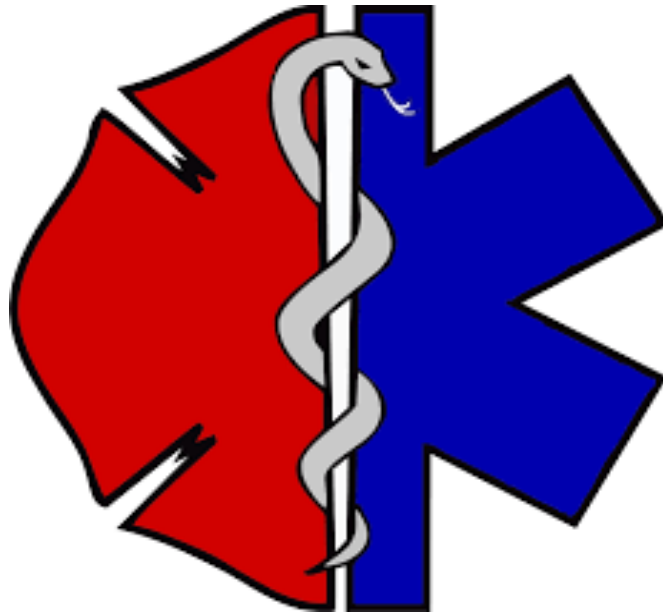


# **South Carolina Fire Academy Emergency Medical Technician Program**



In acknowledgement of National EMS Week, the South Carolina Fire Academy is offering an Initial EMT course starting May 22, 2017. Students who successfully complete this course are eligible to sit for the NREMT written exam.

This course is conducted on a 24/48 shift schedule, excluding Saturday and Sunday, at the South Carolina Fire Academy's main campus.

**DELIVERY METHOD: Flipped Classroom**

This course is delivered in a flipped classroom format. Each student is required to participate in online lectures and complete assigned coursework via computer. As such, each student must have reliable access to a computer and the Internet. It is *recommended* students bring a laptop/tablet to class.

Prior to attending class, each student is required to watch an online lecture, read assigned chapters, and take a computer based quiz. Class time is used to develop the skills and knowledge necessary to work as an EMT in the field. Students will also participate in online discussions, class projects, and several teamwork activities.

The combination of online and in-class instruction accounts for 240+ hours of training. Online assignments must be completed to account for allotted hours. There is also a clinical component which requires each student to ride with a 911 EMS service and complete at least 10 patient assessments in the field.

To successfully complete this course, each student must maintain a 76 percent (or higher) grade throughout the course and must pass exams with, at least, a 76 percent grade. If a student fails to pass the midterm with a 76 percent grade (or higher), and after a second attempt fails to do so, the student is not allowed to continue in the course.

# Prerequisite Checklist

SCFA requires “Proof of Immunization” against:

- Rubella
- Rubeolla (Measles)
- Mumps
- Varicella Zoster (Chicken Pox)
- A negative PPD (tuberculosis skin test) within 12 months
- Hepatitis B (may be substituted by a signed refusal form)

SCFA requires completion of the following WorkKeys assessments:

- Applied Mathematics
- Reading for Information
- Locating Information

**NOTE:** Applicants must score a total of 12 on the three assessments, with no more than one assessment with a score of three.

Payment Rendered

- Payment made by approved method

## Cost and Registration:

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South Carolina firefighter	\$740
Other public service agency	\$940
Non-affiliated or private service	\$1040

Price includes book access to online materials and ASHI CPR certification.

**NOTE:** South Carolina firefighters and other public service agencies must provide a purchase order. Non-affiliated and private service students must pay by check, money order, or credit card. Payment must be received on or before the first day of class.

**Registration ends May 8, 2017, at 5 p.m.**

To register, please complete the following registration form, the checklist listed above, and email the documents to [EMS@llr.sc.gov](mailto:EMS@llr.sc.gov)

In subject line, please indicate “ATTN: EMS Class Registration.”

# South Carolina Fire Academy - Course Registration Form

Course Type: <input type="checkbox"/> Public <input type="checkbox"/> Industrial <input type="checkbox"/> other _____			
Course Code - Section Number	Course Name	Dates	Location
<b>Resident Courses Only</b>	<input type="checkbox"/> Yes, I need a dorm room - arrival date: _____ departure date: _____ <input type="checkbox"/> I also need _____ night(s) - date(s): _____ <small>Note: Payment must be submitted with registration for all nights requested. Evening meals are not available.</small>		
	<input type="checkbox"/> No, since I live within 50 miles, I don't need a dorm room		
			Check here if any information has changed <input type="checkbox"/>

**NOTE:** This form must be completed and accompanied by the proper registration fees, or it will be returned without being processed. Checks should be made payable to the State of South Carolina. Forms and fees must be received at least two weeks prior to the class start date. Some courses may require earlier registration

**Student ID:** \_\_\_\_\_     male     female    date of birth: \_\_\_\_\_ age: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing address: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fire Dept. or Organization \_\_\_\_\_

FDID#: \_\_\_\_\_ Dept. phone \_\_\_\_\_

Status: (check only one)

- |  |   |
|--|---|
| <b>Public Fire</b><br><input type="checkbox"/> 1. paid only<br><input type="checkbox"/> 2. paid and volunteer<br><input type="checkbox"/> 3. volunteer only<br><input type="checkbox"/> 4. public safety officer | <b>Industrial</b><br><input type="checkbox"/> 5. brigade member<br><input type="checkbox"/> 6. fire protection-related company<br><input type="checkbox"/> 7. other |
|--|---|

**Notice:** It is the policy and practice of the South Carolina Fire Academy to make all testing and certifying services available to all of its constituents without regard to race, religion, color, national origin, sex, or age, except where sex or age is a bonafide occupational qualification.

### Agreement and Waiver / Liability Release

- In consideration for participating in South Carolina Fire Academy training, I hereby release, indemnify, and covenant not to sue the South Carolina Fire Academy, S.C. Department of Labor, Licensing and Regulation, The State of South Carolina, their officers, agents or employees (Releasees) as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased or used by Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.
- I authorize the release of any information concerning my enrollment and completion of all South Carolina Fire Academy courses to me, my fire chief, or my department training officer.
- I understand that the South Carolina Fire Academy is not authorized to provide travel, medical, or health insurance, I verify that I or my agency maintain appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with fire, rescue and hazardous materials training, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release: and that **I am at least 18 years of age** and fully competent and a member of a legally organized fire department, fire brigade, fire related business or emergency response organization.
- By registering for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish my name and/or photographic likeness.

Signature - form must be signed by student \_\_\_\_\_

Fire Chief or Designee \_\_\_\_\_

Date \_\_\_\_\_

<b>Registration Use Only</b>			
Check #: _____	Received from: _____	Prerequisites: _____	Refund amount: \$ _____
Visa/ Master Card #: _____ EXP: _____	_____	_____	<input type="checkbox"/> class cancelled <input type="checkbox"/> class full <input type="checkbox"/> student cancelled <input type="checkbox"/> prerequisite not met <input type="checkbox"/> registration late
P/O #: _____	_____	_____	
Payment amount: \$ _____	_____	_____	

**Please enclose proof of the following Immunizations:**

- Measles
- Mumps (Rubeolla)
- Rubella
- Varicella (Chicken Pox)
- PPD Skin Test
- Hepatitis B (Or signed Refusal Form)

**Please include copies printouts of the following WorkKeys Assessment Scores:**

- Applied Mathematics
- Reading for Information
- Locating Information

**Payment:**

- Payment Made to SCFA