



2019—2020

Emergency Medical Technician  
Course

Application Packet

Start Date: Friday October 18, 2019

Location: Southern Campbell Fire District

1050 Race Track Rd.

Alexandria, KY



639 Meridian Circle, Unit A  
Cold Spring, KY 41076  
[EMTClass@KSTraining.org](mailto:EMTClass@KSTraining.org)  
(859) 393-9207

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## Important Information!

1. Please Read All Pages Carefully Before Completing Application
2. Class will begin Friday October 18, 2019 and will end March 20, 2020. Class meets every Tuesday and Friday from 6:00 pm to 10:00 pm. See course syllabus for more details. The final skills test on at the end of the course will be a Saturday class.
3. Class location: Southern Campbell Fire District, 1050 Race Track Rd., Alexandria, KY
4. Tuition for the 2019-2020 course is \$625.00. This covers the student's textbook including access to MyBradyLab online study material, CPR certification and class shirt.
5. Payment information is on page 6 of this packet. We offer 3 payment plan options. Please read them carefully and select one. Applications submitted without at least a down payment of \$300 will not be accepted.
6. **Successful completion of this course requires the student commit to additional study and review time OUTSIDE of class. Plan to spend a minimum of 8-12 hours per week outside of class doing homework, reading, taking online quizzes. Please keep this in mind as you consider applying for this course!**
7. Students are **REQUIRED** to have an internet enabled device such as a laptop or tablet available to them. This is required in order to be able to utilize the MyBradyLabs tools. Students will also be required to bring their laptop/tablet to class on test nights as tests will be given via the MyBradyLab site. KS Training has a limited number of Chrome-books available for rent at an additional charge. See page 8 for details.
8. Additional fees are charged by NREMT and KBEMS for certification and registration. Classes are filled on a first come, first serve basis with students meeting the Kentucky Board of EMS guidelines. Class size is limited to 25 students. The program may be extended due to unforeseen circumstances beyond the instructor's control.
9. No refund of tuition can be made.

**Students should be aware that submitting an application indicates that they have read and understand the information in this packet and accept all guidelines and requirements.**



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## OVERVIEW

K S. TRAINING, in cooperation with the *Kentucky Board of EMS*, will conduct an Emergency Medical Technician (EMT) Course. The course takes approximately 6 months to complete.

The course contains classroom lecture and discussions, hands-on skills, self study and ambulance observation time. The lead instructor will arrange the location for the EMS observation time. These classes will be occupied by the first paid applicants meeting the following KBEMS guidelines (902 KAR 13:02E):

- Be 18 years of age or older by completion of program.
- Not convicted of a felony, misdemeanor, or other crime directly related to ability to perform the duties of an EMT.
- Not be a person who compulsively and habitually uses drugs, controlled substances, or alcohol to the extent that it may affect his/her ability to perform the duties of Emergency Medical Technician.
- Hold a least a High School diploma or GED
- Understand and be able to read, speak, and write the English language on at least a High School level.

At the end of the course, the following fees apply:

- \$70 paid to the National Registry of EMT's for computer based final written testing.
- \$30 will be paid to KBEMS for State Certification Fee.
- \$50 will be paid to K. S. TRAINING for the Final Skills Testing

*K. S. TRAINING does not discriminate based on race, color, national origin, religion, marital status, sex, or handicap in any training program offered.*

K S. TRAINING is responsible for providing the EMT instructor, classroom location, supplies and necessary equipment. Questions related to eligibility, certification and recertification are the responsibility of the Kentucky Board of EMS.

K. S. TRAINING Emergency Medical Technician Training program includes these essential elements:

- Physician Medical Control
- Experienced Lead Instructors with 'real-world' experience

Kentucky utilizes the National Registry EMT examination for Written & Skill Certification Testing

- Instructors are experienced in scenario based education (Current Kentucky EMT Training Format)
- Instructors, and Assistant Instructors are themselves National Registered EMTs Or Paramedics.

All students and prospective students will have the right to ask for and receive Pass/Fail rates of KS Training students who have taken the National Registry EMT Exam or the KBEMS approved certification test. The Pass/Fail rate will be calculated based on courses given within the last two (2) years.



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## **Privacy Disclosure**

### **Overview**

K.S. TRAINING, Corporation, its affiliates and employees, are dedicated to protecting the privacy of your nonpublic personal information. We maintain information about you in order to provide you with the most effective and convenient access to our broad range of products and services. We want you to understand what information we collect, and how we use and protect it. This notice serves as a standard for all KS Training employees for collection, use, retention and security of nonpublic personal consumer information.

### **Information we collect**

"Nonpublic personal information" is information about you that we obtain in connection with providing a product or service. Such information includes for example, name, address, phone numbers, social security numbers, and other information necessary for our programs.

We may collect nonpublic personal information about you from the following sources: Information that you provide to us, such as on applications or other forms, information about your transactions with us, our affiliates or others, or information from others, such as KBEMS, NREMT, or employers.

### **Our security procedures**

To maintain security of customer information, we restrict access to your personal and account information to only those persons who need to know that information in order to provide you products or services. We maintain physical, electronic and procedural safeguards to guard information.

### **Information we disclose**

K.S. TRAINING may disclose nonpublic personal information about you to organizations deemed necessary by K.S. Training, including, but not limited to, the Kentucky Board of EMS (KBEMS), National Registry of EMTs (NREMT). Disclosure of nonpublic personal information may also be permitted by federal law, specifically Title V of the Gramm-Leach-Bliley Act of 1999. The confidentiality of your nonpublic personal information will continue to be maintained consistent with this privacy notice even if you decide to close your account(s), your account becomes inactive, or when you otherwise cease to do business with us.

