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| EMR Program  Application Packet |
| **Xtreme Education**  **PO Box 671**  **West, Texas 76691**  **888-84-XTREME**  **www.xtremeeducation.com**  **training@xtremeeducation.com** |

Thank you for your interest in the Emergency Medical Services program offered by Xtreme Education, LLC. We strive to consider all applicants in a fair and consistent manner. This packet describes the steps involved in making application.

Xtreme Education, LLC does not discriminate on the basis of race, color, religion/creed, age, gender, disabling conditions, handicaps, or national origin.

The program to which you are applying is both mentally and physically challenging. Because of the unique environment in which EMS personnel function, it is important to have a good understanding of the demands of the profession. A copy of the Functional Position Description is attached. Please review it carefully to assess your ability to perform the essential job functions of the profession. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the Program Director or the Clinical Manager as soon as possible. While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program’s requirements, either with or without reasonable accommodations.

This packet also includes a list of the program’s prerequisites and several required forms. Please complete all forms carefully and provide any necessary attachments. You should consult the checklist at the bottom of the form to ensure your application is complete. Please be aware that the time frame for immunizations is lengthy and you should plan accordingly. We do NOT accept incomplete applications. If you have any questions, please contact us. We will be happy to assist you.

# information for prospective students

## prerequisites

Applicants must meet the following prerequisites to be considered for acceptance into the program:

**EMR:**

* High school graduation or a GED. (High school seniors may apply, but you must be 18 years old and hold a high school diploma or GED to become certified by the State of Texas) **This is not critical for the program but is required by the National Registry upon taking your exam.**
* Be currently certified in Basic Life Support (CPR) from the American Heart Association (Health Care Provider), or equivalent (ASHI, Red Cross). Certification cannot expire before the end of the semester. We do not accept CPR for lay rescuers. Xtreme Education DOES offer CPR for Healthcare Providers, so please let us know ahead of time if you need this course!!
* Completion of the written application for admission to the program, including all supplemental documentation.

## disability accommodations

Xtreme Education, LLC will take the steps required for reasonable accommodation to

ensure that no individual is excluded, denied service, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Support assistance may include note takers, interpreters for the deaf, tutoring, counseling and advising, special arrangements, tape recorders, etc. Persons requesting disability services should complete a request for services by contacting Xtreme Education, LLC. In many cases, recent documentation of disability may be required.

The National Registry of Emergency Medical Technicians administers a separate process for determining whether accommodations for disabilities will be granted during the certification exams. Eligibility is determined on a case-by-case basis. Therefore, a student who receives an accommodation during an EMT course has no guarantee of receiving an accommodation for the certification exam.

**americans with disabilities act – allowable accommodations**

ACCOMMODATIONS POLICY OVERVIEW

It is the policy of Xtreme Education to administer its education courses in a manner that does not discriminate against an otherwise qualified applicant. Xtreme Education offers reasonable and appropriate accommodations for the classroom portions, written exams, and psychomotor components of the education programs for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

Xtreme Education urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. **At a minimum, all requests for accommodations must be received by Xtreme Education at the time of class start date.**

Xtreme Education will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for the education programs are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the education program’s ability to carry out the essential portions of the course(s).
4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so
5. Xtreme Education realizes that each candidate’s circumstances are unique and uses a case by case approach to review the documentation that is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Xtreme Education’ staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

EMS EDUCATION AND THE ADA

Xtreme Education does not set policy for any other educational institutions regarding appropriate accommodations in the classroom. However, in the interests of public protection and appropriate counseling of prospective EMS students, coordination of National Registry, Texas DSHS, and educational accommodation policies is critical. As EMS educators, we seek guidance from the Disabilities support services connected with our educational institution. As an independent education program that is not sponsored by an institution with disability support, Xtreme Education regularly contacts their State EMS Office for advice. Furthermore, as educators, Xtreme Education abides by the following guidelines:

* No discussion or screening for disabilities, or other addressing of potential disabilities should be performed prior to a student’s admission to a training program. No inquiry may be made of a prospective student about any disability. Aptitude or diagnostic testing may only be required prior to admission if it is required of all students
* The EMT job description, which is included in EMT curricula, should be provided for each student at the beginning of their training.
* At the beginning of a course (but never before the course begins), instructors should inquire if there are students who may request accommodations for disabilities. If students request accommodations, the instructor should refer or advise the individual to contact the state EMS office directly to assure a consistent approach to the application of appropriate accommodations in the classroom.

