NJ EMT Training Fund Reimbursement

Refund Policy:

1. When the Training Center cancels a course, 100% refund will be made.
2. When a student wishes to withdraw from a course, a refund must be requested in writing. It must be received by the Training Center within 2 weeks after the start of the class. NO refunds will be given to students who have attended 1 or more class sessions.
3. Failure to attend class does NOT constitute an official withdrawal. To receive a refund, the student must send a written request in accordance with #2 above.
4. Textbooks: The cost of the textbook, listed above as “Materials fee”, is the responsibility of the student and is NOT included in the tuition. All text books are Non-Refundable once distributed to the student, all sales are final.

**THIS COURSE DELIVERY WILL HAVE LIMITED SEATS
Open to Hunterdon County EMS Agencies Only**



To Register For This Course:

- Review this full package of information
- Review course schedule and confirm availability for all course sessions
- Review attached functional position for the EMT
- Complete all requested items (see Application Checklist)
- Return COMPLETED APPLICATION in person, by the date shown above.
- **A SPOT WILL NOT BE RESERVED FOR YOU UNTIL ALL ITEMS HAVE BEEN COMPLETED AND SUBMITTED ALONG WITH PAYMENT**

This Applicant Registration Package must be returned in person with payment to:

Training Officer
Clinton First Aid & Rescue Squad, Inc.
48 Old Highway 22, Clinton NJ
Monday through Friday



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2019 Summer Course Schedule - Subject to adjustments

Session	Day	Date	Topic
1	Mon	06/24/2019	Course Overview / Selected Topics: Chapters 1-8
2	Fri	06/28/2019	Skills Practice 1 Lifting and Moving
3	Mon	07/01/2019	Skills Practice 2 Airway
4	Wed	07/03/2019	Exam 1 (1-8) / Selected Topics: Chapters 9-13
5	Mon	07/08/2019	Selected Topics: 14-23 / Skills Practice 3: Medical Assessment
6	Wed	07/10/2019	Exam 2 (9-13) Skills Test 1: Airway
7	Fri	07/12/2019	Skills Practice 4 Medical A
8	Mon	07/15/2019	Skills Practice 5 Medical B
9	Wed	07/17/2019	Exam 3 (14-23) Skills Test 2: Medical
10	Fri	07/19/2019	Selected Topics: 24-32 / Skills Practice 6: Trauma Assessment
11	Mon	07/21/2019	Skills Practice 7 Trauma A
12	Wed	07/24/2019	Skills Practice 8 Trauma B
13	Fri	07/26/2019	Skills Practice 9 Trauma C
14	Mon	07/29/2019	Exam 4 (24-32) Skills Test 3: Trauma
15	Wed	07/31/2019	Skills 10 Pediatrics
16	Fri	08/2/2019	Skills 11: Operations
17	Mon	08/05/2019	Skills 12 Final Practice
18	Wed	08/07/2019	Final Written Exam (all chapters) Final Skills Exam
Online Lectures - MANDATORY COMPLETION			
Due by 0830 6/27/2019			Chapters 1-8
Due by 0830 7/1/2019			Chapters 9-13
Due by 0830 7/12/2019			Chapters 14-19
Due by 0830 7/15/2019			Chapters 20-23
Due by 0830 7/22/2019			Chapters 24-32
Due by 0830 7/31/2019			Chapters 33-41
Due by 0830 8/5/2019			FEMA ICS 100 Online IS-100.B



Quizzes	
Due by 0830 7/2/2019	Quizzes 1-8
Due by 0830 7/9/2019	Quizzes 9-13
Due by 0830 7/16/2019	Quizzes 14-23
Due by 0830 7/28/2019	Quizzes 24-32
Due by 0830 8/6/2019	Quizzes 33-41



THIS IS A COLLEGE LEVEL COURSE

Before registering, please be aware of the following requirements of this course:

All students MUST:

- Have easy access to a computer for home study work. Expect to complete approximately 10-14 hours a week online independent study, as well as online quizzes and tests.
- A laptop computer is preferable for class.
- Be able to read, write, communicate and interpret instructions in the English Language. (All text materials are written at the 10th grade level).
- Be in good physical condition and be able to lift.
- Participate in all lecture and practical sessions. Students must attend all sessions in their entirety. Any absences must be made up prior to the state final certification exam. Due to the course layout, makeup sessions will be extremely difficult to schedule.
- You MUST purchase your book from CFARSTC (purchase price \$400) which gives you access to the Jones & Bartlett AAOS Premier Package online system.
- Bring a stethoscope and a watch with a second hand to ALL classroom sessions
- Once received, students must wear supplied uniforms & IDs as outlined in the SOG's.
- Have a notebook and pencil/pen at all times



FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum competencies of the EMT.

