



**EMT**

# **Application Packet**

## **Application Instructions/Check List**

---

**EMT Program – December 2019**

### **IMPORTANT – READ CAREFULLY**

**CANDIDATES ARE NOT REGISTERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE LORD FAIRFAX EMS COUNCIL (LFEMS). LFEMS COUNCIL REGIONAL AGENCY MEMBERS ARE GIVEN ADMISSION PREFERENCE.**

#### **Step 1**

**The following items are required to qualify for the EMT program:**

- Don't have to be affiliated with an EMS agency within the Commonwealth of Virginia but important for re-certification.
- Review the **Admission Policy and Enrollment Requirements** (pages 3–5).
- Complete the **EMT Course Application** page in its entirety (page 6).
- Submit the entire **EMT Course Application** to the Lord Fairfax EMS Council,
  - Mail or hand deliver to: Lord Fairfax EMS Council  
c/o Don Goff; Regional Field Coordinator  
180 Prosperity Drive, Suite 1  
Winchester, VA 22602
  - Fax to 540-722-0094 Attn: Don Goff
  - Email to Don Goff; [dgoff@vaems.org](mailto:dgoff@vaems.org)

#### **Step 2**

**Submit documentation: The following items are required to complete the application process for the EMT Program. Submit the following items to the Lord Fairfax EMS Council, as applicable, no later than December 2, 2019.**

Copies of the following:

- a) Driver's license.
- b) EMT Course Application to include:
  - a. Personal Health History (page 7)
  - b. Authorization for Release of Information (page 8)
  - c. Why I want to be an EMT paragraph (page 9)
  - d. Student Affiliation Confirmation (page 10)
  - e. Complete one only: (1) Recommendation for EMT Program form (page 11).  
Recommendation form **must** be completed by:
    - a. Rescue & Fire leadership
    - b. Teacher or Counselor
    - c. Supervisor

#### **Step 3**

**On December 3<sup>rd</sup> 2019 applicants to the EMT program will be notified by email & phone only if they have been accepted into the program.**

**NOTICE: Tuition must be paid in full by December 9, 2019. You are not considered "registered" for the class until payment has been received. Prior approval must be obtained in order to invoice agencies directly for the cost of the tuition. If your payment is not received on time your seat will be open to the next eligible candidate.**

## **Admission Policy and Enrollment Requirements**

The Lord Fairfax EMS Council will not discriminate in its admission policies on the basis of sex, race, national origin, color, creed, disabling conditions, handicap, age, religion or sexual preference. All candidates must meet the minimum requirements and provide documentation prior to entry into a Basic Life Support program.

### **For entrance into all programs:**

1. The candidate must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC 5-31-1503, BLS course student requirements** (page 4).
2. The candidate shall be covered by professional liability insurance with coverage amounts not less than the maximum amount recoverable from a health care provider for any injury to, or death of, a patient resulting from a malpractice action as specified under Section 8.01-581.15 of the 1950 Code of Virginia, as amended, or any successor statute thereto per occurrence and three (3) times the maximum amount set forth above in the aggregate. Any expenses associated with supplemental coverage shall be borne by the student. *If the candidate is not covered by a policy at the time of application, information on obtaining coverage will be provided at the first class session.*
3. A current American Heart Association Healthcare Provider (or ASHI equivalent) CPR card must be brought to the first night of class.
4. It is recommended that students have their certificates of completion for the ICS 100, 200, 700, and 800, however not required.
5. LFEMS Council regional candidates will be given available spaces prior to candidates from other regions.

## **State Board of Health- Virginia Emergency Medical Services Regulations- Article 5**

**12VAC5-31-1503. BLS course student requirements.** The enrolled student, certification candidate, or EMS provider must comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, the student must provide the EMT instructor or the EMS educational coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course.
3. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments.
4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.

## **State Board of Health- Virginia Emergency Medical Services Regulations- Article 4**

**12VAC5-31-910. Criminal or enforcement history.**

A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:

1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape. State Board of Health Page **106** of **198 EFFECTIVE OCTOBER 10, 2012 AMENDED MARCH 1, 2014**
2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.
3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

4. Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.

5. Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

1. Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.

2. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:

a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).

b. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.

c. Any other crime involving sexual misconduct. State Board of Health Page **107** of **198**  
**EFFECTIVE OCTOBER 10, 2012 AMENDED MARCH 1, 2014**

3. Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

C. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

D. Agencies shall submit a report regarding items in this section to OEMS upon request.



180-1 Prosperity Drive  
Winchester, VA 22602  
(540) 665-0014  
F (540) 722-0094  
[dgoff@vaems.org](mailto:dgoff@vaems.org)

## Course Application- EMT

### Section 1: Applicant Information

_____	_____	_____
First Name	MI	Last Name
_____	_____	_____
Street Address	Social Security Number	
_____	_____	_____
City	State	Zip
_____	_____	_____
E-Mail Address	Phone Number	
_____	Alternate Phone Number	
_____	_____	_____
EMS Agency Affiliation	Date of Birth	

### Section 2: In Case of Emergency, Please Contact:

_____	_____	_____
First Name	Last Name	Relationship to you
_____	_____	_____
Street Address	Phone Number	
_____	_____	_____
City	State	Zip
_____	_____	_____
Alternate Phone Number		

### Section 3: Affirmation and Signature

I certify that I meet all requirements of the Lord Fairfax EMS Council and the Virginia Office of Emergency Medical Services that are necessary to enroll in this course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



180-1 Prosperity Drive  
Winchester, VA 22602  
(540) 665-0014  
F (540) 722-0094  
[lfems@vaems.org](mailto:lfems@vaems.org)

## Personal Health History

Every student entering a basic life support program thru the Lord Fairfax EMS Council is required to return this record by the application deadline to the following address:

Lord Fairfax EMS Council  
180-1 Prosperity Drive  
Winchester, VA 22602  
Attention: Regional Field  
Coordinator

If you have any physical or emotional impairment that may require accommodations, please indicate them under the "Pertinent Health Information" section below so that we may make plans to meet your needs.

***Students will NOT be permitted to participate in either field or clinical work until the following information has been received.***

**Completely fill out ALL information below.**

_____			_____
First Name	MI	Last Name	E-Mail Address
_____			_____
Street Address			Course Enrolling In
_____			_____
City	State	Zip	Social Security Number

### Pertinent Health Information

Please list any disabilities, special needs, allergies, or required medications that you would like the Lord Fairfax EMS Council to be aware of during your enrollment in this class:

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

The information given on this form is correct to the best of my knowledge. I authorize the Lord Fairfax EMS Council to contact the health professional for verification or clarification of information if necessary.

\_\_\_\_\_  
Signature Date







180-1 Prosperity Drive  
Winchester, VA 22602  
(540) 665-0014  
F (540) 722-0094  
[lfems@vaems.org](mailto:lfems@vaems.org)

# Student Affiliation Confirmation

\_\_\_\_\_ is currently a member in good standing with \_\_\_\_\_. The background check for the said individual has been completed by the agency and the student is covered under the agency's insurance should the need arise.

\_\_\_\_\_  
Signature (Chief or President)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Best Contact Number

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



180-1 Prosperity Drive  
 Winchester, VA 22602  
 (540) 665-0014  
 F (540) 722-0094  
[lfems@vaems.org](mailto:lfems@vaems.org)

## Recommendation for EMT Program (If affiliated with an EMS agency)

### Section 1: Applicant Information (To be completed by applicant)

Candidate Name \_\_\_\_\_

#### **Mandatory Statement**

I hereby waive my right of access to, and authorize the Lord Fairfax EMS Council to use confidential information, including but not limited to letters, statements, and recommendations received in connection with my request for admission to the EMT Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Section 2: Recommendation (To be completed by Chief Operational Officer, Rescue Captain, or Rescue Chief)

Chief Operational Officer       Rescue Captain or Rescue Chief      (check one)

**Directions:** We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please evaluate the applicant by circling the number in the column that most represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	1	2	3	4
Ability to Communicate	1	2	3	4
Self-Reliance/Independence of Thought	1	2	3	4
Motivation	1	2	3	4
Interest in Profession	1	2	3	4
Cooperativeness	1	2	3	4
<b>Total Points</b>				

Recommendation based on applicant's ability to pursue EMT study (check one).

Strongly recommend     Recommend     Recommend w/Reservations     Do not recommend

On the reverse side of this form, please add any comments that might assist the Lord Fairfax EMS Council in making a decision about the applicant's admission to the EMT Program.

Signature (Original Signature Required) \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Date \_\_\_\_\_