

# EMT BASIC CLASS

[www.desotofiretrainingcenter.com](http://www.desotofiretrainingcenter.com)

## Registration Packet

**CLASSES ARE APROX. 6 WEEKS LONG**

**5 weeks of classroom time**

**Hospital rotations**

**Ambulance ride-outs**



**Clinical Rotations**

**Field Internship**

**Skill Testing**

**National Registry Testing**

**Tuition \$2,000.00 plus fees**

### 2022 DAY CLASS DATES

**January 10th - February 15th**

**June 7th - July 14th**

**August 8th - September 14th**

**November 7th - December 16th**

**Monday - Friday, 8:00 am to 4:00 pm**

**Student must provide their own stethoscope, wrist watch, face mask and I-pad or Laptop for testing. (Chromebooks are NOT compatible with EMSTESTING.com)**



# DESOTO FIRE TRAINING CENTER

501 E. Wintergreen Rd.

DeSoto, TX 75115

Phone: 972-223-6858

FAX: 972-228-0245

## 🚒 🚑 🚒 APPLICATION FOR 🚑 🚑 🚑 EMT CLASS

The DeSoto Fire Training Center offers an EMT School in addition to our Fire Academy. EMT certification is required along with the Fire certification in order to meet the state's requirement of being certifiable. EMT school is approximately **6 weeks** long consisting of 5 weeks of classroom time (plus a final exam day), 2 hospital rotations, and 2 ambulance ride-outs.

**TUITION –\$2,000.00 (A \$400 deposit is required to reserve your position in the class. The deposit is non-refundable, and there are no refunds of tuition after class begins.)**

**Registration Fee: \$20.00**

**Book/ Lab fee - \$250.00**

**Tuition includes all of the following:**

**Drug Testing**

**Background Check \*to obtain state licensing**

**Student ID tags**

**Malpractice Insurance**

CHECKS (Made payable to DeSoto Fire Training Center)  
MONEY ORDERS, DISCOVER, VISA, OR  
MASTERCARD ACCEPTED.

**Three additional fees will be required at the end of class:**

**EMT STATE CERTIFICATION FEE - \$64.00**

*(Payable to Department of State Health Services) – must be mailed in with your DSHS application*

**NATIONAL REGISTRY EXAM FEE - \$70.00**

Your National Registry application and fee must be turned in at the time you take your state exam (at the test site). Payable to National Registry

**L-1 Fingerprinting and Background Fee - \$44.20**

This is now required by DSHS and information will be given on how to complete during class.

**Date of Class Attending:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*First Middle Last*

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, & ZIP** \_\_\_\_\_

**CELL PHONE#** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**SS#** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**Dr. License #** \_\_\_\_\_

**\*\*\*Drug Screening & Criminal Background Check will be conducted.\*\*\*  
**No Refunds due to the failure of either of the above screenings.**  
**20 students accepted per class on a first come/first serve basis.****

## **STUDENT INFORMATION SHEET**

**CLASSES ARE HELD AT:** DeSoto Fire Training Center  
501 E. Wintergreen Rd.  
DeSoto, TX 75115

All EMT students will be required to wear uniforms. See attached information.

**Please remember – all fees must be paid in full BEFORE class begins.**

### **\*\*\*IMPORTANT\*\*\***

The following sheet is a medical information sheet required by Methodist Hospital.  
**No application will be accepted without the following information.**

### **PROOF OF IMMUNIZATIONS**

**Copies** of the shot records must be turned in **at the time you turn in your deposit and application.**

Shot records needed on the following:

1. **MMR** (Measles, Mumps, Rubella) – 2 doses; this can usually be found with your childhood immunization records. (Check with your Mom, former school records, family doctor, etc.)
2. **Tetanus/Diphtheria** vaccine within the last ten years.
3. **Negative TB Skin Test** within the last 12 months
4. **Hepatitis B Vaccinations** – The Hep. B vaccination is a series of 3 shots.  
You must have received the third and final shot before clinical rotations which begin on the fourth week of class.