COMPETENCIES

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the National Highway Traffic Safety Administration EMS Education Standards for EMT and other objectives identified by the New Jersey Department of Health, to include having the ability to:

1. Verbally communicate in person, via telephone, telecommunications and other electronic devices using the English language.
2. Hear and interpret spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
3. Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
4. Read and comprehend written materials under stressful conditions.
5. Verbally interview patient, family members, bystanders and hears and interprets their responses.
6. Document physically in writing all relevant information in prescribed format.
7. Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
8. Bend, stoop, crawl and walk on uneven surfaces. Meet minimum vision requirements to operate a motor vehicle within the state. Function in varied environmental conditions such as lite or darkened work areas, extreme heat, cold and moisture.



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APPLICANT REGISTRATION CHECKLIST

Use this checklist to make sure you have completed and attached the following paperwork to make sure that you have a successful submission.

A spot will not be reserved for you in class until all documents and payment are completed:

COMPLETED	Item
	APPLICANT REGISTRATION FORM
	STUDENT CONTRACT
	MINOR STUDENT GUIDELINES & CONSENT (For students under the age of 18)
	HEPATITIS B VACCINATION SELECTION
	ACKNOWLEDGEMENT OF RECEIPT, NJ OEMS REGULATIONS
	Copy of Healthcare Provider CPR Card or Proof of enrollment in class.
	Payment Check (Hunterdon County EMS affiliated students must have check from their sending agency, not a personal check)



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APPLICANT REGISTRATION FORM

Name: _____ State EMS ID #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Email: _____

Home Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Polo Size (circle one): S M L XL 2X 3X 4X

Emergency Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ Alternate Phone # (_____) _____ - _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Are you on a rescue squad? Y N If so, what one? _____

Please tell us if you have any first aid experience (use back of more room is needed):

*See attached reference sheet for instructions to obtain your State EMS ID#



CFARS EMS Training Center -

STUDENT CONTRACT

AS A STUDENT ENROLLED IN THE EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM AT THE CLINTON FIRST AID AND RESCUE EMERGENCY SERVICES, I AM OBLIGATED TO FOLLOW ALL THE RULES AND REGULATIONS OUTLINED ON THIS FORM:

- I AM IN RECEIPT OF THE N.J.A.C. 8:40A-5.8.
- I AM IN RECEIPT OF THE N.J.A.C. 8:40A-5.3.
- I AM IN RECEIPT OF CLINTON FIRST AID AND RESCUE EMERGENCY SERVICES TRAINING CENTER'S STANDARD OPERATING GUIDELINES.
- I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE REFUND POLICY LISTED ON THIS APPLICATION
- I AM IN RECEIPT AND MEET THE CRITERIA FOR THE FUNCTIONAL POSITION OF THE EMT.
- I ACKNOWLEDGE THAT I HAVE NOT BEEN ARRESTED IN ANY STATE/ US JURISDICTION OR THAT I HAVE BEEN CLEARED BY THE NJ OFFICE OF EMERGENCY MEDICAL SERVICES TO CONTINUE MY EDUCATION AS AN EMT.
- I ACKNOWLEDGE THAT THE MANAGEMENT OF THIS EMT PROGRAM MAY UTILIZE MY EMAIL ADDRESS TO SEND IMPORTANT UPDATES AND INFORMATION, AND THAT IT IS MY RESPONSIBILITY TO MAKE SURE I MAINTAIN AND CHECK THE EMAIL I PROVIDED FREQUENTLY.

