



A Commonwealth of Massachusetts OEMS Accredited Training Institution

Dear Prospective Student,

Thank you for requesting an application to the Action Ambulance Emergency Medical Technician (EMT) training program. My name is Jason Lefebvre. I am the Program Director here at Action Ambulance. You have taken the first step to an exciting and rewarding career in emergency medical services. Action Ambulance has provided Emergency medical services in Massachusetts since 1977. Our commitment to the community has been well established over the years. This course is offered to individuals seeking to enter the emergency medical services profession, to Police or Firefighters who are looking to meet or exceed departmental requisites, or simply to those who wish to enrich their life saving skills for personal and/or professional reasons.

This course will prepare you to become a National Registry of Emergency Medical Technicians (NREMT) certified Emergency Medical Technician Basic (EMT-B). This course is fast paced and involves a considerable amount study and physical activity. While anyone is free to take this course for personal enrichment, in order to apply for state certification the following requisites must be met:

- The candidate must be able to read, understand and communicate in English.
- The candidate must be 18 years of age at the time of state exam.
- The candidate must be free from addiction to alcohol or any drug.
- The candidate must be able to lift and carry 125 pounds.
- The candidate must be free from any physical or mental defect or disease which might impair his/her ability to provide emergency care within the scope of the EMT's training and responsibilities, or which might jeopardize the health of another member of the class.
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It is strongly recommended that you visit the web site of the Office of Emergency Medical Services, (OEMS) for complete information on obtaining and maintaining Massachusetts certification. www.state.ma.us/dph/oems

Application fees and tuition fees are not refundable. Please see Action's refund policy on the application form.

The application process begins when you fill out the attached forms and return them for evaluation. There is a \$250.00 deposit payable to Action Ambulance Inc. This deposit is non-refundable.

If you have any questions please contact me. I am happy to help. I look forward to working with you to help achieve your goals now and in the future.

Please check one:

- Day Course starting May30th 2017 Monday thru Thursday 8a-430p
- Evening Course starting May 23rd 2107 Tuesday & Thursday 6p-10p with every other Saturday 8a-430p

Respectfully,

Jason A Lefebvre NRP I/C
Director of Training & Education

Action Ambulance Service Inc.
844 Woburn Street
Wilmington MA 01887
978-253-2600 (main office)
978-509-9636 (cell)
jalefebvre@actionambulance.com (email)

" People Helping People"
Action Ambulance Services



For those interested in the classes starting on May 23rd (Evening) or May 30 (Accelerated Day), please do not complete the section concerning tuition & payment. You will only be responsible for the Text & Testing Fees.

Please complete the Applicant, & Questionnaire sections of the application



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Emergency Medical Technician - Basic **Training Course Application**

Directions: Please read entire application. Fill in all requested information.

This is an application for admission to an Emergency Medical Technician Training Basic program. Please enter all requested information in appropriate sections. If additional space is required, please attach correspondence/documentation to this application. It is the responsibility of the applicant to assure that all material is secure. Missing paperwork or documentation will delay your application from being processed.

(Please Type or Print)

Applicant Information

Last Name _____ First Name _____ Middle Initial _____

DOB ___/___/___ Social Security # _____ - _____ - _____

Mailing Address:

Street: _____

City/Town: _____ State: _____ Zip code: _____

E-Mail Address: _____

Home Telephone: _____

Cell Phone: _____

Course costs:

The Action Ambulance course costs are:

- Course fee/ tuition \$700.00 (this includes your \$250.00 **non-refundable** deposit)
- Text book is approximately \$250.00. This Textbook cost includes a robust on-line web based learning component, which will be used throughout our class. Cost of the text may vary depending on group pricing.

NOT INCLUDED IN THE TUITION but upon successful completion of our course the MA State Certification Testing and Licensing costs are:

- 1) \$125.00 test site fee paid to our training institution. This is for a required practical skills evaluation with MA State certified examiners. Action Ambulance will host an exam opportunity. Once again, Action Ambulance must verify your eligibility with the state in order for our student to take this exam.
- 2) NREMT written test fee of \$80.00. This fee will be paid to Pearson VUE Testing, as they are the testing vendor contracted by the Commonwealth of MA. The student sets up this appointment with Pearson VUE for this testing following course completion. Action Ambulance is required to verify your eligibility for this exam.
- 3) Upon passing both the NREMT written and the MA state practical exams you will be eligible to apply for MA licensure. The cost of licensure is \$150.00 paid to the Commonwealth of MA and it is valid for a term of 2 years. Your license as an EMT will need to be renewed every 2 years and the cost is \$150.00 per renewal period.

Please visit the state website for more information: www.state.ma.us/dph/oems.com

Cost Summary:

<u>Description</u>	<u>Due</u>	<u>Amount</u>
Course fee	Prior to class start.	\$ 700.00
Application fee (deposit)	With this application	\$ 250.00 (deducted from course fee)
Textbook & On-line instructional access	Prior to class start	\$ 250.00
	Total course cost	\$ 950.00

NREMT certification and Massachusetts state licensure to work as an EMT... ***upon passing this course.***

<u>Description</u>	<u>Due</u>	<u>Amount</u>
State practical exam site testing fee.	Upon passing the course	\$ 125.00
NREMT written test fee.	Upon passing the course	\$ 80.00
After passing NREMT written exam & Massachusetts Practical exam...		
Commonwealth of Massachusetts, State Certification Fee		\$ 150.00
	Exam & State Certification Fee Total	\$405.00

Payment information

For your convenience, Action Ambulance Service, Inc. accepts the following credit cards:

Master Card Visa Discover American Express (check one)

Card member name _____

Credit card number _____ Security Code _____

Expiration date: _____ Signature: _____

Amount being paid with application: _____

Or

Check Made Payable to Action Ambulance Service, Inc.

Refund Policy

Once class has started there are no refunds!! Refunds will only be given as follows:

- 4 weeks prior to start of class – Full refund minus the \$250.00 Non-refundable deposit
- 3 weeks prior to start of class – 50% refund minus the \$250.00 Non-refundable deposit
- 2 weeks prior to start of class – 25% refund minus the \$250.00 Non-refundable deposit
- 1 week prior to start of class – 10% refund minus the \$250.00 Non-refundable deposit
- Anything closer than 1 week prior to the start of the class will be NO REFUNDS!



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Questionnaire:

Applicant Name: _____

- 1) For what purpose will you be taking this course? (check all that apply)
 - Career change.
 - Professional development
 - Police or Firefighter
 - Personal knowledge

- 2) Have you ever been certified to work as an EMT in MA or any other state? Y / N

- 3) If yes, was your license/certification ever restricted or revoked? Please provide details on separate sheet of paper, and attach copies of any pertinent documentation. (This does not include a lapsed certification) Y / N / NA

- 4) Do you have any challenges or disabilities, learning, physical, etc, that you wish to make us aware of? (Please feel free to use additional space to explain) Y / N

5) Are you currently certified in CPR at the healthcare provider level? Y / N

6) How did you hear about this course?

All answers are confidential and will not be released except at the written request of the applicant.

I _____ understand that I am applying for admission to
(Applicant name printed)
the Action Ambulance Service, Inc. Emergency Medical Technician Training program. I have read, and understand, all aspects of this application. I affirm that all answers / documentation given with this application are true and accurate to the best of my knowledge. I further understand that any misrepresentations are grounds for non-admission or removal from the class without benefit of refund.

Signature _____ Date _____

Please mail or return entire application to:

Jason Lefebvre NRP I/C
ATI Program Director
Action Ambulance Service, Inc.
844 Woburn Street
Wilmington MA 01887-3163