



Kentucky Community and Technical College System KENTUCKY FIRE COMMISSION State Fire/Rescue Training (SFRT) Area 6 1361 FRANKFORT RD SHELBYVILLE, KY 40065 mike.wallingford@kctcs.edu susan.singleton@kctcs.edu	
Phone: (502) 213-4284 Phone: (502) 213-4291 Toll Free: (888) 306-8064 Fax: (502) 213-4287	Mike Wallingford, Area Coordinator Susan Singleton, Office Coordinator

EMT-B COURSE INFORMATION

Spring Semester: January 6, 2012 – May 5, 2012 w/State Skills exam May 19, 2012 (subject to change)

PS#89870-Tuesday & Thursday 8:30a–12:30p Eastwood Fire Dept (16010 Shelbyville Rd) Eastwood 40018
PS#89871-Tuesday & Thursday 6:30p–10:30p Okolona Station #3 (1714 Rangeland Rd) Louisville 40219

Contact counselor below for registration dates:

Tony Leslie (213-4272) or Kaye Lafferty (213-4184) JCTC-Tech Campus

Betsy Langness (213-3614) JCTC-Shelby County Campus in Shelbyville

Financial Aid Contact:

	Last Names A-D - Daisha Langford Bryant	213-2470
	Last Names E-K - Charlotte Goins	213-4153
	Last Names L-R - Amanda Murphy	213-2583
	Last Names S-Z - Brittany Brown	213-2483

Requirements for Applicants 902 KAR 13:020 Each Applicant Shall:

1. Be eighteen years of age or older
2. Have a High School Diploma or GED
3. Not been convicted of a felony or misdemeanor described in KRS 335B.010(4); or not been convicted of other crimes directly related to the applicant’s ability to perform the duties of an EMT/Paramedic as described below:
 - a) Offenses under KRS Chapter 189 (Traffic Violations punishable by fine or imprisonment both.
 - b) Offenses under KRS Chapter 189A (Driving under the influence).
 - c) Offenses under KRS Chapters:

• 218A (Controlled Substances)	507 (Criminal Homicide)
• 508 (Assault & Related Offenses)	509 (Kidnapping & Related Offenses)
• 510 (Sexual Offenses)	511 (Burglary & Related Offenses)
• 512 (Criminal Damage to Property)	513 (Arson & Related Offenses)
• 514 (Theft & Related Offenses)	515 (Robbery)
• 521 (Bribery & Corrupt Influences)	523 (Perjury & Related Offenses)
• 525 (Riot, Disorderly conduct & Related Offenses)	527 (Offenses relating to firearms & weapons)
• 528 (Gambling)	529 (Prostitution)

KY BOARD OF EMS AT (859) 256-3665 CAN ANSWER QUESTIONS RELATED TO OFFENSES!

**DOCUMENTATION REQUIRED FOR THE CLASS
TO BE SENT TO:
STATE FIRE RESCUE TRAINING AREA 6
1361 FRANKFORT RD-SHELBYVILLE KY 40065
PRIOR TO START DATE OF CLASS**

ALL FORMS ARE TO BE RETURNED ASAP TO THE SFRT 6 OFFICE IN SHELBYVILLE

Contact SFRT 6 Office for Registration Packet if one is not provided to you.

susan.singleton@kctcs.edu

1. Copy of High School Diploma or Equivalent.
2. Copy of current Drivers License
3. Student Liability Insurance Form
4. KBEMS EMT-Basic State Application
5. Copy of one of the following: (a or b or c)
 - a. COMPASS scores-[math-pre-algebra (29), reading (69), and writing (47)]
 - b. ACT score (min. composite score of 18)
 - c. Official College Transcript.
6. Copy of current CPR card. CPR must be American Red Cross, American Heart Association, National Safety Council, or American Safety & Health Institute (Card must state **Professional Rescuer or Healthcare Provider** to include, infant, child, adult, 1-rescuer, 2-rescuer, airway obstruction, barrier-to-mouth, and AED)
7. Administrative Office of the Courts Form – for background check (KY Residents)
OUT OF STATE Resident or resident of KY for less than 5 years (VCI - Verification Center online - \$48.00 charge at www.kbems.kctcs.edu (Certification & Licensure – Background Checks) for completion.
Send results to SFRT 6 Office

