



Emergency Medical Technician

OVERVIEW:

This intensive course includes lectures and hands-on practice of techniques taught: introduction to emergency care, bleeding and shock, soft tissue injuries, environmental emergencies, lifting and moving patients, emergency childbirth, and much, much more. At the end of the training, successful participants are qualified for the Washington State EMT-B examination.

SCHEDULE:

Classes run approx. one quarter (Thirteen weeks), Tuesday and Thursday evenings and all day most Saturdays. The course is offered twice a year. A maximum of 9 hours of non mandatory class may be missed.

ENTRANCE REQUIREMENTS:

1. 18 years of age prior to first day of the course.
2. High school diploma or GED certificate.
3. Current American Heart Association CPR for the Healthcare Provider or American Red Cross CPR for the Professional Rescuer card or comparable. (We require infant, child, adult CPR and training on an AED. If your card doesn't list those four things, it's the wrong card.)
4. Current 1st aid card.
5. 4-hour Infectious Disease Prevention for EMS Provider's class, or 7 hours HIV/AIDS education.
6. Physical strength adequate to perform the normal functions of an EMT.
7. Successfully pass a Washington State Patrol criminal background check.
8. Current Drivers License
9. Verification of health insurance.
10. Basic Urine Drug Test
11. Tuberculin PPD test within last 12 months
12. A. If affiliated/sponsored:
Application with attachments and signature from affiliated organization, or
B. If non-affiliated/sponsored:
Application with attachments and signature for non-affiliated applicants. NOTE: Non-affiliated students have one year from the completion of the course to meet the affiliation requirement to be certified by the State of Washington. Affiliated status with a fire department or ambulance service must be attained before participants are eligible for State EMT

Certification. *Must also submit BTC Placement test results.*

APPLICATION AND ADMISSION PROCESS:

The application material is included in this guide. All forms and attachments must be submitted.

Applications are accepted on a first-come, first-served basis. Successful applicants will be contacted and will receive permission to register. All applicants will be contacted.

A WSP Background Check is required for each applicant. Although the College may allow you to attend class if you have a record, you may be eliminated from state certification. If you have a record, contact the Washington State Department of Health at 800-458-5281 for more information.

For further program and application information: call 360-715-6418 or send email to: Admin@whatcomcountyems.com.

CLASS COST ESTIMATE:

Class and supply fee \$700.00
Textbook 60.00
Optional workbook \$30.00

HIGHLY RECOMMENDED EQUIPMENT:

Blood Pressure Cuff, Stethoscope and Pocket Mask

REFUNDS:

- 100% refund if withdrawal is prior to the course start date, or BTC cancels the class.
- 90% and 50% refunds will be calculated based on the length of the course.

Frequently Asked Questions

Do I have to be sponsored to attend the class?

Sponsorship/affiliation is not required to take the class. However, sponsored/affiliated applicants have priority for registration. After priority registration, non-affiliated applicants are accepted in the order that completed applications are received. It is not unusual for the class to fill with participants from affiliating agencies.

Do you usually have seats for non-sponsored people?

The college has no way of knowing what hiring the fire districts are doing and the class may fill with fire district participants. We cannot assure you there will be space in the classes for non-affiliated participants.

How do I get affiliated?

"Affiliated/sponsored" means that you are working for or volunteering with a fire agency, ambulance company or an agency that has an affiliation number with the State of Washington. The college does not help with this and most agencies do not sponsor anyone who is not working for them.

How do I get into the class?

An application with verification of high school completion, age 18 or older, current 1st aid and CPR cards and infectious disease prevention training are required. Additional requirements for the clinical portion of the class include proof of medical insurance, basic urine drug test, Tuberculin PPD test within last 12 months, and a completed criminal disclosure questionnaire and notification of criminal background inquiry. Incomplete/incorrect applications will be returned without processing. The most common error is not taking the correct CPR training. Be certain you take one of the two classes listed on the EMS application. EMS Program Applications are available through the Whatcom County EMS/TC Council at 360-715-6418 or Admin@whatcomcountyeems.com or [download here](#).

Do I get a job at the end of the training?

The college does not help with job placement. Completion of the EMT-B course makes you more marketable in the fire service, but we do not help you find a job.

Do I take the state test at the end of the class?

The state exam will be given at the last class. Retakes can be arranged thru the Whatcom County EMS/TC Council office.

Can Running Start students take this class?