NAME (PRINT): _____ NJ OEMS ID # _____

HOME ADDRESS (PRINT): _____

CITY (PRINT): _____ STATE _____ ZIP: _____

EMAIL (PRINT): _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

GUARDIAN'S NAME, if applicable (PRINT): _____

GUARDIAN'S PHONE NUMBER: _____

I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE ABOVE LISTED DOCUMENTS. ALL MY INFORMATION IS CORRECT.

STUDENT'S SIGNATURE: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____ DATE: _____



CFARS EMS Training Center -

To: Parents/Guardian of MINOR Students attending the CFARS EMT Program

While we at the CFARS Training Center welcome their ambition to become Emergency Medical Technicians, for their protection, the following guidelines need to be strictly adhered to throughout the duration of the class. We ask that you please make sure you review and initial each of these items with the minor student attending our program

Parent Initial	Student Initial	
		No minor student attending this class will be permitted to leave the premises during classroom hours, including lectures, breaks or lunch, except as noted below: <input type="checkbox"/> Minor Student may leave CFARS facility during breaks or meals <input type="checkbox"/> Minor Student may leave CFARS facility during breaks or meals, but only when accompanied by: _____
		No minor student will be allowed to smoke or use other tobacco products, including electronic smoking devices, chewing tobacco, etc., while anywhere on the property of CFARS or any of our class locations.
		All students, per New Jersey Department of Health Guidelines, must be on time for class. The minor student is responsible for making all arrangements to travel to and from class sessions.
		The student is required to wear the appropriate classroom attire, as outlined in the student's Standard Operating Guideline, to all classroom and practical sessions.
		CFARS TC has a zero-tolerance policy for harassment, violence or carrying of devices considered to be weapons. Minor students may be immediately dismissed by the instructor if any concerns regarding these areas arise, and the safety of the minor student, other students, faculty or the community is at risk.

By signing this form, the minor student and parent/guardian agree to the rules set forth above. The student agrees to speak to a course instructor if a situation occurs where the student may need to deviate from the rules. A course administrator will be advised, and if the situation cannot be resolved, it may be found necessary to call the parent/guardian regarding the matter. Both parent/guardian and the student understand that any deviation from these rules may result in dismissal from the class and forfeiture of any fees privately paid by the student or parents/guardians.

Student Name: _____ Student Signature: _____
 Parent/Guardian: _____ Signature: _____
 Date Signed: ___ / ___ / ___ Contact Telephone #(s): _____
 Contact Email(s): _____



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CREATING YOUR NJ EMS ID#

- Go to www.njems.us
- Click “Create New EMS Account” on the left, lower corner
- Sign off (Click continue) on a Terms of Agreement at bottom of page.
- Provide an Email Address
- Please provide a personal email address which is accessed only by you. Do not use a family email address or a joint organization email (eg. staff@abc.com.)
 - If you do not have an email address, we recommend that you can obtain a free one from any of the larger email providers such as [GMAIL](#), [HOTMAIL](#) or [YAHOO](#).
- Create a password
- Please create a password containing at least 8 characters, ideally a combination of alphabetic, numeric and special characters. e.g. A-Z a-z 0123456789 ! @ ^ * ()
- Provide a Social Security number
 - Submission of the Social Security Number is required by N.J.S.A. 2A:56.44(e). The number will be used to prevent errors and enforce federal and state laws. Please ensure that you have entered your Social Security Number correctly. This information will only be used by NJDHSS OEMS for the purposes of verifying your credential. Intention misrepresentation of your social security number can be a basis for revoking your credential.
- Age Requirement: You must be 16 years of age or older to create an account.

RECORD YOUR SIX DIGIT ID AND PASSWORD! You will need it in the future PLACE THIS NUMBER ON YOUR APPLICANT REGISTRATION FORM

- Log back into your account.
- Click ‘Apply for INITIAL EMT TRAINING’
- Review your demographic information and click SUBMIT at the bottom of that page
- Answer the legal questions and click submit.
- Logoff.