A CPR CLASS WILL BE SCHEDULED FOR EMT-B STUDENTS NOT CERTIFIED AT THE REQUIRED LEVEL. PLEASE NOTIFY susan.singleton@kctcs.edu if you need CPR CLASS COST \$30.00

COMPASS TESTING: Contact information to schedule:

Jefferson Education Center	213-2256
Jefferson Comm & Technical College – Tech Campus	213-4100
Jefferson Comm & Tech College - Shelby Co. Campus	502-633-5524 x 33613

EMT COURSE FEES ASSOCIATED WITH THE EMT-B COURSE

\$780 - TUITION (\$130.00 per credit hr-current students) – paid at JCTC

\$810 - TUITION (\$135.00 per credit hr-new students) – paid at JCTC

\$ 20 - STUDENT LIABILITY INSURANCE – paid at JCTC

\$ 40 - SECURITY FEE – paid at JCTC

\$125 – BOOK/Workbook - PROVIDED FIRST NIGHT OF CLASS -

(AAOS Emergency Care and Transportation of the Sick and Injured, 10th ed or current)

\$ 43 – N.R.E.M.T. Review Manual – Available for purchase mid October

\$ 30 - PROF. RESCUER CPR (IF APPLICABLE) – Money order payable to SFRT 6

KBEMS FEES - collected by SFRT 6 at the end of class

\$ 10 - Application Fee (payable to KBEMS) – collected final week of class

\$ 30 - State Certification Fee (payable to KBEMS) – collected final week of class

NREMT WRITTEN EXAM FEE - COMPUTER BASED TESTING

\$ 70 – NREMT testing fee - (paid online at the time you register to take the written exam-prior to skills)

EMT-BASIC TRAINING

(Utilizing the 1994 DOT National Standard Curriculum [NSC])

Textbook/Workbook: AAOS Emergency Care and Transportation of the Sick & Injured, 9th ed or current

The EMT-Basic training course must follow the United States Department of Transportation 1994 National Standard Curriculum [NSC] for Emergency Medical Technician-Basic. The course must be at least 125 hours in duration.

The textbook is chosen by the course instructor and may be different from other classes. The instructor develops the examinations and establishes other standards, including absenteeism, in accordance with the Implementing Agency.

The EMT-Basic program provides instruction and practice in dealing with bleeding, fractures, airway obstruction, cardiac arrest, and emergency childbirth. Students learn to use and care for common emergency equipment, such as backboards, stretchers, suction devices, splints, and oxygen delivery systems.

You must successfully complete the SFRT 6 EMT-Basic training course (80% score) to be eligible to take the Kentucky EMT-Basic certification examinations.

Kentucky EMT-Basic Certification:

To work as an EMT in Kentucky you must be certified as an EMT-Basic by the **KENTUCKY BOARD OF EMS** (kbems.kctcs.edu/kbems). To earn Kentucky certification you must successfully complete a Kentucky approved EMT-Basic training course, and pass Kentucky's practical skills examination and Kentucky's written examination

The student must successfully pass the practical skills examination within two years from successful completion of their EMT-Basic training course.

The practical skills examination has six parts:

- Station 1: Patient Assessment/Management (trauma)
- Station 2: Patient Assessment/Management (medical)
- Station 3: Cardiac Arrest Management (with AED)
- Station 4: Bag Valve Mask Device-on apneic patient with a pulse)
- Station 5: Spinal Immobilization (supine or seated)
- Station 6: Random skill testing on one of these skills:
 - long bone injury immobilization
 - joint injury immobilization
 - traction splinting
 - bleeding control and shock management
 - upper airway adjuncts and suction
 - mouth to mask ventilation with supplemental O₂
 - supplemental O₂ administration

Written Examination for State Certification:

NREMT (Columbus, OH) (614) 888-4484. You will receive a certificate from them stating that you are nationally registered –not certified. You are certified through the state in which you take your course.