No. The class has a requirement that participants must have a high school diploma and be at least 18 years of age.

Does Financial Aid cover the cost of this class?

The class is eligible for financial aid. Check with the Financial Aid Office for details and applications.

Can I take other classes while enrolled in this class?

We recommend participants register for only this class during the quarter of attendance. Because of the required hours, the outside work and the homework, most participants will not be successful if they take additional classes.

Can I take classes if I have a record?

A Washington State Patrol background check is done on each applicant. Although the college may still allow you to attend class if you have a record, you may be eliminated from state certification for the same reason. If you have a record, contact the Washington State Department of Health at 1-800-458-5281 for more information.

Where can I take the CPR course?

BTC offers Healthcare Provider CPR on a quarterly basis. Contact your local red cross for CPR for the professional rescuer.

APPLICATION MATERIALS

Please use the application materials in this guide. Complete all items and include attachments as requested; applicants missing attachment(s) will be returned.

The following are to be sent to the Whatcom County EMS/TC Council office

- Photocopy of current **Washington State Drivers license or other photo ID**
- Proof of High School Graduation (copy of diploma, GED or high school transcripts)**
- Current Healthcare Provider (American Heart Association) or Professional Rescuer (American Red Cross) CPR Card NO OTHER CERTIFICATIONS WILL BE ACCEPTED!**
- Current first aid card**
- Proof of completion of “Infectious Disease Prevention for EMS Providers”.**
- If non affiliated only – a Copy of *BTC Placement Exam Scores* Students must be assessed with a Reading score of 70**

The following **4 requirements are to be sent directly** to Bellingham Technical College Attn: Therese Williams, 3028 Lindbergh Ave, Bellingham, WA 98225-1599 or fax to 360-752-7116.

- Completed Washington State Patrol Background form**
- Basic urine drug test**
- Tuberculin PPD test within last 12 months**
- Current Medical Insurance**

Accepted students will be notified of their status by mail approximately Three (3) weeks prior to the beginning of the class and will receive instructions for registration. For this purpose, applicants are asked to keep address and phone numbers current. **No one is admitted to the course without formal acceptance.**

It is the responsibility of the applicant to keep up-to-date on any changes that may affect his/her qualifications for acceptance.

AFFILIATION AND CERTIFICATION:

In order to become a Washington State Certified EMT, students must successfully complete the EMT-Basic course and provide a document of affiliation from an EMT provider agency. The course instructor will distribute and explain these forms during the first class meeting. Applicants who are not affiliated will be admitted and be able to complete the course; however, an affiliation must be obtained within one year after completion in order to be certified by the State.

EMERGENCY MEDICAL TECHNICIAN TRAINING APPLICATION

Completion of this application does not guarantee admission to the EMT Training. Incomplete application will be returned. Submit all required attachments. Be certain to sign application. Successful applicants will be notified by mail and will receive permission to register.

Please Print

1. APPLICANT INFORMATION:

Name _____ Soc. Sec # _____

Address _____ Birth date _____

City _____ Zip _____

Email _____ Phone # _____

High School Graduate? Yes No GED Certificate? Yes No

Physically able to do the work of an EMT? Yes No

2. AGENCY AFFILIATION: [not required for non-affiliated applicants; not required to apply for training.]

Provide the following information for your affiliated emergency agency. NOTE: Participants who are not affiliated have one year from the completion of this course to meet the affiliation requirement to be certified by the State Of Washington. See paragraph 8B on the first page of this guide.

Agency/District _____

Chief/Supervisor: _____ Phone _____

Mailing Address: _____

Signature of Chief or Supervisor _____

You must attach:

Photocopy/current Washington State Drivers License or other photo ID

Photocopy/High school diploma or GED certification.

Photocopy of current CPR card

Photocopy of Current 1st aid card

Photocopy proof of completion of "Infectious disease prevention for the EMS provider" course.

Non-affiliated only – copy of BTC placement test reading results

Submit application to: WCEMSTCC 1212 Indian St. PO Box 5125 Bellingham, WA 98227
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You must send directly to BTC: Attention Therese Williams, 3028 Lindberg Ave Bellingham WA 98225

Photocopy of current health insurance

Results of Basic urine drug test

Completed criminal disclosure questionnaire and notification of criminal background inquiry.

