

CENTRALIA COLLEGE

EMT – BASIC

WINTER 2023



EMERGENCY MEDICAL TECHNICIAN | CENTRALIA COLLEGE

CAREER & TECHNICAL EDUCATION

COURSE DESCRIPTION

This course covers all techniques of emergency medical care presently considered as the responsibilities of a technician in this role. This class is designed to assure a uniformly high level of knowledge and skills among those involved in emergency care.

REGISTRATION REQUIREMENTS

- * Must be 18 years old within one year of completion date
- * Valid Washington State Driver's License (provide copy)
- * Completed Registration Form
- * Completed Apparel Order Form
- * Sponsorship & Intent to Pay Form
- * HS Diploma, GED, signed Grad/GED Statement
- * Washington State Patrol Background Check Form
- * Criminal History Check Form

Internet access will be needed throughout the course

REGISTRATION PROCESS

Registrations must be turned in to the CTE office in person during the identified registration window. Please contact the office if you have extenuating circumstances.

Enrollment in the program without a sponsorship is limited to spaces that remain after students with sponsorship have been enrolled. Individuals without sponsorship will not receive state certification until they become a functioning member of one of the identified agencies.

COST BREAKDOWN

Lab Fees

- * Insurance, administration, lab consumables
- * CPNW, background check, EMT prep, CPR
- * Textbook, workbook
- * Class, clinical shirt

Student Sourced Materials

- * Blood Pressure Cuff
- * Stethoscope
- * Safety Glasses
- * Slacks/pants for clinicals
- * Shoes

REGISTRATION INFORMATION

Location	CTE Office, TEC 114 301 S King Street Centralia, WA
Dates	November 21-23 November 28-29 Closed holidays, weekends
Time	8am-5pm

CLASS INFORMATION

Location	FTC 108/110
Dates	January 3-April 29
Days	Tuesdays, Thursdays, select Saturdays
Time	5:30-10:30pm
Code	34958
Course	HLSV 160
Credits	15

COST ESTIMATE

Tuition	\$ 370.00
Lab Fees	885.00
Student-Sourced	110.00
Total Estimated	\$ 1,365.00

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Checklist & Acknowledgements



Student Name: _____

- 18+ within one year of Completion Date
- Copy of Valid WA State Driver's License
- Class Registration
- Sponsorship / Intent to Pay
- Class Shirt Order Form
- High School Diploma, GED, or Graduation Assurance
- Washington State Patrol Background Check
- Criminal History Check

ACKNOWLEDGEMENT STATEMENTS

Initials I acknowledge that I must be fully vaccinated against COVID-19 in order to enroll in this EMT course. I will provide proof of vaccination by the end of the first week of class.

Although Centralia College allows exemptions for the COVID-19 vaccine, our clinical partners **DO NOT**. You **MUST** be vaccinated for COVID-19 to be accepted into the EMT course. Please **DO NOT** attach your vaccine information to your registration.

Initials I acknowledge that I will need to provide full vaccination records, including, but not limited to COVID-19, influenza, TDaP, MMR, and Hep B.

FOR OFFICE USE ONLY

Student ID #: _____
Date Received: _____
Received By: _____
Date Enrolled: _____



ENROLLMENT SERVICES
CENTRALIA COLLEGE
 600 Centralia College Blvd
 Centralia WA 98531
 360.623.8976
 admissionscc@centralia.edu

CLASS REGISTRATION FORM

Term: Summer Fall Year _____
 Winter Spring

 CTCLink ID# Last Name First Name Middle Initial

 Student SSN

Your social security number is confidential and, under a federal law called the Family Education Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. Disclosure of your SSN# is in compliance with state/federal requirements. Disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research. Failure to submit your social security number may result in a financial penalty by the Internal Revenue Service.

 Mailing Address Previous Name (if applicable)

 City State Zip Day Phone

 Email Address Birthdate Evening Phone

ADD CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
	TOTAL			

DROP CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
	TOTAL			

A. Program/Degree Seeking

1. _____ 2. _____

DATE _____ STUDENT SIGNATURE REQUIRED _____

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Sponsorship & Intent to Pay



Class registration depends on agency sponsorship. You may register without sponsorship only if slots remain after those with sponsorship have registered. You will not receive state certification until you become an affiliated member of one of the identified agencies.

AGENCY SPONSORSHIP

Fire District or Agency _____

Name of Responsible Person/Officer _____

Office Phone Number _____ **Cell Phone Number** _____

Billing Contact Person _____

Billing Address _____

Street Address

City

State

Zip

Signature of Responsible Person/Officer

Date

I acknowledge and understand the refund and withdrawal policy.

Initial Refunds are as follows: 100% prior to the first class, 90% the first week, 50% the second week, and 40% the third week. There are no refunds on books.

STUDENT INFORMATION

The above agency agrees to sponsor the following student:

Student Name _____

Email Address _____

Phone Number _____

SSN _____

County of Residence _____

INTENT TO PAY

Agency Paying

- Tuition
- Lab Fees
- Other

Student Paying

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Class Shirt Order Form



EMT students are required to wear their class t-shirt to lecture and lab classes. For clinical experience, students are required to wear their EMT polo, slacks, and appropriate shoes. This will be discussed more in class.

STUDENT INFORMATION

Student Name _____

Email Address _____

Phone Number _____

EMT T-SHIRT

Please circle the appropriate size for each option below.

