

ATLANTIC

TRAINING CENTER

WEEKDAY EMT – BASIC COURSE

Mondays, Wednesdays and Fridays
Starting Date – July 14th, 2008

08:00 – 16:30 hrs

Course Site: Morris County Public Safety Training Academy
500 W. Hanover Ave, Morris Plains, NJ 07950

Registration Information: Lynda Schwab (908) 522-5395

FEES:

Volunteer Services – NJ Training Fund Eligible	Non-eligible Applicants
Free - Must Provide Certificate of Eligibility	\$700

NOTE: All fees include Textbooks and course materials

ABSOLUTELY NO REFUNDS AFTER: July 14th, 2008

Orientation: July 14th, 2008 at 8:00am – (CPR class date TBA)

Prerequisite: You must have a current **Healthcare Provider/Professional Level CPR card** for entry. If you do not have a CPR card, call our office to arrange training in conjunction with the EMT – Basic course. (CPR can be provided for an additional cost.)

Make checks payable to – Atlantic Training Center, and remit to:
Atlantic Training Center
PO Box 220 – Internal Box # 256
Summit, NJ 07902

All applications must be submitted with a copy of your CPR card and payment or Certificate of Eligibility. WE WILL ACCEPT COMPLETE REGISTRATIONS ONLY!

Please Print

NAME: _____ DAY PHONE: _____

ADDRESS: _____

CITY/ZIP: _____ SS#: _____

E-Mail Address: _____ Add to our Email Mailing List

AFFILIATION: _____ DATE OF BIRTH: _____

CPR EXPIRATION: _____ (Enclose Copy)

EMT-B MCPSTA July 2008

**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)].

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2008 EMT-Basic Course Training Insurance Form

Registrant's Full Name

Registrant's Full Name

Note: Please print – additional registrants may be listed on reverse side of form.

To the fullest extent permitted by law, the municipality, or agency requesting training for this individual agrees to defend, indemnify and hold harmless the County of Morris, the Morris County Public Safety Training Academy, and all employees, servants and agents ("the county") from any liability, claims, civil actions and expenses, (including reasonable attorney's fees), arising out of the training or instruction to be provided at the academy. Said agreement shall apply, regardless of the allegations made against the County by the student, this organization or a third party, and even if the claim, etc. involves an allegation of improper, negligent, or inadequate instruction, training or curriculum.

Authorized Official's Certification: I hereby certify that all personnel from this department enrolled in the above course are covered by Workmen's Compensation and Liability Insurance or are otherwise adequately insured.

Signature

Department / Agency Name

Date

Mailing address:

Street

City, State, Zip

Department / Agency Phone #: _____

Note: If no affiliation, please attach a copy of your insurance card and sign as the authorized official.

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
EMT-BASIC COURSE APPLICATION AND SCHEDULE**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY

Course Sponsor	<u>Atlantic Health System</u>	Coordinator	<u>Scott Durlester</u>	Primary Inst	<u></u>
Sponsor Contact	<u>Raymond Dwyer III</u>	Address	<u>P.O. Box 220</u>	ID Number	<u></u>
Sponsor Phone#	<u>908-522-5393</u>	City/State/Zip	<u>Summit, NJ 07902</u>	Day Phone#	<u>908-522-5393</u>
Medical Director	<u>Sol Nevins, MD</u>	ID Number	<u></u>	Night Phone#	<u>908-522-5393</u>
Address	<u>100 Madison Ave. Morristown, NJ 07962</u>	Day Phone#	<u>908-522-5393</u>	Course Location	<u>Morris County Fire & Police Academy</u>
Phone Number	<u>973-971-5044</u>	Night Phone#	<u>908-522-5393</u>	Class Days/Time	<u>Mon/Wed/Fri 08:00-17:00</u>
Text	<u>Brady PreHospital Emergency Care 7th</u>	Est. # Students	<u>35</u>	Course Fee	<u>\$600.00</u>