**If proof of any of the above vaccines is not available – please schedule an appointment with your doctor or county health dept. to receive the vaccines. You can also check out [www.passporthealthdfw.com](http://www.passporthealthdfw.com) for information on obtaining vaccines.**

**Healthcare Provider CPR Card required for to class.** This is not a basic CPR card – must be a Healthcare Provider course for medical professionals. The American Red Cross CPR course is called **CPR for the Professional Rescuer.** A copy of the card must be turned in to Fire Administration before class begins. **NOT REQUIRED AT TIME OF DEPOSIT.**

DeSoto Fire Training Center offers a Healthcare Provider Certification with EMT class so you may obtain the correct CPR card. Please inquire as to the date of the next class. Cost is \$100.00.

Methodist Hospital also requires a drug screening and criminal background check. Our office will set up the drug screening and conduct the background check.

**No Refunds** due to the failure of either of the above screenings.

**REQUIRED MEDICAL INFORMATION**  
**FOR EMT STUDENTS**

Failure to complete this sheet and provide proof of vaccinations will terminate your application process and you will not be allowed in class.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

MHD ROTATION DATES: \_\_\_\_\_

SCHOOL: DESOTO FIRE TRAINING / EMT SCHOOL  
501 E. Wintergreen Rd.  
DeSoto, TX 75115

SCHOOL PHONE: 972-223-6858

**Please provide the following information.**

1. You must have a negative T.B. Skin Test within the last 12 months prior to your clinical rotation. If you have had a **positive TB skin test**, you **must** have a negative chest x-ray within the last 5 years. If positive include mm (millimeters) of induration \_\_\_\_\_ mm.  
TB Skin Test: Date: \_\_\_\_\_  Positive  Negative  
Chest X-Ray: Date: \_\_\_\_\_  Positive  Negative (attach x-ray report)
2. Have you had the chickenpox?  Yes  No  
If NO, have you had the varicella vaccine? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO, please be sure to report ANY exposure to chickenpox during your rotation at MHD. **We must prevent the secondary spread of chickenpox within our hospital.**
3. **ALL STUDENTS** must demonstrate immunity to measles, mumps, and rubella.
  - A. Were you born **prior to** January 1, 1957? Yes / No  
If **YES**:
    - Have you had the Measles (Rubeola)? Yes / No
    - Have you had the German Measles (Rubella)? Yes / No
    - Have you had the Mumps? Yes / No

**\*\*\*\*If no history of disease, date of MMR vaccine \_\_\_\_\_.** \*\*\*\*
  - B. If **NO**: (born after 1-1-1957)
    - Have you had the Measles (Rubella), Rubella or Mumps? Yes / No
    - Have you had the MMR vaccine or positive titers to all three? Yes / NoMMR #1 Date: \_\_\_\_\_ MMR #2 Date: \_\_\_\_\_  
  
Measles: Date \_\_\_\_\_ or titer level \_\_\_\_\_  
Rubella: Date \_\_\_\_\_ or titer level \_\_\_\_\_  
Mumps: Date \_\_\_\_\_ or titer level \_\_\_\_\_
    - You must have 2 doses of measles (rubeola) vaccine, and 1 dose of rubella and mumps vaccines or you must have evidence of positive titers for all.
4. Have you had Hepatitis B? Yes / No. If No, have you had the Hepatitis B Vaccines? Yes / No  
If yes, how many doses have you received? 1 2 3  
Date of Dose #1 \_\_\_\_\_ Dose # 2 \_\_\_\_\_ Dose #3 \_\_\_\_\_ Vaccine results? \_\_\_\_\_
5. Date of **CPR** expiration \_\_\_\_\_ Course Type \_\_\_\_\_
6. Have you viewed the MHD Annual Training Video (CART) and completed the post-test? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(Will be viewed during Orientation)**
7. Have you had a **Tetanus/Diphtheria (Td) vaccine** within the last ten years? \_\_\_\_\_ Date \_\_\_\_\_

**DESOTO FIRE TRAINING CENTER**

*501 E. Wintergreen Rd.*

*DeSoto, TX 75115*

*972-223-6858*

**BASIC EMT CLASS**

**Acknowledgment of Student Requirements**

**The following will be required for enrollment into the DeSoto Fire Rescue EMT Class. This information is confidential. It will only be used, by this program, to comply with JAHCO regulation concerning students participating in clinical rotations.**

INITIAL

I. TB Test within past 12 months. If Positive, need result of chest X-Ray.

\_\_\_\_\_

II. Current Immunization status for the following diseases:  
(Dates of immunizations or Titer results are acceptable for verification.)