K.S. TRAINING works with a variety of third parties to bring you educational services. We disclose information about you as necessary to fulfill these services. For example, we may disclose information about you to third parties that assist us in providing education or services. We may also disclose information about you to governmental entities, such as sending annual income statements to the IRS, and to other third parties such as credit bureaus, or in response to subpoenas.

### **Fair Credit Reporting Act Disclosure**

K.S. TRAINING does not share financial information about you with any affiliate. However, K.S. TRAINING may be permitted to share certain information by law, such as information related solely to our experiences or transactions with you, for example, information that may be used to collect a debt.

### **Effective date and changes**

The effective date of this Privacy Notice is provided below. Consumers who are K.S. TRAINING. customers will be notified of updates and changes in accordance with federal law.

Effective: July 2009



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### Emergency Medical Technician Course Application

Please Type or Print Clearly!

Name:	Social Security:		
Street Address:	DOB:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
City:	State, Zip		
Phone: Home <input type="checkbox"/> Cell <input type="checkbox"/>	Email:		
Have you been fined or convicted for a violation of any law or are now under charges for a violation of any law? Yes <input type="checkbox"/> No <input type="checkbox"/>	Description:		
Name/Address of Employer:	Brief Job Description:		
Have you ever taken a KS Training Course? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently CPR certified? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently employed or volunteer with an EMS Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Length of Service:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <i>(Check most appropriate)</i>
Service/Agency Name:	Service Address:		

#### IMPORTANT— READ BEFORE SIGNING

By signing this application I acknowledge that I have read and understand the requirements and information provided in this packet. I understand that I am required to have an internet capable device, i.e. laptop or tablet, in order to use the online tools and to take course tests. I also understand that any application without at least a \$300 down payment will NOT be accepted. I further understand that I must indicate which payment plan I have chosen on Payment Option Form of this packet.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only			
Date applicant registered into class:	_____   _____	Amount received	\$ _____ <span style="float: right;">Rev 7/2009</span>
Payment made by:	Check _____ Money Order _____	Check or Money Order Number :	
Check Name/Payer:			
Assigned to:	Date confirmed _____   _____		Confirmed by : Phone — Letter —



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## Emergency Medical Technician Course Payment Options

KS Training is happy to assist students in meeting the financial obligations in pursuing higher education. Outlined below are three payment options offered to each prospective student.

**Program Fee \$625.00**  
**includes tuition, textbook, registration**  
*(Does NOT include Chromebook Rental)*

OPTION 1: Payment of \$625.00 in full. Payment to be submitted with completed application

OPTION 2: Payment of \$300.00 with application.  
 Payment of remaining 325.00 to be submitted on or before the first class.

OPTION 3: Payment of \$300.00 with application.  
 Balance Due = 325.00  
 Payment Due On First Class:  
 -> Payment #1 \$160 payable on date of first class.  
 -> Payment #2 \$165. payable 30 days after the first date of class

Co-signer Statement

I agree to pay the tuition noted above should the student identified below fail to meet their financial obligation.

Student Name: \_\_\_\_\_  
Please Print Student Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree to pay K.S. TRAINING by the following Payment Option# \_\_\_\_\_. I fully understand that regardless of which payment option I select, I will be obligated to pay, in full, to K.S. TRAINING the non-refundable tuition of \$625.00, regardless of attendance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witnessed Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## KS Training - Student Chromebook Rental Program

An internet enabled device, such as a laptop or tablet or Chromebook, is a requirement for the EMT courses being offered beginning in the fall of 2018. KS Training is now offering a Chromebook rental program to make it easier for a student to use technology during their EMT Course. Chromebooks are rented per course based on the fee structure below.

Device	Rental Fee for duration of course
ASUS Chromebook	\$100

This fee covers the use of the machine for the duration of the course. Students are liable for repair and replacement costs in the following situations:

- Preventable damage from liquid, excessive heat, or other foreseeable environmental threats.
- Preventable damage from carelessness or abuse - i.e. closing the LCD display on a pen or pencil.
- Theft or loss resulting from inadequate security precautions - i.e. leaving the Chromebook in plain sight inside a parked car.

All thefts must be reported to KS Training immediately and must be accompanied by an official police report. Any damage believed to be caused deliberately will be considered vandalism and abuse and the student will be subject to disciplinary actions and possible dismissal from the course. Your homeowner's insurance may cover some of these additional cases. Contact your insurance agent for more information.

### Chromebook Usage

1. All usage of the Chromebook must be school related.
2. Altering the Chromebook's settings or configuration is strictly prohibited and will result in the Chromebook being returned to KS Training with no refund of the rental fee.
3. KS Training does not actively track student activities on the Chromebook. Security software utilizing the microphone, webcam, or a keystroke logger is NOT used.
4. KS Training reserves the right inspect the Chromebook at any time, including browser history. Evidence of mistreatment of equipment will result in the immediate surrender of the Chromebook as well as possible disciplinary action as noted above.
5. Chromebook must be returned in good working condition prior to Final Exam. Failure to do so will result in student not being allowed to take Final Exam(s)

**Students wishing to rent a Chromebook must complete the Rental Form on page 8**



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## KS Training - Student Chromebook Rental Program

This form must be completely filled out and returned to KS Training before a Chromebook will be issued to a student.

**By completing this form, you are agreeing to the terms of the Chromebook rental program. You acknowledge that you are liable for accidental damage and abuse of the laptop and will be held financially liable and/or face disciplinary action.**

\_\_\_\_\_  
Student Name—Please Print Clearly

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
KS Training Representative

\_\_\_\_\_  
Issued Device ID

\_\_\_\_\_  
Date