



# Emergency Medical Technician 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 of 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 :      |              |
| Circle One <b>Full Term</b> <b>Fast Track</b>  |                |                            |              |
| 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.<br>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 :**

EMT : \$1700 (\$1650 if paid in full prior to class start date)  
EMT Fast Track : \$1900 (\$1850 if paid in full prior to class 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*

## Program Details

1. The length of the EMT program is 135-165 hours,
2. A Certificate of Completion is awarded after successful completion of both the didactic and clinical experience of the program.
3. Tuition for the EMT program is \$1700. Tuition for the *Fast Track* is \$1900.
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 certificate and must be at least 18 years of age by the last day of EMT 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 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.
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.

**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

# 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](http://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](mailto: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](http://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 to dispute anything reported.

If you need further assistance, please contact PreCheck at  
[StudentCheck@PreCheck.com](mailto: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).**

## 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 requires 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 Administration Director.**

\_\_\_\_\_ Copy of BLS 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 enrollment up to 20 days prior to the start date of the course. A refund of all monies paid to the school - **less the cost of any non-returnable books or classroom materials received, authorized physical or background check** - will be issued within 30 days of cancellation date.
- \_\_\_\_\_ Applicants/students may cancel enrollment up to 24 hours prior to the start date of the course. A refund of all monies paid to the school - **less the cost of any non-returnable books or classroom materials received, authorized physical or background check and \$100 application fee** - will be issued within 30 days of cancellation date.
- \_\_\_\_\_ 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

# 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

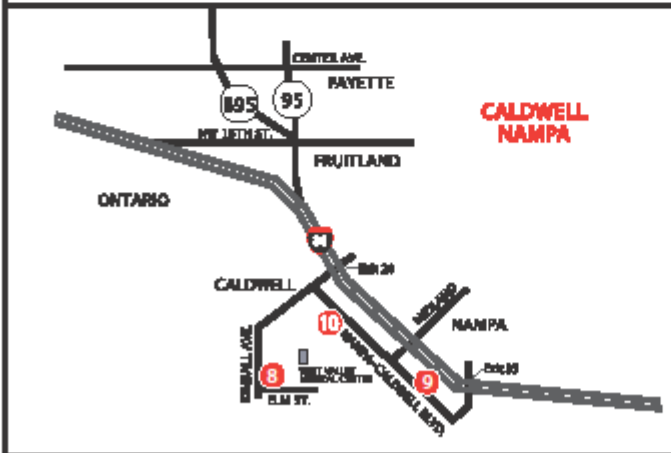
**2 Meridian**  
Urgent Care  
1130 E. Fairview Ave.  
Meridian, ID 83642  
(208) 888-9393  
Mon-Sat: 8am-8pm  
Sun: 8am-6pm

**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](http://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 \_\_\_\_\_

\_\_\_\_\_ DRIVER'S LICENSE **OR** ID CARD

\_\_\_\_\_ HIGH SCHOOL DIPLOMA, GED OR COLLEGE TRANSCRIPTS

\_\_\_\_\_ HEALTH INSURANCE CARD

\_\_\_\_\_ AHA BLS FOR 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 Primary 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)**