Kentucky uses The National Registry for EMTs (NREMT) written examination for their certifying exam. It is Computer Based Testing (CBT) and is given through a testing center located in Louisville on Bishop Lane. There is a **\$70.00 testing fee** for the EMT-Basic exam and is paid at the time you register to take the written exam. This process will be explained by your instructor during the class.

UPON SUCCESSFUL COMPLETION OF THE NREMT WRITTEN EXAM (70% score) YOU WILL BE ISSUED A KENTUCKY EMT-BASIC CERTIFICATE FROM THE KY BOARD OF EMS IN VERSAILLES (859) 256-3565.

Job Outlook

Most job openings will occur because of this occupation's substantial replacement needs. Turnover is quite high, reflecting this occupation's stressful working conditions, limited advancement potential, and the modest pay and benefits in the private sector.

Opportunities for EMTs are expected to be excellent in hospitals and private ambulance services, where pay and benefits usually are low. Competition for jobs will be keen in fire, police, and rescue squad departments because of the attractive pay and benefits and good job security.

Earnings

Earnings of EMTs depend on the employment setting and geographic location as well as the individual's training and experience. According to a survey conducted by the *Journal of Emergency Medical Services* (JEMS), the average national mean salary (with an average tenure of 7.6 years) in 1996 was (\$25,051 for an EMT-Basic and \$30,407 for an EMT-Paramedic); although the Southeast region, which includes Kentucky was lower (\$21,387 for an EMT-Basic and \$28,104 for an EMT-Paramedic).

Email: susan.singleton@kctcs.edu with any questions.



Workforce Training/Firefighters Application for Admission/Registration

If you are currently enrolled at a KCTCS college or if you have completed THIS form in another course, you will need to check this box (Readmit), and complete: Name, Social Security Number or Firefighter Number (if applicable), Address and Signature.

Name _____
First Middle Last Preferred Name

Address _____
City County State Zip Code

Employer _____

List any phone number where we may contact you: _____ Cell Home Business

Email Address _____

*Social Security Number _____ Date of Birth _____ *Gender: Male Female
Month Day Year

Citizenship Status US Citizen Yes No

If not a US citizen are you a permanent resident alien of the US? Yes No Resident Alien Number _____

*Do you consider yourself Hispanic/Latino? Yes No *In addition, select one or more of the following racial categories to describe yourself:
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

* Optional information requested for reporting purposes and will not be used in an admission decision.

Please list all the names that you have used on previous educational records. _____

Admit Status

- First-Time College Student
- High School (taking college courses prior to High School graduation)
- Visiting Student
- Non-degree
- Readmit (attended KCTCS previously)
- First-Time Transfer (Are you eligible to return to your former college?) Yes No

High School Attended

(If you earned a GED enter GED for High School.) High School Name _____ City _____ State/County _____

High School Graduation Date _____ or GED Completion Date _____ or Last Date of Attendance _____

Other postsecondary institutions attended and dates: (An official transcript from each institution listed is required for admission.)

College _____ City _____ State _____ Dates Attended _____

Residency Status Kentucky Non-Kentucky Have you lived in Kentucky for the last 12 months? Yes No
How long have you been living in your non-Kentucky county? _____

Firefighter Students Only

County Name _____ County Number _____
Fire Department # _____ Firefighter# _____
Fire Department Name _____ KCTCS Home College _____

College Use Only: Home College Code _____ Empl ID _____

Academic Plan Workforce Non-Degree 9002000000 Fire SciTech 4302037019 Other

Course Number _____ Course Title/Topic _____

Peoplesoft Class Number _____ Fee _____ Start/End Dates _____

Starting Term Summer Fall Spring _____ Year

Date _____ Signature _____

* Optional information requested for reporting purposes and will not be used in an admission decision.