Educators should request documentation of the disability be sent to the school’s disability coordinator. Accommodations provided in the classroom setting should be approved in consultation with the disability coordinator and a disability expert (generally an educational psychologist).

Students who have stated they have a disability and are seeking an accommodation during an education program should follow Xtreme Education’ policies and procedures in order to have the accommodation met.

REQUESTING AN ACCOMMODATION

Xtreme Education’s education programs have several components including a classroom portion, cognitive exams, and psychomotor examinations, where candidates must perform competently some psychomotor aspects of the job of an EMT and/or EMR.

Candidates requesting accommodations should print out and follow the “How to request an accommodation” step by step guide in the section below. Following these steps, including the timely submission of appropriate documentation, will facilitate Xtreme Education’s review regarding appropriate accommodations.

Although each accommodation request is analyzed separately, some general principles guide Xtreme Education’s decisions. Documentation must be current and provided by a qualified professional. Documents will be reviewed by Xtreme Education’s consultants and approval of accommodations must be obtained by Xtreme Education.

Xtreme Education administers courses and examinations in English only and does not provide accommodations for English language learners or individuals with limited English proficiency as they are not considered disabled under the ADA.

The psychomotor examination evaluates necessary skills and simulations of skills required of an EMT and/or EMR. Use of assistive devices on the psychomotor examination to assist disabled persons to demonstrate psychomotor competency may be permitted provided these same assistive devices can be used safely and effectively on the job. Prior approval of use of any of these devices on an Xtreme Education’s psychomotor examination must be obtained. Decisions cannot be made at the time of the examination. Documentation of a physical disability must be submitted in accordance with Xtreme Education’s guidelines in a timely manner.

RESPONSE AND ROLE REGARDING DISABILITIES

Xtreme Education is committed to the provision of reasonable accommodations which do not compromise the ability of its certification tests to evaluate a candidate’s ability to safely and effectively perform the critical tasks in the provision of EMS care. The program(s) provided by Xtreme Education attest to a standard of care in the interest of public protection. Accordingly, these standard guides the accommodations that can be made for candidates taking an Xtreme Education’s course. Xtreme Education also recognizes that each disability is unique to the individual and all decisions regarding reasonable accommodation are evaluated on a case-by-case basis.

Xtreme Education is an approved education program through Texas Department of State Health Services but does not issue a state license or permit to work. While we do our best to cover as many aspects of pre-hospital care, not all aspects of an EMT’s job are covered in the National Registry cognitive or psychomotor examinations. Accordingly, the state licensing agencies will continue to have the responsibility and authority to determine an applicant’s ability to safely and effectively provide EMS services with respect to those physical and mental skills not tested on National Registry certification examinations.

ABOUT THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) is designed to eliminate unnecessary barriers to people with disabilities in the areas of employment, transportation, public accommodations, public services, and telecommunications. This comprehensive federal act has many sections that affect builders, state and local governments and employers. Title III of the ADA specifically assures that certification test sponsors and education programs must provide appropriate accommodations to otherwise qualified candidates so as to permit candidates to be tested on their true abilities.

