



AEMT Enrollment Agreement

Read thoroughly, initial each page and sign and date as indicated. Include attachments as indicated. This enrollment agreement is considered a contract between the student and Idaho Center for Emergency Medical Training. A fully signed copy may be requested by the student when the application has been accepted and initial fees are paid.

Course Starting Date : Month _____ Year _____		Date of Application :	
Name (Last, First, MI) :		E-Mail :	
Address :		Unisex Shirt Size :	
City, State, ZIP :		Date of Birth (MM/DD/YY) :	
Phone (Home, Cell, Work) :		Social Security Number :	
Emergency Contact :			
Name		Phone	Relationship
If you are receiving funding from an employer or government agency, please provide program information. NOTE : Agencies may require proof of student progress to provide funding.	Agency :		
	Contact Name :	Phone :	
How did you hear about our programs?			
What are your career goals for this program?			
What is your ultimate career goal?			

Program Costs & Required Documents

Tuition :

AEMT : \$4500 (\$4300 if paid in full one week prior to start date)

Payment Options :

_____ I will be paying tuition in full one week prior to the class start date. (At least 25% of tuition must be paid prior to application acceptance & course placement.)

_____ I will be paying a 25% deposit with application, and the remaining 75% at the monthly billing cycles stated on financial agreement

*** Failure to make a scheduled payment may result in a \$25 late fee, loss of 0% financing, and possible suspension from program***

Attached is my check, cashier's check, or money order for \$_____.

Please charge \$_____ to my credit card.

VISA

MasterCard

Discover

Card Number : _____ CVC Code : _____

Expiration Date (MM/YY) : _____

Cardholder Name (print) : _____

Cardholder Signature : _____

** ICEMT strongly recommends that students place credit card information on file for automatic payments**

I authorize *Idaho Center of Emergency Medical Training* to photograph me and acknowledge that all photographs become the property of *Idaho Center of Emergency Medical Training*. I give my permission for my likeness to be used in promotional materials and electronic media.

Applicant Signature

Health Insurance Coverage

Students are responsible for their own medical expenses during their training, including expenses due to illness, accident, or injury occurring while completing clinical contacts and ambulance ride-alongs. Idaho Center of Emergency Medical Training recommends that all students enrolled in career training programs possess medical insurance during the term for which they are enrolled. If you would like information on health insurance, please contact a local health insurance provider. You may be able to obtain a short-term policy if needed.

Required Documents

Your application will not be complete until all documentation has been received by our EMS Coordinator.

_____ Copy of Healthcare Provider CPR Card	_____ Copy of Driver's License or Photo ID
_____ Proof of High School Graduation or GED	_____ Completed Physical Form
_____ Copy of Health Insurance Card	_____ Official Immunization Record

Refund Policy

Please read, initial by each statement & sign at the bottom

- _____ Applicants/students may cancel their enrollment up to 30 days prior to the start of the course and receive a full refund of all money paid to the school.
- _____ Applicants/students may cancel their enrollment between 30 days through the day before the start of the course and receive a full refund of all money paid to the school less a \$100 application fee.
- _____ For a student who wishes to withdraw after the first day of class, the following refunds apply:
 - One half (50%) of total tuition will be refunded if withdrawal is received during the first quarter of the program.
 - One fourth (25%) of total tuition will be refunded if the withdrawal is received after the first quarter but before the first half of the program is completed.
 - No refund will be made to the student after the first half of the course is completed.
- _____ Students who are unable to complete the program due to circumstances beyond their control, such as serious illness, accident or death in the family may request in writing a leave of absence. Students may join the next scheduled class or may request consideration of a tuition adjustment.
- _____ Any monies due to the student shall be refunded within 60 days from the termination date. The termination date is defined as the last day the student was in attendance. Calculation of refund will be based on the last date of attendance.
- _____ The student will be notified in writing of the termination date.

*For eligible persons on GI Bill, refunds will be mailed back to the VA and students are expected to cover the cost incurred as of the date of withdrawal.