T-Shirt Size **S** **M** **L** **XL** **Other** _____

Polo Size **S** **M** **L** **XL** **Other** _____

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Graduation / GED Assurance



I submit this form as evidence that I am a high school graduate or have completed the general equivalency diploma (GED) test:

Name: _____ **SSN:** _____

School Name: _____

School Address: _____

Street Address

City

State

Zip

Date Completed: _____

I hereby affirm and declare under penalty of perjury that I am a high school graduate or have passed the GED test. I understand that the state may verify information and that untruthful or misleading information is cause for rejection of my application and/or subsequent revocation of my certification.

This document is required by the State of Washington Office of Emergency Medical Services and Trauma Systems.

Signature

Date

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



**DO NOT include payment,
cost is included in tuition.**

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle
Alias/Maiden Name/Other Names Used _____
Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Centralia College
Address 600 Centralia College Blvd
Centralia WA 98531
City State ZIP Code
Contact Phone Number ()
Would you like your results e-mailed or mailed? (Please select only one)
 Mailed (It may take 7 to 14 business days for response, when mailed.)
 E-Mailed*
E-Mail Address _____
Password _____
(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.

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Criminal History Check Form



Procedures:

1. All students and student volunteers are made aware of this process prior to completing a student's background check.
2. This form must be submitted to the Instruction Office before the student or student volunteer reports for their assignment.
3. Results of the criminal history check will be kept in a confidential file in the Instruction Office as well as program specific offices where such files are needed to reference eligibility.
4. If the results reveal a conviction(s), the conviction information is provided to the outside agency considering placement of the student or student volunteer. The outside agency makes a determination as to whether placement of the student or student volunteer is appropriate in their facility. Eligibility or opportunities to be placed in an off-campus facility may be withdrawn.
5. Students are provided a list of convictions that will possibly eliminate them for consideration at an off-site employer.
6. The college serves a wide variety of people to include children under the age of 16. Particular emphasis is placed on checking for convictions defined in Washington State Law, Chapter 43.43.830 RCW, "Crime against children or other persons."

I hereby authorize Centralia College, or its designee, to obtain background information, including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. I understand that I am signing this statement under penalty of perjury. I understand that any untruthful or purposefully misleading or deliberate omission may result in my immediate disqualification or dismissal from my identified course and/or program.

Applicant Name

Date

Applicant Signature

Quarter

DSHS DISQUALIFYING CRIMES AND NEGATIVE ACTIONS

WAC 388-113-0020: Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC?

- (1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:
- | | | |
|---|--|--|
| (a) Abandonment of a child; | intent to manufacture or deliver. | (zz) Residential burglary; |
| (b) Abandonment of a dependent person; | (z) Endangerment with a controlled substance; | (aaa) Robbery; |
| (c) Abuse or neglect of a child; | (aa) Extortion; | (bbb) Selling or distributing erotic material to a minor; |
| (d) Arson 1; | (bb) Forgery (less than five years); | (ccc) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct; |
| (e) Assault 1; | (cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide); | (ddd) Sexual exploitation of minors; |
| (f) Assault 2; | (dd) Identity theft (less than five years); | (eee) Sexual misconduct with a minor; |
| (g) Assault 3; | (ee) Incendiary devices (possess, manufacture, dispose); | (fff) Sexually violating human remains; |
| (h) Assault 4/simple assault (less than three years); | (ff) Incest; | (ggg) Stalking (less than five years); |
| (i) Assault 4 domestic violence felony; | (gg) Indecent exposure/public indecency (felony); | (hhh) Theft I; |
| (j) Assault of a child; | (hh) Indecent liberties; | (iii) Theft from a vulnerable adult I; |
| (k) Burglary 1, | (ii) Kidnapping, | (jjj) Theft from a vulnerable adult 2 (less than ten years); |
| (l) Child buying or selling; | (jj) Luring; | (kkk) Theft 2 (less than five years); |
| (m) Child molestation; | (kk) Malicious explosion 1; | (lll) Theft 3 (less than three years); |
| (n) Coercion (less than five years); | (ll) Malicious explosion 2; | (mmm) Unlawful imprisonment; |
| (o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute; | (mm) Malicious harassment; | (nnn) Unlawful use of building for drug purposes (less than five years); |
| (p) Communication with a minor for immoral purposes; | (nn) Malicious placement of an explosive 1; | (ooo) Use of machine gun in a felony; |
| (q) Controlled substance homicide; | (oo) Malicious placement of an explosive 2 (less than five years); | (ppp) Vehicular assault; |
| (r) Criminal mistreatment; | (pp) Malicious placement of imitation device 1 (less than five years); | (qqq) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child; |
| (s) Custodial assault; | (qq) Manslaughter; | (rrr) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and |
| (t) Custodial interference; | (rr) Murder/aggravated murder; | (sss) Voyeurism. |
| (u) Custodial sexual misconduct; | (ss) Possess depictions minor engaged in sexual conduct; | |
| (v) Dealing in depictions of minor engaged in sexual explicit conduct; | (tt) Promoting pornography; | |
| (w) Domestic violence (felonies only); | (uu) Promoting prostitution 1; | |
| (x) Drive-by shooting; | (vv) Promoting suicide attempt (less than five years); | |
| (y) Drug crimes, if they involve one or more of the following: | (ww) Prostitution (less than three years); | |
| (i) Manufacture of a drug; | (xx) Rape; | |
| (ii) Delivery of a drug; | (yy) Rape of child; | |
| (iii) Possession of a drug with the | | |
- (2) If "(less than ten years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults.
- (3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.

[Statutory Authority: RCW [74.08.090](#), [43.43.842](#), [74.39A.056](#). WSR 18-08-066, § 388-113-0020, filed 4/2/18, effective 5/3/18.
Statutory Authority: RCW [74.08.090](#), [74.09.520](#), [74.39A.056](#). WSR 14-14-025, § 388-113-0020, filed 6/24/14, effective 7/25/14.]