HOW TO REQUEST AN ACCOMMODATION

If you are requesting an accommodation on any level in an Xtreme Education program course, you must complete the following steps:

1. Review and Complete the following documents:

* Accommodations Questionnaire
* Accommodations Checklist
* Accommodations Disability Policy

1. Email the following documents to training@xtremeeducation.com**at the time of the class start date:**

* Completed and signed Accommodations Questionnaire
* A letter from an appropriately credentialed professional, such as an educational psychologist with (1) the diagnosis of your disability, (2) specific disability symptoms, and (3) recommendations for accommodations
  + This information should be written on professional letterhead, dated, and signed
* Psychological evaluation, signed comprehensive assessment report, and accompanying standard scores
* Evidence of previously approved accommodations
* A personal statement written by you describing your disability and its impact on our daily life and educational functioning

\*Please note: Some accommodations requests may require additional documentation   
  
3. Xtreme Education will send you an email to confirm receipt of your documentation and follow up with an Accommodations Letter indicating whether your request has been granted.  
  
4. Once all documents are reviewed, Xtreme Education will send you an Accommodations Letter if it has determined to approve your accommodation. If it is not approved, you will receive a letter of notification explaining the denial.  
  
5. If you have any questions, contact Xtreme Education at [training@xtremeeducation.com](mailto:training@xtremeeducation.com)

**ACCOMMODATIONS POLICY**

**Introduction**

The following information is provided for candidates for Xtreme Education program courses. Candidates requesting program accommodations should share this information with individuals responsible for rendering a diagnosis of the specific disability so that appropriate documentation can be assembled to support the request for accommodations.

The mission of Xtreme Education is to serve the community and First Responder organizations by providing life-saving educational programs to all those that wish to participate. The primary purpose of this educational program is to help protect the public by providing the public, employers, state-licensing agents, and governmental agencies with reliable methods for educating pre-hospital care providers who have met prescribed standards for certification.

The Xtreme Education process consists of different assessment and education components; in-person education, online education, cognitive examinations, and psychomotor skills examinations.

**Cognitive Examinations**

Written examinations are designed to test the knowledge and abilities of the entry level First Responders and Emergency Medical Technicians, as well as any other students we educate in other educational programs. We strive to educate students to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflects the content of the current National EMS Practice Analysis and include questions about the provision of EMS care.

**Practical Examinations**

Practical examinations are designed to test the skills and abilities of the entry level First Responders and Emergency Medical Technicians to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflects the content of the current National EMS Practice Analysis and include a scenario-type format which requires the candidate to demonstrate his/her skills and abilities in a simulated environment which reflects the out of hospital setting. The process is a formal verification of the candidate’s “hands-on” skills and abilities, rather than a teaching, coaching, or remedial training session.

**Policy Overview**

It is the policy of the Xtreme Education to administer its courses and examinations in a manner that does not discriminate against an otherwise qualified applicant. Xtreme Education offers reasonable and appropriate accommodations for the written and practical components of the course programs for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

Xtreme Education urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. At a minimum, all requests for accommodations must be received by Xtreme Education at the time of the scheduled start date.

Xtreme Education will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

* 1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
  2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
  3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the program’s ability to assess the essential functions of pre-hospital care, which the test is designed to measure.
  4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
  5. Xtreme Education realizes that each candidate’s circumstances are unique and a case by case approach to review the documentation is required.
  6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Xtreme Education’s staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

**Accommodations Check List**

**How to Apply for Accommodations**

Xtreme Education wants to ensure that all candidates receive a fair and unbiased opportunity to demonstrate their knowledge, skills, and abilities related to EMS. To ensure that each candidate receives a fair opportunity to attend educational courses, Xtreme Education offers reasonable and appropriate accommodations for persons with documented disabilities. Xtreme Education recognizes that each disability is unique to the individual and all decisions regarding reasonable accommodations are evaluated on a case-by-case basis. Xtreme Education complies with the Americans with Disabilities Act (ADA).

1. Review Xtreme Education’s policy on accommodations.

(Send an email to training@xtremeeducation.com if you have questions.)