Evident of current Tuberculin PPD test within last 12 months



CRIMINAL DISCLOSURE QUESTIONNAIRE
and
NOTIFICATION OF CRIMINAL BACKGROUND INQUIRY

Effective July 23, 1989, Washington State law requires each person who will have direct, regularly scheduled, and unsupervised access to a nursing home resident, any dependent adult, or minor in any health care facility to complete a criminal disclosure sheet. A criminal history check with the Washington State Patrol will be made as a condition of admission to Bellingham Technical College's health occupations programs that include a clinical component.

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach an explanation.

YES _____ **NO** _____

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

YES _____ **NO** _____

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or Frotteurism?

YES _____ **NO** _____

4. Are you currently engaged in the illegal use of controlled substances?

YES _____ **NO** _____

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department of Health does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction?

YES _____ **NO** _____

- a. Have you ever been convicted of any crime against children or other persons?

A “crime against children or other persons” means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

YES _____ **NO** _____

- b. Have you ever been convicted of a crime relating to financial exploitation where the victim was a vulnerable adult?

A “vulnerable adult” is an adult of any age who is functionally, mentally, or physically unable to care for him or her self. “Financial exploitation” means the illegal or improper use of a vulnerable adult or that adult’s resources for another person’s profit or advantage.

YES _____ **NO** _____

6. Have you ever been found in any civil, administrative or criminal proceeding to have?

- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?

YES _____ **NO** _____

- b. Diverted controlled substances or legend drugs?

YES _____ **NO** _____

- c. Violated any drug law?

YES _____ **NO** _____

- d. Prescribed controlled substances for yourself?

YES _____ **NO** _____

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements?

YES _____ NO _____

8. Have you ever had any license, certificate, license or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?

YES _____ NO _____

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?

YES _____ NO _____

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

YES _____ NO _____

Under penalty of perjury, I affirm that I have read all of the above questions on this disclosure sheet and, to the best of my knowledge, I have truthfully, correctly, and completely answered the same.

PLEASE PRINT YOUR NAME AND SOCIAL SECURITY NUMBER:

Last First M.I. Social Security Number

Date of Birth

Past Names (Maiden) or aliases:

SIGN AND DATE BELOW:

Signature Date

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**Bellingham Technical College • 3028 Lindbergh Avenue • Bellingham WA 98225-1599 •
360-752-8316 (T. Williams) • FAX 360-752-7116 (T. Williams)**



DIRECTIONS FOR SUBMITTING HEALTH CARE INFORMATION

In order to facilitate your entry into the clinical portion of the EMT-Basic Course at Bellingham Technical College, it is necessary that you be informed of the additional requirements of the program per clinical agreement with St. Joseph Hospital.

Before you will be accepted into the course and eligible to register, you must complete **all** of the following steps.

1. You must complete a urine test for prohibited substances.
 - You will need to arrange to have a “**basic urine drug test**” performed at any hospital, clinic, or doctor’s office. The test will cost approximately \$45. If you have had one completed by your agency or employer within the past year, these results will be acceptable. Please make a valid photocopy and send directly to address below.
 - The test needs to screen for the following five drugs: Amphetamines, Cocaine, Marijuana, Opiates, and PCP.
 - Test results must be sent by the agency **directly*** to:

BELLINGHAM TECHNICAL COLLEGE
ATTN: THERESE WILLIAMS
3028 LINDBERGH AVENUE
BELLINGHAM, WA 98225-1599

*In order for the institution to release your results you may be required to sign a release form provided by the clinic indicating the college contact: Therese Williams and the college program: EMT-Basic, BTC.

2. You must provide evidence of current Tuberculin PPD Test within the last 12 months.
3. You must provide evidence of current medical insurance (either thru personal means or through your EMS Agency)
 - Evidence of insurance must show the expiration date of coverage
 - The minimum insurance requirement is major medical coverage for catastrophic injury.
 - If you do not have insurance, Student Insurance plans cost approximately \$45. Contact the Career Center at 360-752-8450 to request a pamphlet on Student Injury and Sickness Insurance Plan.

YOU MAY SUBMIT ITEMS 2 and 3 BY HAND OR DELIVER BY MAIL TO:
BELLINGHAM TECHNICAL COLLEGE,
ATTN: THERESE WILLIAMS
(SEE ADDRESS ABOVE)

If you have questions or need additional information, please feel free to contact Therese Williams (Program Coordinator) at (360) 752-8316, or Kathy Eaton, (Program Assistant) at (360) 752-8447.