EMT Basic
Application

January 10 – May 1, 2008
May 13 – August 7, 2008
August 21 – December 18, 2008
Course Description

The EMT course follows the current 1994 United States Department of Transportation’s Basic EMT national standard curriculum and consists of approximately 120 classroom hours in addition to performing five patient contacts in a field and/or clinical setting. The Creighton University EMS Education Program is approved by the Nebraska Department of Health to provide EMT education.

Upon successful completion of the course, the student will be eligible to complete the National Registry EMT Computer Based Test. Students must have reached 18 years of age in order to take the National Registry examination.
Creighton University
Emergency Medical Services Education – EMT Basic

Description of Classes:
- **January 10 – May 1, 2008**
  - **Afternoon Class:** Tues/Thurs, 12:30 – 4:30 p.m.
  - **Evening Class:** Tues/Thurs, 6:00 – 10:00 p.m.
- **May 13 – August 7, 2008**
  - **Evening Class:** Tues/Thurs, 6:00 – 10:00 p.m.
- **August 21 – December 18, 2008**
  - **Afternoon Class:** Tues/Thurs, 12:30 – 4:30 p.m.
  - **Evening Class:** Tues/Thurs, 6:00 – 10:00 p.m.

Credit Student – Please contact Mary Beth Bestenlehner (402-280-2730) mbbest@creighton.edu to enroll in Creighton University as a degree seeking student.

Certificate Student – Please contact Shari Lentsch (402-280-1280) sharilentsch@creighton.edu regarding requirements for enrolling as a Certificate Student.

Application Date: ____________________________

Name: __________________________________________

Address: _______________________________________
          Street  City  State  Zip

Home Phone: __________________________ Work Phone: __________________________

Cell Phone: __________________________

Social Security Number: ________________________

E-mail: __________________________

Date of Birth: __________________________

Do you have a physical handicap or disability that may require special provisions?  □ Yes □ No

Have you ever been convicted of a misdemeanor or felony?  □ Yes □ No

Have you ever been addicted to any chemical substance?  □ Yes □ No

Have you previously attended an EMT course?  If yes, please provide contact information (program name, phone number/ contact person/date)  □ Yes □ No

**If the answer to any of these questions is “Yes” please attach documentation of the circumstances**

**Prerequisite: BLS (CPR) Certification** (Enclose copy with your application to expedite processing)

Candidates for all levels of National Registration must provide evidence of training equivalent to American Heart Association’s HealthCare Provider. Basic Life Support Certification can be obtained through the American Heart Association (HealthCare Provider), American Red Cross CPR for the Professional Rescuer, or the Military MTN Certification.

**Need BLS Certification?** – please call 402-280-1280 to register, cost is $50.00  □ Yes  □ No

CPR fee is not included in the tuition, it is a separate charge.
Prerequisites:

- Copy of the following:
  - High School or College Transcripts
  - Immunizations: (TB – within last year, Tetanus – within last 10 years, Polio, HEP B, MMR, Varicella)
  - Drivers License or Birth Certificate
  - Current CPR Card – see previous page for CPR prerequisites.

- Essay – Why I want to take this course. Essay should not exceed 1 page and should be double spaced, 10 – 12 pt font with 1” margins.

NOTE: In order to remain in the class, all prerequisites must be on file no later than 3 weeks after the start of class.

I certify that to the best of my knowledge there is no misrepresentation or falsification in any response on this application or its supporting documents.

_________________________  __________________________
Signed  Date

Payment Information  $525.00 Tuition +$50 CPR class if needed.

Required Non-Refundable Deposit due with application:  $100.00

- Check enclosed (make check payable to EMS Education)
- Please bill my credit card (complete below)

Visa _____  Master Card _____  Discover _____

Credit Card Number: ____________________________________________________
Expiration Date: ____________________________
Signature: _____________________________________________________________

Mail application to:  Creighton EMS Education
2514 Cuming St
Omaha, NE 68131
E-mail:  cuemse@creighton.edu
Website:  http://ems.creighton.edu
Phone:  402-280-1280  Toll Free:  800-327-7530

Your application will be reviewed by the acceptance committee as soon as all the requirements have been submitted, and you will be notified of your acceptance via letter.

We reserve the right to cancel a class due to lack of enrollment. You will receive a full tuition refund if the class is cancelled.