- a. Varicella Zoster (Chicken Pox)
- b. MMR (Mumps, Measles, Rubella)
- c. Dates of ALL three Hepatitis B vaccines
- d. Current Tetanus/Diphtheria (within last 10 years)

\_\_\_\_\_

III. CPR Healthcare Provider card dated to expire after class is completed

\_\_\_\_\_

IV. Criminal Background inquiry will be done after class begins. Inadequate background inquiry will result in course dismissal and tuition will be forfeited.

**The following may result in inadequate background inquiry:**

- o Felony convictions,
- o Misdemeanor convictions or felony deferred adjudication involving crimes against persons (physical or sexual abuse),
- o Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc.),
- o Felony deferred adjudication for the sale, possession, distribution, or transfer of narcotics or controlled substances,
- o Registered sex offenders

\_\_\_\_\_

V. Urine Drug Screen (SAP 10) – Positive test results is cause for dismissal and tuition will be forfeited.

\_\_\_\_\_

All drug screen tests and background checks will be conducted after class begins, but prior to the start of rotations.

**I \_\_\_\_\_ acknowledge the above requirements and understand that if at anytime I cannot meet or fail to pass the above requirements, I will be dismissed from the class and forfeit my tuition.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## EMT STUDENT RESIDENCY INFORMATION

For the purpose of a Criminal Background Check, it is necessary for us to know **all cities and counties** you have lived in for the last **7 years**.

Please list your previous addresses.

STUDENT NAME \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

ADDRESS	COUNTY	MONTH/YEAR
Street:		From:
State:                      ZIP:		To:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CITY OF DESOTO RELEASE**

Participant's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_, 20\_\_\_\_

For good and valuable consideration including my participation in the City of DeSoto, Texas Fire Training Center Program (the "Program"), the Undersigned Participant for and on behalf of the above named Participant, the Participant's heirs, executors, and assigns (collectively referred to as the "Undersigned Participant") does hereby release, indemnify and hold harmless the City of DeSoto, Texas its officers, agents, employees, contractors, third party representatives and invitees (collectively referred to as "DeSoto") from any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury, including death, property damage and lawsuits and judgments, including court costs, expenses and attorney's fees, and all other expenses that the Undersigned Participant has, or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly from the Undersigned Participant's participation in the Program, and from any direction or instruction by DeSoto personnel during participation in the Program and from any acts or omissions by any third parties. It is further agreed that the execution of this release shall not constitute a waiver by the City of the defense of Governmental Immunity, or to defenses predicated on the Texas Automobile Guest Statute, or any other defense recognized by the courts of this State.

The Undersigned Participant understands that certain of the Program's activities may occur outdoors and include strenuous activities. By signing this Release, the Undersigned Participant states that he/she is in physical condition to participate in the Program's activities. The Undersigned Participant acknowledges and agrees that Participant is not an employee, contractor, or agent of DeSoto.

The Undersigned Participant agrees to assume any and all risk associated with participating in the Program. By the Undersigned Participant's signature below, the Undersigned Participant acknowledges that the undersigned has read and understands the City of DeSoto Fire Training Center's rules, directives and regulations, and agrees to abide by them.

\_\_\_\_\_  
UNDERSIGNED PARTICIPANT

## EMT SCHOOL UNIFORM CLOTHING INFORMATION

**Required uniform clothing** will consist of a Gray training T-Shirt, Gray polo shirt and Navy pants.

All uniform clothing except the pants shall be purchased at the Fire Training Center. Prices are listed below.

