

# EMMS

**EMERGENCY MEDICAL SERVICES**

**EMT**  
Application

**Bellevue, NE**

**January 12 – April 29<sup>th</sup>, 2010**

**Creighton**  
UNIVERSITY

## 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

email. [cuemse@creighton.edu](mailto:cuemse@creighton.edu)  
web: <http://ems.creighton.edu>  
tel. 402.280.1280  
tel. 800.327.7530



**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.***