



Mason County Course Application

Course applying for FALL 2019 EMT Class

Student Name: _____

**Please put the name on your driver's license*

Contact Phone: _____ Email: _____

Shirt Size: _____

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: (Signature Required)

- FEE for Class: A total of \$1,000.
- Upon verification of class, all approved applications must put down a \$275 deposit towards the cost of books and supplies. This deposit is refundable up to until the books are ordered. **After books are ordered, the deposit is non-refundable.**

Pay online with PayPal account
**Fill out if non- Mason County*

Agency Payment: _____

Billing Email Address: _____

Sponsor Signature _____ Title: _____

To complete the application student must attach proof of the following:

| YES | NO | |
|-----|----|---|
| | | A current Health Care Provider CPR Card |
| | | Passed Multi-state Background Check within last six months |
| | | High School Diploma or Equivalent |
| | | Hepatitis B vaccine has been started/completed |
| | | TB skin test within past 12 months/completed |
| | | Successful completion of Entrance Exam; result attached |
| | | A valid driver's license |
| | | Drop Deadline is 2nd week of class, afterwards, all fees are nonrefundable. |

****If a no box is checked on any of the items above request for variance MUST BE FILLED OUT.**

****if you have a documented learning disability and you like to have available alternative testing methods, please contact the training coordinator.**

Chief or Training Officer

Date

Student Signature

Date



Application DEADLINE: August 1st.
Mason County EMS & Trauma Council

Emergency Medical Technician Training Course

Dates: September 10th – December 14th
Classes are held: Tuesday and Thursday 6-9 PM, and Saturday 9-5 PM
Class cost: \$1000
Place: Station 5-8; CMFE- downtown Shelton
Instructor: Garry Davies

Orientation Day: September 5th

What to know:

You are about to embark on a 160-hour training program to prepare you to become an Emergency Medical Technician within the State of Washington. You will also be expected to study on your time outside of class. This will include reading the textbook, knowing and understanding definitions as they pertain to the training program, knowing and understanding the equipment used in emergency medicine, practicing the practical skills expected of an EMT. You will be expected to perform a field rotation with a medic unit within Mason County and a clinical rotation at Mason General Hospital.

Your personal time will need to be dedicated to the training program at the expense of your personal social life at times during the class.

By signing the application, you are accepting the requirement to attend all classes on the schedule, devoting the time required for the field and clinical rotation and spending the time needed to study and practice for a successful outcome.

1. Students will need to bring their own working lunch and snacks.
2. If you are not sponsored by a Mason County agency, please pay through the PayPal option prior to turning in your application. Payment will be deducted once the class is determined to commence.
3. The class must have 12 students registered at the time of deadline to commence.

Class Requirements:

1. Students must have the physical ability to perform the skills stations.

Student Signature

Date

For info and registration: **Contact Tamarah Hoffman, office@masoncountyems.com or 360.867.4967**