



SOMERSET COUNTY EMERGENCY SERVICES TRAINING ACADEMY

P.O. BOX 3000

SOMERVILLE, NJ 08876

Website: <http://www.co.somerset.nj.us/trainingacademy.html>

E-mail: Trainingacademy@co.somerset.nj.us

PH: 908-725-5070

FAX: 908-725-5077

Summer 2015 EMT COURSE

Mondays and Wednesdays 1900-2200, Saturdays 0900-1700

Class dates: May 27, 2015 – August 19, 2015

Course Site: Somerset County Emergency Services Training Academy
402 Roycefield Road, Hillsborough, NJ 08844

Costs: \$200 BOOK FEE FOR ALL STUDENTS

All students must pay book fee AND one form of tuition below.

Valid EMT Training Fund Form for volunteers from qualified agencies

OR \$750 for Somerset County residents

OR \$1,000 for Out of County residents

ABSOLUTELY NO REFUNDS after the course begins

Prerequisite: You must be 16 years of age or older. You must have a current Healthcare Provider/Professional Level CPR card for entry.

Make checks payable to – Somerset County Emergency Services Training Academy.

WE WILL ACCEPT COMPLETE REGISTRATIONS ONLY!

If your application is not complete, we will not reserve a spot in class for you until your application is complete.



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Application Checklist

Submit to the academy as soon as possible

- ☐ County Registration Form (MUST include EMS ID #)
- ☐ Create EMS ID Number (MUST be done by the student)
- ☐ \$200 book fee
- ☐ Full course payment

BRING ON FIRST DAY OF CLASS

- ☐ EMS ID Number
- ☐ Professional level CPR card
- ☐ EMT Training Fund Form (if applicable)
- ☐ Parental Consent Form (if under 18)

Contact Joseph Allen at allenj@co.somerset.nj.us or 732-266-6839 if you have any questions.



SOMERSET COUNTY
EMERGENCY SERVICES TRAINING ACADEMY
REGISTRATION FORM

PO BOX 3000
SOMERVILLE, NJ 08876

PHONE: (908) 725-5070

FAX: (908) 725-5077

WEBSITE: [HTTP://WWW.CO.SOMERSET.NJ.US/TRAININGACADEMY.HTML](http://WWW.CO.SOMERSET.NJ.US/TRAININGACADEMY.HTML)

EMAIL: TRAININGACADEMY@CO.SOMERSET.NJ.US

SEPARATE APPLICATIONS ARE REQUESTED FOR EACH COURSE. ALL INFORMATION MUST BE TYPED OR PRINTED IN BLOCK LETTERS.

NAME OF COURSE:

COURSE NUMBER:

COURSE DATE:

DEPARTMENT/ORGANIZATION/INDIVIDUAL:

CONFIRMATION ADDRESS:

HOLD HARMLESS AND INDEMNIFICATION:

The undersigned understands and acknowledges that this Hold Harmless and Indemnification Agreement requires that the SCESTA, its instructors, employees and volunteers be indemnified and held harmless for any and all liability, claims, costs, suits, causes of actions, judgments or damages sustained by the SCESTA or any other person or persons for bodily injury and for injury to or loss of property, resulting from causes by or rising out of the conduct of the outside organization/individual and/or guests, participants, visitors or other persons attending the event referred to in this Agreement. This Hold Harmless and Indemnification Agreement shall also pertain to any such claims alleging negligence on the part of the SCESTA.

The undersigned further agrees to release any claims that they may have in the future against the SCESTA relating to the use of the SCESTA property or facility, including all claims alleging negligence on the part of the SCESTA.

***For Departments/Organizations** The undersigned must furnish SCESTA with a Certificate of Insurance naming SCESTA as an additional insured party and the minimum limit of Commercial General Liability shall be \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury and property damage. Commercial Auto Liability shall cover owned, non-owned, hired vehicles, plus Garage Keeper's Legal Liability, with minimum limits of liability in the amount of \$1,000,000 per occurrence, as a combined single limit for bodily injury and property damage. Statutory Workers' Compensation coverage shall be provided in accordance with the requirements of the laws of this State:*

- \$1,000,000 each accident
- \$1,000,000 disease each employee
- \$1,000,000 disease aggregate limit

Signature of individual or organization training liaison: _____

ENROLLMENT ELIGIBILITY:

Only those applicants meeting course prerequisites listed in the catalog will be accepted.

1. Students participating in any program at SCESTA are not allowed to wear cutoffs, shorts or open toe footwear.
2. All protective clothing must meet OSHA requirements- OSHA 29, CFR 1910.156.
3. Students participating in a class that requires SCBA are responsible for bringing their own equipment in a good working order.
4. Students with excessive facial hair will not be permitted to attend classes that require the use of SCBA per OSHA 29, CFR 1910.134 and NFPA STD 1500 SEC.5-3.10.
5. Students participating in an indoor program are permitted to wearing casual but neat clothing.
6. Students must be prepared to take notes and receive handouts for both indoor and outdoor programs.