Signature

Date

Program Details

1. The total length of the AEMT program is 170-350 hours. Including 150 hours of clinical rotations
2. A Certificate of Completion is awarded after successful completion of didactic and clinical experience of the program. Student must provide documentation of National Registry Basic Certification by the end of the course.
3. Tuition for the AEMT program is \$4500.
4. Students are responsible for their own transportation to the training center and to clinical facilities for patient contacts, as well as appropriate uniform for patient contacts.
5. Payment is due in full on the first day of class unless prior arrangements have been made. *Idaho Center of Emergency Medical Training* accepts major credit cards, personal checks, money orders, or third party payments.
6. Applicants must be high school graduates or have obtained a GED and must have a National Registry Basic Certification by the last day of EMT-Advanced class. Applicants must be US citizens or legal residents for employment upon graduation. Proof of high school graduation or GED is required.
7. Applicants must have certification from a licensed physician or physician assistant that they are able to meet the physical requirements of the job (lifting, carrying, etc.). ICEMT requires this to be completed at any Primary Health location. This is paid for by ICEMT after prior authorization.
8. Students are subject to dismissal for the following : Failure to maintain a 85% average in the course, failure to complete clinical contacts, failure to meet attendance requirements, violation of code of conduct outlined in the student handbook, and non-payment. Termination date is defined as when the student is notified in writing by hand delivery or mail.
9. Students may voluntarily withdraw from the program in writing by delivering a letter to the administrative staff by hand or by mail.
10. *Idaho Center of Emergency Medical Training* does **NOT** guarantee employment for its graduates. *Idaho Center of Emergency Medical Training* provides student services that assist with obtaining employment, including posting job openings and assisting with resumes.
11. *Idaho Center of Emergency Medical Training* is a drug-free institution. It reserves the right to drug test any student at any time at his or her expense, with or without cause. Students who refuse to comply with a drug test request, or who test positive for drugs or alcohol during class time, will be immediately dismissed from the program.
12. **Medical insurance is required** for each student throughout the program. A valid driver's license is required for all applicants except those who enroll for personal enrichment.
13. It is the responsibility of the student to determine that they have the physical, mental, and emotional ability to safely participate in the program and be employed as an EMT Advanced.

I, the undersigned, have received a copy, read and accept the conditions of this enrollment agreement. I agree to abide by the code of conduct outlined in the Course Catalog.

Student Signature

Date

Parent Signature (required if applicant is not 18 on first day of class)

Date

Admissions Advisor

Date

Accepted Deferred Denied

Idaho Center of Emergency Medical Training
1018 W. Sanetta Nampa, Idaho 83651

Phone : (208)463-7880
Fax : (208) 463-7884

www.icemt.net
studentservices@icemt.net

StudentCheck
Instructions for obtaining your background check
for a clinical education program
West Valley Medical Center—StudentCheck

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as West Valley Medical Center—StudentCheck

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Texas residents will pay \$48.71 and New Mexico residents will pay \$48.43. **Residents in all other states will pay \$45.00.** For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

Does PreCheck need every street address where I have lived over the past 7 years?

No. Just the city and state.

I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com with the details.

How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.

Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on “check status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report, and will need to contact PreCheck directly to request this.

I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call Pre Check’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and dispute anything reported.

If you need further assistance, please contact PreCheck at
StudentCheck@PreCheck.com

TB SKIN TEST is actually not an immunization but it is a required test. The test **must be done within the last year**. It takes 48 hours to complete. The solution is administered under the skin and you come back in 48 hours to have it "read." It must be "read" in order to attend orientation at WVMC.

Hep B is a series that can take up to six months to complete. If you have started the series, indicate this on the Orientation Form.

The **MMR** - Two doses of MMR vaccination or titer to show immunity

VARICELLA (CHICKENPOX) - Two doses of varicella vaccine or titer to show immunity or you must provide written documentation from a physician stating that you have had natural exposure to shingles, varicella zoster or chicken pox.

TDAP (Tetanus) – Provide date of immunization **within the last ten (10) years**.

A **Flu Vaccine** – Required during 'flu season' which is typically mid-Oct thru March

You must provide proof of said vaccinations or you must have the titer (blood test to show immunity).