CLOTHING	COST
POLO SHIRTS	\$20.00
T-SHIRTS	\$15.00
WORK-OUT SHORTS	\$16.00
HOODED SWEATSHIRTS	\$24.00
WARM UP PANTS	\$20.00

	COST
BALL CAPS	\$15.00
BEANIE CAP	\$15.00

***NOTE: work-out clothing is not required for EMT Class, but may be purchased if interested.***

\*\$1.00 additional for each (X) size over XL.

### **UNIFORM PANTS**

**NAVY BLUE WORK PANTS (with or without pockets) - DICKIES or similar – EMT style pant is permitted.**

The pants may be purchased from any uniform clothing store. Dickies can be found at Wal-Mart, School uniform stores and department stores.

We are looking for a **neat** and **consistent** appearance **each day** of the class.

**UNIFORM CLOTHING MUST BE PURCHASED AND WORN FOR FIRST DAY OF CLASS.**



## **Course Objective**

The Desoto Fire Training Center Emergency Medical Technician – Basic Course is designed to produce quality EMT-B's, who are well equipped to function in pre-hospital care. The course coordinator, school coordinator, or the course physician reserve the right, at any time, to disqualify a student, and to deny admission to the DSHS state certifying exam, if any of them feel that the student is not meeting academic and/or behavioral standards.

## **Course Staff**

Program Director: *Bryan Southard, Assistant Chief / EMT-P*  
Coordinator: *Adam Hubbard, FF/ EMT-P*

## **EMS Instructors / Examiners:**

<i>Zach White</i>	<i>FF/ EMT-P (DeSoto Fire)</i>
<i>Jacob Barkham</i>	<i>FF/ EMT-P (DeSoto Fire)</i>
<i>Steve Browning</i>	<i>Engineer/EMT-P (DeSoto Fire)</i>
<i>Cynda Smith</i>	<i>Captain / EMT-P (DFW Airport)</i>
<i>Steve Wakeland</i>	<i>Engineer/ EMT-P (Duncanville Fire)</i>
<i>Brad Rogers</i>	<i>FF/ Paramedic (Duncanville Fire)</i>
<i>Matthew Baker</i>	<i>FF/ EMT-P (Cedar Hill Fire)</i>
<i>Fernando Fonseca</i>	<i>FF/ Paramedic (Cedar Hill Fire)</i>
<i>Brad Smith</i>	<i>EMT-P (Grand Prairie Fire)</i>

## **Dress Code**

The student is to look professional and be well groomed in all areas of the course (i.e. classroom, clinicals, and ambulance ride-outs). Men with mustaches must keep facial hair trimmed neatly. Men without mustaches must be cleanly shaven. All students must style their hair away from the face, and secure it, as necessary, in such a way as to prevent frequent adjustments and possible contamination.

### Attire shall consist of:

DeSoto Fire Training Center polo shirt and T-shirt  
Dark blue (navy) slacks  
Black dress shoes or leather athletic shoes  
OR  
Fire Department uniform or ambulance uniform  
Nametag with name and student category

## **Appearance**

The rules pertaining to jewelry, hair styles, length of hair, sideburns, mustaches, and makeup are necessary to ensure employee safety and a measure of grooming uniformity representative of the Academy's paramilitary image.

## **Jewelry:**

Jewelry worn by a Fire Recruit in uniform will be conservative and minimal in amount. Uniformed recruits may wear a wristwatch, medic alert bracelet, or identification bracelet. Rings may also be worn, but only one on each hand. A wedding set will be considered one ring. Earrings, ear studs, and other decorative jewelry shall not be worn.

## **Hair:**

1. All uniformed recruits shall be clean shaven, except that a mustache may be permitted. If a mustache is worn, the following guidelines shall be utilized:
  - a. Mustaches will be kept neat and trimmed at all times. Bushy, unkempt mustaches are not permitted.
  - b. Mustaches shall not extend more than one-fourth inch past or below the corner of the mouth.
  - c. Mustaches shall not have a thickness of more than one-half inch.