KCTCS is an equal opportunity employer and education institution.

Revised March 2010



Office Use Only:	
Check/MO #:	_____
Amount: \$	_____
Date Cert.:	_____
Cert. #:	_____
Exp. Date:	_____

Emergency Medical Technician Initial Certification Application

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F): _____

Name: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Years of Education: _____ High School Diploma: _____ GED Certificate: _____

Other Education: _____

Leave blank - will provide label w/ information
 EMT-Basic Course Number: _____ Instructor Name: _____

Educational Institution: _____

Course Location: _____ Completion Date: _____

Employer: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

All questions on this page must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete. Please circle your answers.

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? Yes No
2. Have you ever been convicted of a misdemeanor or DUI? (If yes, please provide a written explanation and a certified copy of court records.) Yes No
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? (If yes, please provide a written explanation.) Yes No
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? Yes No
5. Have you ever been in default on any school loans? (If yes, please provide a written explanation.) Yes No
6. Have you at any time had your certification(s) or registration(s) as a First Responder, EMT or Paramedic or its equivalent, restricted, revoked, denied, suspended or expired in the Commonwealth of Kentucky or another state? Yes No
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a First Responder? Yes No
8. Do you have a physical, mental, or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT-B, or Paramedic? Yes No
9. If you marked 'Yes' on any of the above questions, have you reported this to the KBEMS office? Yes No

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant

Date

All returned checks shall be subject to a processing charge in the amount of Twenty-Five Dollars (\$25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

300 North Main Street, Versailles, KY 40383 • (859) 256-3565 • Fax: (859) 256-3128 • kbems.kctcs.edu



This form must be completed, signed, and returned with EMT-B course Registration Form

**Application
Professional Liability Insurance for Health-Related Disciplines
Kentucky Community and Technical College System**

Name _____ **College** JCTC-Shelby County Campus - SFRT 6

Home Address _____
(Street) (City) (County) (State)

Social Security Number _____ - _____ - _____

Policy period will be one (1) year from date application is received.

Program (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Bio-Medical Equipment | <input type="checkbox"/> Medical Office Tech |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Medication Aid |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Medicaid Nurse Aid |
| <input type="checkbox"/> Dental Hygiene Program | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Nursing/Practical Nursing |
| <input type="checkbox"/> Early Childhood Education/Child Development | <input type="checkbox"/> Occupational Therapy Assistant |
| <input checked="" type="checkbox"/> EMT Basic | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Medical Lab Tech | <input type="checkbox"/> Surgical Technology |

I agree to notify the Business Office in writing of any incident that may result in a claim.

Date _____ **Signed** _____
(Applicant)

Annual student premium is \$20.00 (Prorating is not permitted)

To enroll, application must be completed, signed, dated and submitted to your College Business Office along with the premium. *

Students must enroll in the professional liability insurance program prior to any clinical (patient care) activity.

(Items below line for College use only)

PAYMENT: Cash _____ Amount Received _____

 Check _____ Date Payment Received _____

 Credit Card _____ By (Initial) _____

07/04

***Return to SFRT 6 office with EMT-B registration forms**

Return this form to Susan Singleton

AOC-RU-004
Rev. 1-10
Page 1 of 1
www.courts.ky.gov

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$15.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$15.00 fee (check or money order).

Government

Government entities must provide a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____
NAME: _____
MAIDEN NAME(S) AND/OR ALIAS: _____
DATE OF BIRTH: _____
STREET ADDRESS / P.O. BOX: _____
CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature A20633
Tax Exempt Number State Fire and Rescue Training
Company Susan Singleton
Requestor/Contact Person 1361 Frankfort Rd.
Address Shelbyville, KY 40065
City, State, Zip

Date Susan.Singleton@ketcs.edu
E-mail address (sent to this e-mail only) 502-213-4291
Telephone Number

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) EMT Basic class for certification