

Pre-Hospital Care (EMT) Course for Nurses Application

**March 5 – 10, 2012
April 16 – 21, 2012
September 10 – 15, 2012**



Course Description

The objective of the Department Of Transportation curriculum is to improve the quality of emergency care rendered to victims of accidents and illness. The major thrust of the Pre-Hospital Care Course for Nurses is aimed toward the RN or LPN who wishes to work as an Emergency Medical Technician (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 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.

Application Checklist:

- Completed Pre-Hospital Care (EMT) for Nurses Application
- Two recommendations (use forms provided)
- Copy of college transcripts (certificate students only)
- Copy of driver's license
- Copy of current CPR card (Healthcare Provider or equivalent)
- Copy of current Nursing License
- Résumé
- 300-word essay, "Why I want to take this course."
- \$50 non-refundable application fee

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

Email: ems@creighton.edu
Web: <http://ems.creighton.edu>
tel. 402.280.1280
tel. 800.327.7530
fax 402.280.1288

*If accepted to the class, students are expected to comply with immunization requirements for Creighton University Health Science Students. Immunization compliance is monitored by Creighton University Health Services, www.creighton.edu/chc/healthservices. Instructions on submitting immunization information will be sent to you with your acceptance letter. Please do not submit immunization information directly to CU EMS Education. **Registration in any course at Creighton University requires students to have received two doses of MMR, or submission of positive immunity laboratory testing. Full compliance with all immunization requirements is mandatory for students to participate in required patient care activities.**



Creighton University
Emergency Medical Services Education
Pre-Hospital Care (EMT) for Nurses

- March 5-10, 2012
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Credit Student: Please contact Mary Beth Bestenlehner (402.280.2730 or mbbest@creighton.edu) to enroll in Creighton University as a college credit student.

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 include area code

Cell Phone Email include area code

SSN# DOB mm/dd/yy

- Do you have a physical handicap or disability that may require special provisions?
Have you ever been convicted of a misdemeanor or felony?
Have you ever been addicted to any chemical substance?
Have you previously attended an EMT course?

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.

Certification:

Nursing License

State Number Expiration

BLS (CPR) Certification

American Heart Association Red Cross Other Expiration

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 Pre-Hospital Care (EMT) for Nurses course is \$680 (subject to change).
- A \$50 non-refundable application fee is required with this application.
- If accepted to the course, a \$100 deposit is required to reserve your space on the roster. The application fee will apply toward course deposit if you are accepted to the course.
- Full course payment is due at start of class.

 Check enclosed (make check payable to Creighton University EMS)

Please bill my credit card (complete information below)

Visa **MasterCard** **Discover** **American Express**

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. If accepted to the course, a \$100 deposit is required to reserve your space on the roster. Full course payment is due at the start of class.

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.