- d. Eccentric mustaches that will attract undue attention or impair safe operation will not be permitted.
2. Sideburns are acceptable, provided they meet the following guidelines:
    - a. Sideburns shall not extend downward below the bottom of earlobe and will end in a clean-shaven horizontal line.
    - b. Sideburns shall be kept neatly trimmed and will not be bushy or flared.
    - c. Eccentric sideburns that will attract undue attention or impair safe operations will not be permitted.
  3. Hairstyles of all uniformed male recruits shall conform to the following guidelines:
    - a. Hair shall be neat, well trimmed, and combed at all times, except under the most adverse conditions, such as during emergency operations. Ragged and unkempt in appearance will not be permitted.
    - b. Hair, when combed, will not present a ragged, unkempt or extreme appearance. In no case shall the bulk of the hair interfere with the wearing of the helmet or hood.
    - c. Hair in the back shall not extend below the top of the dress shirt collar when the person is in a standing position with the head erect. The length of the hair will not present a ragged, unkempt, or extreme appearance.
    - d. Bangs shall extend no lower than one-fourth inch above the eyebrows.
    - e. Hair shall not cover more than three-fourths of the ear.
    - f. Hair shall not be dyed an unusual or unnatural color.
    - g. Wigs or hairpieces are acceptable if they meet all of the hair guidelines.
  4. Hairstyles of all uniformed female recruits shall conform to the following guidelines:
    - a. Hair shall be neat, well trimmed and combed at all times, except under the most adverse conditions, such as during emergency operations.
    - b. Female recruits shall ensure that longer hair will in no way interfere with or lessen the protection of required safety equipment.
    - c. Items used by female recruits to hold the hair in place shall be concealed as much as possible and shall be of a color and style that blends with the hair. Decorative items such as ribbons and combs will not be worn in the hair.

## **Tattoos, Body Art and Piercings**

1. All forms of “body art” and/or tattoos on the face, neck, and head are prohibited.
2. In other areas of the body, all “body art” and/or tattoos must be concealed by clothing.
3. Body art that requires covering may include the wearing of long sleeve shirts during summer months and/or long or  $\frac{3}{4}$  sleeve undershirts and long pants. Undershirts will

be the financial responsibility of the person having tattoos and must be similar in color as the uniform shirt.

4. Visible body piercings are prohibited. Exposed pierced body jewelry is not acceptable with the Department uniform. Questions related to ear piercings for females should also refer to Coordinator.

Due to patient sensitivity to different chemicals and odors, all students are to refrain from wearing perfumes or colognes in clinical areas.

In addition to those items listed above, the following are prohibited in clinical areas:

Denim jeans

Caps

Shirts with plaids or bright or exotic colors and designs

Tobacco use is prohibited during classes, clinical rotations, or ambulance ride-outs, except in designated areas. Some agencies may have specific policies regarding tobacco use, and the student is to abide by that agency's policies.

If scrub suits or lab coats are provided by the hospital, they shall be worn in appropriate hospital areas. They are to be returned to the hospital and not kept for personal use.

## **General Requirements**

### **Supplies:**

The Student must provide their own stethoscope, wrist watch, face mask and I-pad or Laptop for testing. (Chromebooks are NOT compatible with EMSTESTING.com)

### **Attendance:**

Attendance is required by all students at all classes. No extenuating circumstances will be accepted. **DAY CLASS:** A number greater than two (2) absences, for any reason, may result in dismissal from the course. Two (2) tardies will count as one (1) absence. **Hybrid CLASS:** A number greater than four (4) absences, for any reason, may result in dismissal from the course. Two tardies will count as one (1) absence. Roll will be taken for each class. Each student is responsible for work missed. Make-up tests are not allowed. If you miss class on a test day, you will receive a 0.

### **Exams:**

Five exams and one final exam will be given throughout each class. The student must successfully complete each module by written and skills exam. Failure to do so may result in dismissal from the course. Your homework grade will be averaged together to count as one additional quiz grade. A re-test may be given at the discretion of the course/school coordinator. However, some modules will be deemed not re-testable.

