Pre-Hospital Care (EMT-B) Course for Nurses
Application

March 10 – 15, 2008
April 14 – 19, 2008
September 22 – 27, 2008
Course Description

The objective of the DOT curriculum is to improve the quality of emergency care rendered to victims of accidents and illness. The major thrust of the out of hospital Emergency Care Course for Nurses is aimed toward the RN or LPN who wishes to work as an EMT in the out-of-hospital environment.

Prerequisites: Current Basic Life Support, Current RN or LPN License

This is an intensive one-week program that will prepare the RN or LPN to sit for the National Registry of EMT Basic examination. Applicants must recognize that they will need to commit to extra time outside of class, both before and during, in order to successfully meet course completion requirements.

Upon successful completion of the course the student will be eligible to complete the National Registry Computer Based Test. The Practical portion of the National Registry test will be administered the last day of class.

The Creighton University EMS Education Program is approved by the Nebraska Department of Health to provide EMT education. Questions regarding reciprocity should be directed to the individual’s state EMS credentialing agency for requirements.
Creighton University
Emergency Medical Services Education – Nurse to EMT - B

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☐ April 14 – April 19, 2008
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☐ 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 Mike Miller (402-280-1280) mikemiller@creighton.edu regarding requirements for enrolling as a Certificate Student

Application Date: ___________________________   ☐ Male   ☐ Female

Name: ________________________________________________________________

Address: ____________________________________________________________

                            Street    City    State    Zip

Home Phone: _______________________________   Work Phone: _______________________________

Cell Phone: _______________________________   E-mail: _______________________________

Social Security Number: __________________________

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

Nursing Certification:

State: ____________   Number: ____________   Expiration: _______________

BLS (CPR) Certification:

☐ American Heart Association   ☐ Red Cross   ☐ Other   Expiration: _______________
Prerequisites:
- Two letters or recommendation (see enclosed forms)
- Copy of the following:
  - High School or College Transcripts
  - Current CPR Certification (Healthcare Provider or equivalent)
  - Current Nursing License
  - Drivers License or Birth Certificate
  - Resume
  - Immunizations: (TB – within last year, Tetanus – within last 10 years, Polio, HEP B, MMR, Varicella)
- 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.

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

Required Non-Refundable Deposit Due with Application:  $100.00
$500.00 Tuition

- 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. If a class is cancelled you will be notified four weeks prior to the start of the class. Please do not make travel arrangements before this time, and before receiving confirmation of the class status. You will receive a full tuition refund if the class is cancelled.