



CARE Ambulance Academy of Paramedicine

Greetings Everyone! We are preparing to start another Paramedic class in April 2012. ***This class will be a little different than any Paramedic class we have taught before. Class will meet on Mondays and Thursdays, from 9a – 5p at our classroom at 1316 10th Ave, Columbus, Georgia 31901. The class is scheduled to run for 35 weeks.***

Paramedic School Entrance Exam Testing

There is a Written Exam and Three (3) Skills Stations that each applicant must take and pass. The written test will be similar to the National Registry Basic written test. The minimum passing score is 70%. Practical (Hands-On) Testing will follow the NREMT Skill Sheets.

The areas tested will be:

Airway, Oxygen and Ventilation Skills, Upper Airway Adjuncts and Suction;
Cardiac Arrest Management / AED with Bystander CPR in Progress;
Patient Assessment / Management – Trauma.

I must receive the Application For Testing Form, in my hand, by 5:00pm Eastern Time on March 28th, 2012. You MUST include a VALID e-mail address on this application, no exceptions. This is how I will communicate the Date of Testing to the applicants. I will send out that email on March 30th, 2012. The Date(s) of Testing will be announced in that email. If you do not receive an email from me, then either I did not receive your application or there is a problem with your e-mail server. You may call me and speak to me in person at 334-239-6902.

REQUIRMENTS TO ATTEND THE CLASS.

In addition to passing both the Written Exam and Practical Exams:

If you are chosen as eligible to attend the class, you must meet the following standards:

Must have one or more of the following certifications: National Registry Basic EMT or higher, Alabama Basic EMT license or higher, Georgia Basic EMT license or higher.

You agree to make arrangements to attend the classes on the days and times they meet.
There will be no make-up days for time missed. Three (3) tardys will equal one (1) absence. Tardy is defined as more than 15 minutes late after the scheduled start time of the class. After Three (3) absences, a counseling form will be filled out and signed by the student. A total of Eight (8) absences will constitute Violation of School Policy and the student will be dismissed from class. Any monies paid in will be forfeited, there will be no refunds.

Classes are scheduled to meet on Monday's and Thursday's, from 9am – 5pm, Eastern Time. We will break for lunch around noon. This may vary as to the course of instruction going on that day. This course will take approximately 35 weeks to complete, which may be extended to allow for completion of clinicals. Employee's of CARE Ambulance will have priority in the admissions process.

Other information and paperwork will be required once you are accepted into the class.

If you have any questions concerning these requirements, please feel free to contact me. My number is 334-239-6902.

Thank you for your interest.

Steve Hemby, NREMT-P
EMS Program Director
CARE Academy of Paramedicine

APPLICATION FOR PARAMEDIC SCHOOL ENTRANCE EXAM TESTING

(Return This Page Only)

If I cannot read this information or decipher any special lettering / numbering in your email address, I will discard this application and you will not be notified. Underscore marks that are not clearly marked and sloppy handwriting that I cannot read will be discarded.

PRINT or TYPE

Applicants Full Name _____

Applicants Address _____

Applicants Phone Number _____

Applicants E-Mail Address _____

EMS License, State, Number and Level _____

How do you plan on paying for this class?

___ I am a CARE Employee and will agree to have \$105.56 payroll deducted for 18 pay periods. This will be a total of \$1900.00. CARE Employees receive a \$500 discount from the \$2400.00 normal charge for the class.

___ I am a CARE Employee and will pay \$1900.00 (3 payments of \$633.34) personal pmt.

___ Other Applicant will agree to pay \$2400.00 (may be paid in 3 payments of \$800) personal pmt.

If you are a CARE Employee, Location where you work: _____

All others, please include the EMS Service you work for, name and location.

Please return this application to:

Steve Hemby, Training Officer
CARE Ambulance
Fax # 706-507-1521

or

SHemby@Lifestar-Response.net