### **Class Size:**

Class size will be limited to 20 students. Applications will be processed on a first come, first served basis.

### **Grievance Procedure:**

Any student, who feels that they have not been treated fairly by an instructor, should file a grievance, in writing, with the coordinator. If no action is taken within five working days, or the grievance is not resolved, the student should pursue the grievance, in writing, with the course physician. Policies hereby furnished to the student by the coordinator, and acknowledged by the student as being understood, are exempt from grievance.

### **Evaluations:**

Three (3) negative evaluations from any area, including the classroom, may result in dismissal from the course. Any reported, serious infraction of hospital or ambulance policies and procedures, or unprofessional conduct, may result in immediate dismissal from the course.

### **Skills Testing:**

The student will be responsible for testing each skill, and must successfully complete each one, with only one re-test allowed. Successful completion of all skills is required for graduation from the course. Failing of a re-test will result in dismissal from course.

### **Immunizations, Drug Screening & Criminal Background Check:**

Proof of immunizations as outlined on the Required Medical Information Form is required with deposit. Any student who has not turned in required immunization information by this time will be dismissed with the exception being the HEP B Series vaccine. You must have completed your entire series of HEP B vaccines by the start of clinicals. A successful drug screening and background check must also be conducted prior to the start of rotations. This is done per DSHS and Hospital guidelines. Anyone failing the drug screen will be dismissed. If you have a Class A misdemeanor or felony conviction on your record, you will be dismissed from the class immediately.

### **Clinical and Ambulance Rotations:**

All rotations will be assigned by the course coordinator and must be successfully completed (i.e. objectives met, hours completed, minimum course requirements met and evaluations satisfactory). Malpractice insurance is required in order to participate in rotations. This insurance is covered and paid with your tuition fees (\$20.00 per student). Clinical rotations (24 to 32 hours) are done at Methodist Medical Hospital, Level II Trauma Center.

Ambulance ride-outs will be done with DeSoto Fire Rescue and/or Duncanville Fire Department in 24-hours shifts (3 transports required).

If clinical documentation is lost or not filled out properly, the student will be required to repeat Clinicals.

### **EMT-Basic State Exam:**

Sitting for the certification exam is dependent upon successful completion of all the above stated requirements. It is not the policy of the Department of State Health Services to give oral exams, under any circumstances. **The National Registry exam is now given in place of the State of Texas Exam.** Further instructions for scheduling your exam are included in this packet.

### **Counseling:**

The coordinator / instructor will maintain close contact with each student at all times relating to grades and performances. If the coordinator / instructor, during the mid-point of the course, or at any other time, feel that the student would be better off not continuing in the course, he/she will furnish the student with a counseling session and letter to that effect. The coordinator / instructor and/or course physician will then make the decision, with input from the student in question, whether or not the student will continue in the program.

It is understood, that even though the student successfully completes the course, there may be circumstances, which the Department of State Health Services will render the student ineligible for the state exam.

### **Admission / Re-admission and Retention Policy:**

**You may take this EMT-Basic course only twice.** Any student who has failed this course, or anyone who has had to drop for any reason, may be admitted to the next class, space permitting. He/she will be admitted as a new student, with all tuition and fees due, as with

any other new student. A re-admitting student will be required to meet all admission criteria, just as he/she did initially. He/she will not be re-admitted on academic probation, but will be in good standing, as are all other students.

**Re-admission due to failure of drug screening or background check:**

He/she must wait at least one year for re-admission to this class if student failed the drug screening or background check.

**Disability:**

Any student with a diagnosed or suspected disability should notify the course/school coordinator by the end of the third class session. Disabilities that will hinder the student's ability to pass the course, and/or to practice as a post-graduate, will be discussed with course officials, the student, and the Department of State Health Services, right away. It is the policy of this school to not read exams to students, or to give oral exams of any kind. Accommodations will be made whenever possible for the disability in question, however we do not a program in place with qualified aids.