PRIMARY HEALTH MEDICAL GROUP Occupational Health Clinic Locations



1 Eagle
Urgent Care
435 S. Eagle Rd.
Eagle, ID 83616
(208) 939-8200
Mon-Fri: 8am-6pm
Sat: 9am-5pm
Closed Sunday

5 Overland
Urgent Care
8971 W. Overland Rd.
Boise, ID 83709
(208) 378-4288
Mon-Fri: 8am-8pm
Sat-Sun: 8am-6pm

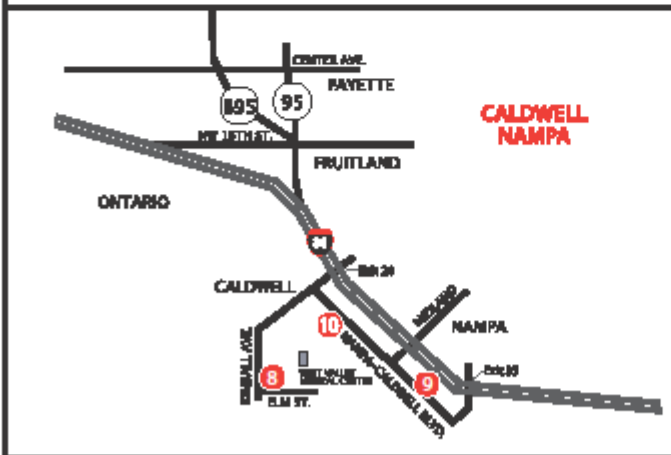
2 Meridian
Urgent Care
1130 E. Fairview Ave.
Meridian, ID 83642
(208) 888-9393
Mon-Sat: 8am-8pm
Sun: 8am-6pm

6 State Street
Urgent Care
Occupational Health
Appointments
6052 W. State Street
Boise, ID 83703
(208) 344-7799
Mon-Fri: 8am-8pm
Sat-Sun: 8am-6pm

3 Crossroads
Urgent Care
3115 E. Florence St.
Meridian, ID 83642
(208) 895-8670
Mon-Sun: 8am-8pm

7 Broadway
Urgent Care
Boise Ave. & Broadway
Boise, ID 83706
(208) 345-1222
Mon-Sun: 8am-8pm

4 West Boise
Urgent Care
10787 W. Ustick Rd.
Boise, ID 83713
(208) 378-8011
Mon-Sat: 8am-8pm
Sun: 8am-6pm



8 Caldwell
Urgent Care
Occupational Health
Appointments
1825 Kimball Ave.
Caldwell, ID 83605
(208) 455-3545
Mon-Fri: 8am-6pm
Closed Sat & Sun

9 Nampa
Urgent Care
Occupational Health
Appointments
700 Caldwell Blvd.
Nampa, ID 83651
(208) 466-6567
Mon-Sat: 8am-8pm
Sun: 8am-6pm

10 Caldwell Walmart
In-Store Clinic
5108 E. Cleveland Blvd.
Caldwell, ID 83607
(208) 459-0256
Mon-Fri: 8:30am-8:30pm
Sat: 8am-6pm
Sun: 9am-5pm



Medical Group
Occupational Health Services

www.phmgidaho.com

STUDENT'S CHECKLIST

All documentation listed below must accompany
Enrollment Agreement prior to course start date.

YOUR NAME _____ EMT _____ AEMT _____

COURSE START DATE _____

_____ ENROLLMENT AGREEMENT (completed & signed)

_____ DEPOSIT \$ _____

_____ PAYMENT PLAN _____ FINANCING _____

_____ DRIVER'S LICENSE **OR** ID CARD

_____ HIGH SCHOOL DIPLOMA, GED OR COLLEGE TRANSCRIPTS

_____ HEALTH INSURANCE CARD

_____ AHA HEALTHCARE PROVIDER OR AMERICAN RED CROSS PROFESSIONAL
RESCUER CERTIFICATION

_____ IMMUNIZATIONS: MMR _____ TB _____ FLU _____ TETANUS (TDAP) _____

HEP B _____ VARICELLA (Chicken Pox) _____

_____ PHYSICAL (**Your physical must be conducted at any Primary Health
Medical Group with prior authorization from ICEMT. Your physical at Pri-
mary Health will be paid for by ICEMT. We will provide the form to take
to Primary Health after the deposit towards your tuition has been made.**)

_____ BACKGROUND CHECK FORM (**must be conducted through Student-
Check**)