EMT Application

Bellevue, NE

January 12 – April 29th, 2010
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. In addition, Creighton University EMS Education is nationally accredited by CAAHEP (Commission on Accreditation of Allied Health Education Programs) and CoAEMSP (Committee on Accreditation of Educational Programs for the EMS Professions).

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.

Application Checklist:

☐ Completed EMT Application
☐ Proof of immunizations including TB (within last year), Tetanus (within last 10 years), Polio, Hep B, MMR, Varicella (certificate students only)
☐ Copy of drivers license or birth certificate
☐ Current CPR card (BLS for Healthcare Providers will be held on first day of class)

Submit application materials to: Creighton EMS Education
2514 Cuming Street
Omaha, NE 68131

e-mail. cuemse@creighton.edu
web: http://ems.creighton.edu
tel. 402.280.1280
tel. 800.327.7530
Creighton University
Emergency Medical Services Education
EMT
Bellevue, NE

☐ January 12 – April 29, 2010 Evening Class: Tuesdays & Thursdays, 6:00-10:00 p.m.

☐ Certificate Student: Please contact EMS Education (402.280.1280) to enroll as a noncredit certificate student.

Application Date ______________________________ Gender ☐ Male ☐ Female

Name ______________________________ first mi last

Address ______________________________ street city state zip

Home Phone (    ) ______________________________ Work Phone (    ) ______________________________

Cell Phone (    ) ______________________________ Email ______________________________

SSN# - - ______________________________ DOB / / mm/dd/yy

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? ☐ Yes ☐ No

If yes, please provide contact information (program name, phone number/contact person/date)

If the answer to any of the above questions is “Yes” please attach documentation of the circumstances.

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.

______________________________________________  ____________________________
Signature  Date
NONCREDIT CERTIFICATE SEEKING STUDENTS ONLY.
(Students registering for college credit will be billed at the current tuition rate; tuition statements are available on your NEST account.)

PAYMENT INFORMATION

- Noncredit Tuition for the EMT course is $625.
- A minimum non-refundable deposit of $100 required with this application.
- Full course payment is due at start of class.

☐ $100 nonrefundable deposit only OR
☐ $625 full course payment

$ ___________ Total Enclosed

☐ Check enclosed (make check payable to Creighton University EMS)
☐ Please bill my credit card (complete information below)

Credit Card Number: ________________________________
Expiration Date: ________________________________
Signature: ________________________________

Your application will be reviewed by the admissions committee as soon as all the requirements have been received. You will be notified of your acceptance by mail.

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.