The undersigned certifies that the students enrolled do not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course. The undersigned certifies that all personnel enrolled in the above course is covered by Workers' Compensation and Liability Insurance, or otherwise insured, as indicated by a copy of such insurance attached to the current authorized signature form on file.

Last Name	First Name	M.I.	SS #	DFS #	EMS #	Date of Birth
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

The undersigned agrees to the above conditions and authorizes this application.

Print Name:

Signature:

Cell Phone #:

Title:

Home Phone #:

Date:

Academy use only

Check #:

Total Amount:

Date:



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LMS INFORMATION SHEET

All students must obtain an EMS ID in the Learning Management System (LMS)

Go to the LMS Website at www.njems.us



Please follow the prompts to create a new account. Be sure to record the State EMS ID number you are provided when registering.

Once you obtain your "State EMS ID" please record it on the course application.

******After you create the ID, please log in to www.njems.us and scroll down on the home page to "Apply for EMT Certification." Then click on the link called "EMT Initial Standard Certification." Please follow the prompts to update your contact information and then answer the questions on the second page. When you are done, you must click submit to complete the process. This allows you to be officially registered in the EMT program when the course begins.******



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Parental Consent Form

Student's name: _____ DOB: _____

I, _____ a parent or guardian of _____ understand that my son/daughter is interested in enrolling in an Emergency Medical Training course offered by the Somerset County Emergency Services Training Academy. I realize this is a course dealing with Human Anatomy and Physiology, and will require working closely with and physically examining other students. My son/daughter will be taught how to handle emergencies such as: Respiratory and cardiac arrest, choking, severe bleeding, emergency childbirth, and vehicle rescue.

The intent of this course is to train and certify personnel in emergency procedures. Therefore, I understand he/she will be taught all the skills required in an Emergency Medical Services Course to function independently, possibly on a Basic Life Support Ambulance. To accomplish this, he/she will have to meet or exceed the requirements for course completion and certification to be certified as a First Responder or Emergency Medical Technician in the State of New Jersey.

Thus, I do therefore permit _____ to enroll in this course of instruction beginning on: _____.

Parent/Guardian Signature

Date

Phone Number

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services**

**EMT TRAINING FUND
CERTIFICATE OF ELIGIBILITY FOR AN EMT BASIC COURSE**

Name of Student: _____

Volunteer EMS Agency: _____

Address: _____ County: _____

City: State: Zip: _____

Course Sponsor: _____

Course Start Date: _____

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT listed above is a member or a prospective member of a volunteer ambulance, first aid or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with N.J.A.C. 8:40A.
3. All monies paid for training will ONLY be made to the basic course sponsor.

Verified by:

Name of Principal Officer (Print): _____

Title: _____

Contact/Telephone Number: _____

Signature of Principal Officer: Date: _____

NOTICE: It is a crime for any person knowingly or willfully to provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants [N.J.S.A. 2C:21-4(s)].

Somerset County Emergency Services Training Academy

NOTICE TO EMT STUDENTS

All students must:

1. Be able to perform at the physical and mental requirements as stipulated in the Functional Position Description for the Emergency Medical Technician.
2. Be able to hear, read, write, communicate, and interpret instructions in the English language. (All text materials are written at the 10th grade level).
3. Be 16 years of age or older and in good physical condition and be able to lift.
4. Have easy access to a computer with internet. This course **will require** that you participate in on-line assignments.
5. Be able to participate in all sessions as required by NJSA 8:40A – 5.3 stating all students attend all sessions in their entirety. Any absences must be made up prior to the state final certification exam. A maximum of three absences are permitted in this program. **DUE TO THE INTENSE NATURE OF THIS COURSE MAKE-UP SESSIONS WILL BE EXTREMELY DIFFICULT TO SCHEDULE.**
6. Students will also be required to have a stethoscope, watch, pad and pencil/pen at all times. On test days, (2) number two pencils with erasers will be required.
7. As a student of the Somerset County Emergency Services Training Academy EMT Program, you will be required to participate in 10 hours of clinical observation at a local hospital.

****Note:** Any prospective student **MUST** contact the New Jersey Department of Health at 609-633-7777 regarding any past criminal matter to determine eligibility to become an EMT. This includes but is not limited to arrests, dismissals, convictions, and expungements.

Please be advised, for clinical observation time, you may be required to provide proof of the following documentation: Criminal history check, health insurance, physical examination, Mantoux Test, disease immunity vaccinations or declinations for: Hepatitis B, Flu, MMR, TDAP and Varicella.

Any costs associated with these requirements are the responsibility of the student.