2. Complete the questionnaire. Print, complete, and sign the questionnaire.

3. Get your supporting documentation\*. Ask your healthcare specialist for the appropriate documentation to support your request. These documents include:

a. A letter from an appropriately credentialed professional, such as a psychologist, with (1) the diagnosis of your disability, (2) specific disability symptoms, and (3) recommendations for accommodations

b. This information should be written on professional letterhead, dated, and signed

c. Psychological evaluation, signed comprehensive assessment report, and accompanying standard scores

d. Evidence of previously approved accommodations

e. A personal statement written by you describing your disability and its impact on your daily life and educational functioning

\*Please note: some accommodations requests may require additional documentation

4. Email it all to the training@xtremeeducation.com

5. Wait patiently while we review the documents and process your request.

6. Watch for our email. We will send you an email with a letter indicating the results of your accommodations review.

a. The letter will provide detailed instructions on what to do next.

b. If more information is required, the letter will explain exactly what is still needed.

c. if the request is denied, the letter will explain why it was denied and what is required of you.

**Questionnaire for Applicants Requesting Accommodations**

**(only to be completed by those requesting an accommodation; this is due at the time of class start date, not before) \_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the nature of your disability?

* + - Learning Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Psychiatric Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Physical Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - ADHD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To facilitate Xtreme Education’s processing of your request for an application, please provide:

1. All requested documents in support of your request (see the Xtreme Education ADA Policy for specific information as to requested documentation)
2. A personal statement describing your ability and its impact on your daily life and educational functioning.

What accommodations are you requesting?

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

List any prior classroom or test accommodations that you have received. Please include any accommodations you received while attending elementary or secondary school, and/or college:

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**Certification/Authorization**

I certify that the above information is true and accurate. If the accommodation granted includes extended time for the standard testing time schedule, , I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Information**

If clarification of further information regarding the documentation provided is needed, I authorize Xtreme Education to contact the professional(s) who diagnosed the disability and/or those who have provided me with previous accommodations. I authorize such professional(s) and entities to communicate with Xtreme Education in this regard to provide Xtreme Education with such clarification and/or further information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Steps:**

*Submit this questionnaire with supporting documents to* [*training@xtremeeducation.com*](mailto:training@xtremeeducation.com)

*Please allow us time to review the documents and process your request*

*We will send you an email with the status of your request and instructions on what you should do next.*

## Books

## (subject to change)

To be successful in this program you will need to purchase and read the course textbook. **These will be purchased at** [**www.mypearsonstore.com**](http://www.mypearsonstore.com) **WITH MyLab Brady Access by Xtreme Education for you, and this is how you will complete assignments during the course.**  The Required textbooks are as follows:

**EMR:** Emergency Medical Responder: First on Scene, 11th Edition Chris Le Baudour, Assessment Training Institute, Inc.

J. David Bergeron, Department of Health, Southern Maine Technical College Dr. Keith Wesley, Medical Editor ©2019 Pearson

**Prices:**

Digital + Print

[Emergency Medical Responder: First on Scene plus MyLab Brady -- Access Card Package, 10th Edition](http://www.mypearsonstore.com/bookstore/emergency-medical-responder-first-on-scene-plus-mylab-013441943X)

**$155.92** | ISBN-13: 978-0-13-441943-5

## class schedules

Class schedules will vary, based on the needs of the specific students and will be revealed upon

individual course coordination.

The EMR course is a 90-hour course, typically given two nights a week, but can be modified to fit your specific needs.

## Online course access

## Xtreme Education, LLC can offer some portions of the EMS courses online, in a “live” virtual instructor-led fashion, or as a remote “satellite” location. While students may be able to take the classroom portion(s) of the course online, the same attendance policies exist for the course, and all classroom assignments must still be completed. The student MUST still also attend the skills exam session, the final exam, and the clinicals in-person, at a time and place set by the course director. The “online” student is still expected to stay on pace with the course, or they will be dropped from the course, with no refunds up to that point.

