

EMORY

UNIVERSITY

CEPAR Office of Critical Event Preparedness and Response



Emory Emergency Medical Services (EEMS) 1599 Clifton Road Atlanta, GA 30322 Office: (404) 727-0180

EMORY EMS EDUCATION PROGRAM APPLICATION Fall 2023 - Spring 2024

Deadline Extended for Freshman and Newly Accepted Transfer Students

Dear Emory EMS Education Program Applicant,

Emory Emergency Medical Service (EEMS) is a student-operated volunteer EMS agency that provides vital medical services, education, and outreach to Emory University and the surrounding community. EEMS was founded in 1992 as the first collegiate EMS agency in the State of Georgia and is an award-winning and nationally recognized collegiate EMS organization.

In the Emory EMS Education Program, students will learn how to become Emergency Medical Technicians (EMTs) and Advanced EMTs (AEMTs) through classroom, lab, and clinical experiences. The EMS Education Program consists of two (2) separate classes, and each follows the undergraduate academic calendar. The EMT curriculum runs approximately from August to January, and the AEMT curriculum is taught from approximately February to April.

Classes will meet on Mondays and Wednesdays from 6 PM-10 PM and approximately every other Saturday from 8AM-5PM at 1599 Clifton Road on Emory's Atlanta campus. In addition to classroom hours, students will complete clinical hours with top EMS agencies and hospitals in the metro Atlanta area. The first day of class is August 28, 2023.

Upon program completion, graduates are expected to obtain State of Georgia EMS Licensure and volunteer for Emory EMS for at least one year. Entry into the Emory EMS Education **Program should be viewed as a minimum two-year commitment.** Although Class of 2024 students are still eligible to apply, they <u>will only be admitted as space allows</u>. Emory faculty, staff, and graduate students are also eligible to apply.

Once applications are reviewed, select applicants will be invited for a group interview on **Saturday, August 26 from 1 PM-5 PM**. Applicants should save this date on their calendars in the event that they are selected. Specific details about the interview process will be sent to selected applicants following initial application decisions.

While this course requires considerable extracurricular work, it can be one of the most rewarding activities during your time at Emory.

Note: This application is for *initial EMS education only*. If you are already licensed in Georgia as an EMS provider and are interested in volunteering with Emory EMS, please visit our website for more details.

If you have any additional questions regarding the Emory EMS Education Program, please visit our website at <u>www.emergency.emory.edu/ems</u>.

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Extended Deadline: Application must be RECEIVED by August 20, 2023, at 11:59 PM ET.

Instructions: Complete this application to the best of your knowledge. All fields are required and should be typed (except signatures). *Failure to submit a completed application with ALL documents requested will prohibit acceptance into the program.*

Please email the completed application to <u>emoryems@emory.edu</u> with the **subject line "EEMS Education Program 2023-2024 Application: First Name Last Name.**" Your application should be a <u>single PDF document</u> in the order outlined below.

Application Order and Required Documentation:

- (1) **Completed Application** (pages 2-6 of this document)
- (2) **Resume/CV** (maximum 1 page)
- (3) Letter of Recommendation (*optional*, maximum of 1)
- (4) Copy of High School Diploma or Equivalent
- (5) **Copy of Driver's License** (or another form of government ID)
- (6) Copy of Immunization Records

Statements of Understanding (initial each):

Initial Here	By initialing here, I verify that I am eligible for the extended deadline (incoming freshman and newly accepted transfer students <i>only</i>).
Initial Here	By initialing here, I understand that there is a separate tuition for the Emory EMS Education Program, and that I am financially responsible for additional fees such as transportation to and from clinical sites, uniform accessories, etc. More information about costs associated with the program can be found on the Emory EMS website.
Initial Here	By initialing here, I understand that EEMS requires each participating student to obtain and pass a Criminal Background Check and a 12 panel Drug Screen in early Fall 2023 after acceptance to the program, provided at no cost to students . More information regarding this process will be provided after the start of the program.
Initial Here	By initialing here, I am acknowledging that I have read the cover letter (page 1) to this application and understand that enrolling in the Emory EMS Education Program is a minimum 2-year commitment .
Initial Here	By initialing here, I understand that I may be required to attend a group interview on Saturday, August 26 from 1 PM-5 PM .

For questions, email emoryems@emory.edu or call (404) 727-0180.

APPLICANT INFORMATION

Name Last	First		l	Middle	
Permanent Address					
City				_ Zip Co	de
Primary Phone Number		Home	e Phone Number		
Emory Student/Employee ID#		Social Security Number			
Date of Birth					
Parent/Guardian Name (if under 1					
Are you alcohol or drug dependent?		Yes	No		
Have you ever been convicted in any offense pending? (If yes, attached ar			minal offense, or No	do you have a	ny criminal
Are you an Emory undergraduate stu	udent? Yes		No		
If yes, please indicate your intended	graduation year:				
	graduation year:				
If yes, please indicate your intended If no, how are you affiliated with E	graduation year: mory University?				
If yes, please indicate your intended If no, how are you affiliated with E Fill in the blanks AND attach legil Hepatitis B (First dose requir Dose 1 Date: Dose 2 Date:	graduation year: mory University? ole documentation or red) (required)				
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If yes, please indicate your intended If no, how are you affiliated with E Fill in the blanks AND attach legil Hepatitis B (First dose requin Dose 1 Date: Dose 2 Date: Dose 3 Date: Measles/Mumps/Rubella (Bo Dose 1 Date: Dose 2 Date: Chickenpox (Varicella) Do you have a history If Yes, Date: If No, Know serologi	graduation year: mory University? ole documentation of red) oth doses required) oth doses required) y of this disease? c immunity?	f ALL of Yes Yes	f the following: No		
If yes, please indicate your intended If no, how are you affiliated with E Fill in the blanks AND attach legil Hepatitis B (First dose requin Dose 1 Date: Dose 2 Date: Dose 3 Date: Measles/Mumps/Rubella (Bo Dose 1 Date: Dose 2 Date: Chickenpox (Varicella) Do you have a history If Yes, Date: If No, Know serologi	graduation year: mory University? ole documentation of red) oth doses required) oth doses required) y of this disease?	f ALL of Yes Yes	f the following: No		

Please take time and care in answering each of the essays below. Word limits are strictly enforced.

Essay 1 of 2: The purpose of the Emory EMS Education Program is to prepare program graduates to volunteer for Emory EMS. Describe why you want to undergo initial EMS education with the Emory EMS Education Program and eventually volunteer for Emory EMS. *(maximum 500 words)*

Essay 2 of 2: EMTs and AEMTs face the potential for failure on every call. Key competencies of a successful EMS provider (and student) include the abilities to accept failure, view mistakes as learning opportunities, and grow from past experiences. Describe a significant mistake that you made recently in your life. What lessons did you learn from this experience? Explain. *(maximum 500 words)*

I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I understand that willfully supplying false information is sufficient cause for rejection of my application or removal from the program.

Signature:

Date:_____

Parent/Guardian Signature (if under 18):_____

Date:_____