AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Emergency Medical Technology Department

Prehospital Emergency Medical Services Program

I, _____, (Print Name) have received or acknowledge the following conditions of the Emergency Medicine Program:

Please Initial

_____ I have attended the required orientation prior to the start of class.

_____ I understand that I must maintain an 80% on all coursework and must pass the final written /course exit exam to be permitted to move on to the final practical University skills exams.

_____ I have received the Preceptor Guide, EMT Student Handbook, Course Contract and Course Syllabus and will read, understand, and abide by all the information contained in these documents.

_____ I understand that I will strictly comply with the dress code.

_____ I understand that I must attend all classes, specialty courses, labs and clinicals.

_____ I understand that my attitude must be professional at all times. I must treat my fellow students, faculty, peers, and patients with the highest degree of courtesy and respect.

_____ I have read and understood the rules and regulations of the program and I acknowledge that I will be held responsible for both the program and college rules and regulations.

_____ I understand that I will be evaluated monthly and that I must also evaluate the program each month and turn in the evaluation to the instructional staff.

_____ I understand that I must complete and turn in the following items in a timely fashion as prescribed by the department:

1) Research assignments
2) All completed clinical sheets
3) Copy of current certification (if applicable)
4) Information Sheet
5) Immunization Records

_____ I understand that all case books, assignments, outside work must be turned in and must be maintained in my folder.

_____ I understand that I must take the responsibility of signing up for and attending my clinicals.

_____ I agree to the use of, release and production of all photos taken of me during EMT training for promotional material, advertising, marketing purposes and authorize the release to third party for same ☐ Yes ☐ No

_____ I understand that failure to comply with any of the above can lead to my dismissal from the program.

_____ I have read understood and agree to the terms and conditions by way of my signing this agreement the following documents and policies:

1. Course Outline
2. Course Application Form
3. Course Policy document
4. Course Refund Policy

_____ I have received and understand the contents of the following manuals:

Department Rules and Regulations
EMT Students Handbook
Course Syllabus
Course Contract

_____
Name (Print)

_____
Signature

_____
Date

(Return this copy to the Program Coordinator, EMT Dept. or Instructor)