



EMORY EMS

2022-2023 EMT/AEMT COURSE APPLICATION

Dear EMT/AEMT Course Applicant,

Emory Emergency Medical Services (EEMS) is a professional 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.

The purpose of our EMT/AEMT Course is to staff Emory EMS with highly trained Emergency Medical Technicians (EMTs) and Advanced EMTs (AEMTs). **Upon successful course completion, graduates are expected to obtain State of Georgia EMS Licensure and volunteer for Emory EMS for at least one year.**

The EMT/AEMT Course is two semesters in length and follows the undergraduate academic calendar. The first day of class will be August 29, 2022. **The class 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. While this course requires considerable extracurricular work, it can be one of the most rewarding activities during your time at Emory.

While EEMS prioritizes Freshman, Sophomore, and Junior applicants, Seniors are still encouraged to apply as they will be admitted as space allows. Emory faculty, staff, affiliates, and graduate students are also eligible. Lastly, admission into this program is highly competitive; a waitlist will be maintained if additional slots in the course become available.

For information regarding EMT/AEMT Course tuition and other associated costs, please visit emergency.emory.edu/EMS.

Note: This application is for the EMT/AEMT course only. If you hold a current NREMT certification and are interested in volunteering with us, please email emoryems@emory.edu.

EMORY EMS

EMT/AEMT COURSE APPLICATION 2022-2023

Application must be **RECEIVED** by August 19, 2022 at 11:59 PM EDT

ALL FIELDS ARE REQUIRED.

*FAILURE TO SUBMIT A COMPLETED APPLICATION WITH **ALL** DOCUMENTS REQUESTED WILL PROHIBIT ACCEPTANCE INTO THIS COURSE.*

Instructions: Complete this application to the best of your knowledge. All fields should be typed. Please email the completed application and all required documents to emoryems@emory.edu. Ensure that this page (check-off sheet) is initialed prior to emailing.

_____ **Completed and Signed Application**

_____ **Copy of High School Diploma or Equivalent**

_____ **Copy of Driver's License.** If you do not have a Driver's License, please include another form of government ID.

_____ **Copy of Immunization Records**

_____ **Resume/CV.** (*maximum 1 page*)

_____ **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 2022 after acceptance to the program, provided at no cost to students.** Passing the drug test and background check is required for eligibility for clinical rotations associated with the program. Students accepted into the program must use AdvantageStudents (www.advantagestudents.com) to fulfill the above requirements, the results of which must be posted for review on www.advantagestudents.com four weeks prior to the start date of the clinical experience. **More information regarding this process will be provided after the start of the program.**

_____ **Letter of Recommendation** (*optional, maximum of 1*)

_____ **By initialing here, I am acknowledging that I have read the "Dear EMT/AEMT Course Applicant" letter (above) and understand that Emory EMS is a minimum 2-year commitment.**

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

APPLICANT INFORMATION

Name _____
Last First Middle

Permanent Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Home Phone Number _____

Emory Student/Employee ID# _____ Social Security Number _____

Date of Birth _____ Emory E-mail Address _____

Parent/Guardian Name (*if under 18*) _____

Are you alcohol or drug dependent? Yes No

Have you ever been convicted in any court of a felony or other criminal offense, or do you have any criminal offense pending? (If yes, attached an explanation) Yes No

Are you an Emory undergraduate student? Yes No

If yes, please indicate your intended graduation year: _____

If no, how are you affiliated with Emory University? _____

Fill in the blanks AND attach legible documentation of ALL the following:

Hepatitis B (First dose required)

Dose 1 Date: _____ (required)

Dose 2 Date: _____

Dose 3 Date: _____

Measles/Mumps/Rubella (Both doses required)

Dose 1 Date: _____

Dose 2 Date: _____

Chickenpox (Varicella)

Do you have a history of this disease? Yes No

If Yes, Date: _____

If No, Know serologic immunity? Yes No

or Vaccine received: Dose 1 Date: _____ Dose 2 Date: _____

COVID-19 Vaccine

Brand: _____ Dose 1 Date: _____ Dose 2 Date (if not J&J): _____

Please take time and care in answering the questions below. Word limits are strictly enforced.

Essay 1 of 4: The purpose of the EMT/AEMT course is to prepare program graduates to volunteer for Emory EMS. Why do you want to be an Emory EMT and how will you contribute to the organization? (maximum 500 words)

Essay 2 of 4: Describe a significant mistake that you made recently in your life. Did you resolve the situation? Explain. (maximum 500 words)

Essay 3 of 4: Give an example of a time when you had to figure out how to get along with someone that was difficult to work with (can be professional, academic, athletic, etc.). Explain why the person was difficult to work with. How did you overcome your differences and work as a team? (maximum 500 words)

Essay 4 of 4: Use the following link to access the NHTSA *National EMS Scope of Practice Model* and review pages 25-26, "Advanced Emergency Medical Technician"

<https://www.ems.gov/education/EMSScope.pdf>

Considering the information contained in the Scope of Practice document, what concerns do you have about becoming an Advanced EMT? When you think about what it will be like to be an AEMT, what are you most looking forward to? (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 course.

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____