## transportation and travel costs

Xtreme Education, LLC assumes no responsibility for expenses incurred as a result of travel

or transportation that must be arranged by students to satisfy course requirements.

## Costs

**EMR:**

* + Tuition- $350.00
  + Textbooks (approx)- $155.92

**Total Paid to Xtreme Education: $350.00**

**Additional Fees for Certification for EMR and EMT (approx.):**

* + Texas DSHS application Fee: $64
  + National Registry Exam Fee:
    - EMR- $75
    - EMT- $80
  + Fingerprint Fee: approx. $40

# health insurance

## disclosure and agreement

The profession and activities that you will undertake as part of your educational experience will expose you to risks. The dangers include, but are not limited to, ambulance crashes, assaults, hazardous materials exposures, infectious diseases, lower back injuries, abrasions, cuts, and exposure to extreme temperatures.

Students are provided liability insurance through Xtreme Education, LLC for the purposes of the clinical rotations only. This is not health insurance and does not equate to medical benefits.

The facilities in which you will be learning do not provide worker compensation or other medical benefits to the student.

If the student becomes sick or injured as a result of participating in the EMT courses, the student will be responsible for any and all costs that are associated with the treatment. As such, students are highly encouraged to purchase personal health care coverage while participating in these courses.

I understand that Xtreme Education, LLC and affiliated clinical sites have no responsibility for providing health care services in the event of illness or injury. In addition, students may be requested to acknowledge and sign additional liability release forms from clinical sites.

Date:

Signature:

Printed Name:

**A close up of a device

Description automatically generated**

**EMS Program Student Agreement**

**Notice: Your application will not be valid until you have initialed each bullet point and submitted this form to the Course Coordinator.**

If you have any questions regarding the course policies, do not hesitate to contact the Course Coordinator or refer to the Student Handbook. If you have any concerns about meeting these course criteria, please do not submit an application until you speak with the Course Coordinator.

I have read and understood the course policies.

I verify that I am above the age of 18 or will be by the Licensure Examination. I also verify that I have completed high school, as evidenced by a high school diploma or

G.E.D. If the student is between ages 16 to 18 a parental consent form must be

complete and signed by the parent / guardian. Contact the course coordinator for the form.

I understand that the application fee (if required) is completely non-refundable should I get into the class. I understand that the entire course fee is completely non-refundable after the start of the first class. I understand that all additional fees are completely non- refundable should I get into the class, although I will be able to keep all materials.

I understand that in addition to the course fee, I am responsible for the payment of National Registry of Emergency Medical Technicians testing fees.

I understand that I must attend all class and practical sessions. I have checked my schedule and have no conflicting events on any class or practical session.

I understand that this course is very intense, and I realize that I will receive no refund if I drop the course because of school or work- related conflicts.

Any and all material submitted to Xtreme Education becomes property of Xtreme Education and can be used for publication at a later date.

Print Name Signature Date

**STUDENT CONTRACT**

I hereby certify that the statements on my application are true and complete, that I understand the responsibilities of the program and that no claim will be made by me or in my behalf, against the personnel in charge of this Program (i.e., the Course Coordinator(s)), his or her agents, employees or designees, Xtreme Education, or any other authorized clinical or observation site, the sponsoring group and/or the facility(s) used for training, for any loss, injury, damage, which may result there from. I hereby certify that I am aware of, and will abide by, all the requirements set forth by this Program in the Student Handbook, the class syllabus, and any ancillary documents which have been, or which may be, provided to me from time to time throughout the Program. I also certify that I have received a copy of this Contract, a class syllabus outlining the class schedule and reading assignments, and the EMS Training Program Student Handbook and agree to abide by all rules, regulations, policies and procedures as outlined by the Program.

I further understand and agree that as a student in the EMS Program, I must maintain the confidentiality of all matters related to the patients, the Program, and the Program instructors and staff. This includes, but is not limited to, refraining from looking up, disclosing, copying, publishing, altering, or modifying any educational, classroom, business or patient records, materials, computerized data or any other form of information unless authorized to do so. This Confidentiality provision is intended to, and shall survive, to the end of my participation in the Program, whether such end is by completion or termination from the Program, and in the case of termination, regardless of the reasons for such termination.