BOTH STEPS MUST BE COMPLETED



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HEPATITIS B VACCINE

You must select one of the following options (Select one):

- I have previously received my Hepatitis B Vaccination, and completed information below; or
- I have NOT received my Hepatitis B Vaccination, but do require it; or
- I Waive my rights to receive a Hepatitis B Vaccination, and completed waiver below

HEPATITIS B VACCINE IMMUNICATION RECORD

Student Name: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results - pre-vaccine (optional): _____

Antibody test results - post-vaccine: _____

Time interval since last injection: _____

Student Signature: _____

Parent/Guardian Signature, if minor: _____

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me (Must contact sponsoring organization for approval).

Student Signature: _____ Date: _____



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New Jersey Department of Health § 8:40A-5.3 Attendance

Each student shall attend all required program sessions. Attendance shall be recorded on an official session roster. Official session roster forms are available from OEMS upon request. All session rosters shall be delivered to OEMS at least ten (10) calendar days prior to the North Atlantic Certification Examination. No student shall be credited with attendance at a session who:

- Fails to attend the entire session;
- Arrives more than fifteen (15) minutes late for the session;
- Has been expelled from the session for disruptive behavior;
- Leaves prior to the completion of the session;
- Attends the session, but is unwilling to participate in the required activities and instruction for that session; or
- Fails to sign the attendance sheet.

Subject to the provisions of (c) below, any student missing a session shall make the session up within 120 days of the course completion date prior to becoming eligible to test for the North Atlantic Certification Examination. The program coordinator shall be responsible for assisting the student with locating a suitable make-up session. The options available to a student are:

- Attendance at the same session in another CFARS EMT training program;
- Any student missing two (3) consecutive sessions may be expelled from the EMT training program and may be required to apply for, and participate in, an entirely new EMT training program.

- CONTINUED -



CFARS EMS Training Center – Summer EMT Training Program #14

New Jersey Department of Health § 8:40A-5.8 Program Curriculum

- (a) The Department hereby adopts and incorporates by reference the program curriculum as the curriculum for all EMT-Basic training programs conducted in New Jersey.
1. A person must successfully complete each of the program curriculum's seven training modules, and shall not be permitted to move on to the next consecutive module until he or she has successfully passed the examination for the previous module. A person who fails a module examination shall be permitted to re-test following remediation. A person who fails two consecutive examinations for the same module shall be automatically expelled from the EMT- Basic training program and shall be required to apply for, and participate in, an entirely new EMT-Basic training program.
- (b) No training agency shall offer an EMT-Basic training program that provides instruction in material that is beyond the permitted scope of practice for an EMT-Basic, as defined in this chapter, the program curriculum, or any applicable law, rules and/or regulation.
- (c) Each lecture portion of an EMT-Basic training program shall comply with the corresponding lesson plan listed in the program curriculum.
- (d) Each practical skills session shall comply with the standard of care as defined in the program curriculum or any applicable law, rule and/or regulation.
- (e) Each EMT-Basic training program shall include a 10-hour clinical experience in the emergency department of an acute care hospital or another area related to pre-hospital care that has been approved by the Department.
1. The clinical and/or field experiences shall be limited to observation of procedures and patients, and the application of clinical skills that are taught as part of the program curriculum. The clinical experience shall occur under the direct supervision of a Field Preceptor designated by the supervisor of the emergency department staff or other area included as part of the clinical experience.
 2. No person shall serve as a field preceptor unless that person is medically qualified to operate at least to the level of an EMT-Basic.
 3. Students participating in the clinical experience shall neither be required nor allowed to perform any skill or procedure that is outside the scope of practice for an EMT-Basic, nor shall a student be allowed to replace required emergency department staff.
 4. The program coordinator or emergency department staff may permit the student to spend up to five hours of the required clinical experience as an observer on a MICU, subject to the restrictions set forth in (e) 1 and 3 above.
- (f) The EMT-B Statewide Faculty shall assist the Department in the implementation of the EMT-Basic training program curriculum and the oversight of the instructional plan.
- (g) Training in the utilization of AEDs shall be delivered as part of the EMT-Basic and EMT-Basic Refresher Programs and shall be in accordance with the EMT-Basic training program curriculum.

STUDENT SIGNATURE: _____ DATE: _____

Parent/Guardian Signature: _____ DATE: _____

I acknowledge receipt of and review of the above requirements.