It has been explained to me that any violation regarding confidentiality will be considered a serious infraction and will result in disciplinary action, up to and including termination from the Program and possible legal consequences.

Student’s Name PRINTED

Student’s signature Date signed

Date signed

If Student is under 18 years of age, signature of parent or legal guardian:

Signature Date signed

Printed Name

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**WAIVER OF RIGHTS**

In consideration for the opportunity to pursue training and/or education, the undersigned hereby waives any and all rights that he/she might have to claim damages, compensation, or remuneration in any form from Xtreme Education, LLC and any and all students, faculty, staff, Clinical Mentors and preceptors, visitors, patients, and/or employees or any of the authorized clinical sites. These rights specifically pertain to any injuries to the undersigned occurring under the following circumstances: The undersigned is injured while he/she is a student or student observer in any training program or clinical observation location, or a while a passenger in any ambulance or other vehicle owned and operated by any of the contracted/authorized clinical sites or emergency services, while such student is present in any classroom, training area, clinical observation site, ambulance or other vehicle as an observer and/or as part of a training program.

As used herein, the word “injuries” shall include bodily injuries, injuries to personal property, mental anguish, emotional distress, psychological injuries, and/or death resulting from any such injuries. All reference herein to the undersigned shall include not only the individual signing this document, but also his or her personal representative, heirs, survivors and assigns.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood and received a copy of this document; that he/she is 18 years of age or older (or if under 18 years of age, that a parent or legal guardian has read, understood and received a copy of this document); and that he/she is fully aware of the risks inherent in the type and nature of training and clinical observation to be engaged in, as well as the risks and dangers inherent in riding in an ambulance or other vehicle operated by an ambulance company. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforce ability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

**Dated this day of , 20\_\_.**

**(Signed)**

**(Printed Name)**

If Student is under 18 years of age, signature of parent or legal guardian:

Signature Date signed

Print Name

****

**Photo Release Permission Slip**

As a student/participant of Xtreme Education, I hereby consent to the use of photographs/videotape taken during the course or event for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for Xtreme Education to photograph me for educational purposes and/or at events.

\_\_\_ No, I do not authorize Xtreme Education to photograph me for any event.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | Preferred Name |
| Social Security Number | | Date of Birth | |
| Mailing Address | | | |
| City | State | ZIP | |
| Home Telephone (with area code) | | Work Telephone (with area code) | |
| Cell Phone Number (with area code) | | Email Address | |
| Highest Level of Education Completed, including degree and institution if appropriate. | | | |
| Name of Emergency Notification | | Telephone Number (with area code) | |

**EMR Program Application**

The nature of EMS duties requires restrictions to be placed on credentialing of persons with criminal histories. Clinical Sites will require a criminal background check and a drug screen prior to beginning clinical rotations. If the student does not meet the standards set by the clinical site, the student will not be allowed to attend or complete the clinical at that site. Applicants with criminal histories who wish to take the NREMT examination or be certified by the Texas Department of State Health Services are reviewed by those agencies on a case by case basis. Therefore, Xtreme Education, LLC is not able to advise a student with a criminal history if he/she will be eligible for certification upon course completion. Restrictions from entering a clinical site may not be the same as those of the certification/ licensing agencies. Questions regarding certification of applicants with criminal histories should be directed to the Texas Department of State Health Services or the National Registry of EMT’s.

## please initial each line as you complete the step

### have you:

\_\_\_\_\_ Paid the required tuition, or made arrangements to do so?

### have you attached the following documents to this application?

High School Diploma, GED, or letter stating you are in your senior year of High School

Copy of driver’s license or State ID Card

Copy of current Basic Life Support (BLS) Card

## incomplete applications will not be accepted.