Lesson	Course Session	Date	Time	Day	Reading Assignments
	MODULE 1 - Preparatory		START - END		
1-1	Introduction to Emergency Medical Care (1.5 hours)	7/14/08	08:00-0930	Mon	Chapters 1, 2, 3, 4, 5
1-2	Well-Being of the EMT-Basic (1.5 hours)	7/14/08	09:30-11:00	Mon	
1-3	Medical/Legal and Ethical Issues (1.5 hours)	7/14/08	11:00-12:30	Mon	
1-4	The Human Body (2.5 hours)	7/14/08	13:30-16:00	Mon	
1-5	Baseline Vital Signs and SAMPLE History (2.0 hours)	7/14/08 & 7/16/08	16:00-17:00/ 08:00-10:00	Mon/Wed	
1-6	Lifting and Moving Patients (3.0 hours)	7/16/08	10:00-15:00	Wed	Chapters 6 and 39
1-7	Evaluation: Preparatory Module (2.0 hours)	7/16/08	15:00-17:00	Wed	
	MODULE 2 - Airway				
2-1	Airway (4.0 hours)	7/18/08	08:00-12:00	Fri	Chapter 7
2-2	Practical Skills Lab: Airway (2.0 hours)	7/18/08	13:00-15:00	Fri	
2-3	Evaluation: Airway Module (2.0 hours)	7/18/08	15:00-17:00	Fri	
	MODULE 3 - Patient Assessment				
3-1	Scene Size-up (0.5) hours	7/21/08	08:00-08:30	Mon	Chapters 8, 9 and 10
3-2	Initial Assessment (1.0 hours)	7/21/08	08:30-09:30	Mon	
3-3	Focused History and Physical Exam- Trauma Patients (4.0 hours)	7/21/08	09:30-14:30	Mon	
3-4	Focused History and Physical Exam- Medical Patients (2.0 hours)	7/21/08	14:30-17:00	Mon	
3-5	Detailed Physical Exam (1.0 hours)	7/23/08	08:00-09:00	Wed	C
3-6	On-Going Assessment (1.0 hours)	7/23/08	09:00-10:00	Wed	Chapters 11 and 12
3-7	Communications (1.0 hours)	7/23/08	10:00-11:00	Wed	
3-8	Documentation (1.5 hours)	7/23/08	11:00-12:30	Wed	
3-9	Practical Skills Lab: Patient Assessment (8.0 hours)	7/23/08 & 7/25/08	13:30-17:00 08:00-12:30	Wed/Fri	
3-10	Evaluation: Patient Assessment Module (2.0 hours)	7/25/08	13:30-16:00	Fri	
	MODULE 4 Medical/Behavioral Emergencies and Obstetrics/Gynecology				
4-1	General Pharmacology (1.0 hours)	7/25/08	16:00-17:00	Fri	Chapter 13
4-2	Respiratory Emergencies (2.5 hours)	7/28/08	08:00-11:00	Mon	Chapters 1, 15 and 16
4-3	Cardiovascular Emergencies (7.0 hours)	7/28/08 & 7/30/08	11:00-17:00 08:00-10:00	Mon/Wed	
4-4	Diabetes/Altered Mental Status (2.0 hours)	7/30/08	10:00-12:00	Wed	Chapters 17, 18, 19, 20, 21, 22 and 23
4-5	Allergies (2.0 hours)	7/30/08	13:00-15:00	Wed	
4-6	Poisoning and Overdose (2.0 hours)	7/30/08	15:00-17:00	Wed	
Lesson	Course Session	Date	Time	Day	Lecturer/Instructor & Title

MODULE 4 (continued)			START- END		
4-7	Environmental Emergencies (2.0 hours)	8/01/08	08:00-10:00	Fri	Chapters 24, 25, 26 and 27
4-8	Behavioral Emergencies (1.5 hours)	8/01/08	10:00-11:30	Fri	
4-9	Obstetrics and Gynecology (2.0 hours)	8/01/08	12:30-14:30	Fri	
4-10	Practical Skills Lab: Medical/Behavioral Emergencies and Obstetrics/Gynecology (8.0 hours)	8/01/08 & 8/04/08	14:30-17:00 08:00-15:00	Fri/Mon	
4-11	Evaluation: Medical/Behavioral Emergencies and Obstetrics/Gynecology (2.0 hours)	8/04/08	15:00-17:00	Mon	
MODULE 5 - Trauma					
5-1	Bleeding and Shock (2.0 hours)	8/06/08	08:00-10:00	Wed	Chapters 28, 29, 30, 31 and 32
5-2	Soft Tissue Injuries (2.0 hours)	8/06/08	10:00-13:00	Wed	
5-3	Musculoskeletal Care (4.0 hours)	8/06/08 & 8/08/08	14:00-17:00 08:00-09:00	Wed/Fri	Chapters 33, 34, 35, 36 and 37
5-4	Injuries to the Head and Spine (4.0 hours)	8/08/08	09:00-13:00	Fri	
5-5	Practical Skills Lab: Trauma (6.0 hours)	8/08/08 & 8/11/08	13:00-17:00 08:00-12:00	Fri/Mon	
5-6	Evaluation: Trauma Module (2.0 hours)	8/11/08	13:00-17:00	Mon	
MODULE 6 - Infants and Children					
6-1	Infants and Children (3.0 hours)	8/13/08	08:00-11:00	Wed	Chapter 38
6-2	Practical Skills Lab: Infants and Children (3.0 hours)	8/13/08	11:00-15:00	Wed	
6-3	Evaluation: Infants and Children (2.0 hours)	8/13/08	15:00-17:00	Wed	
MODULE 7 - Operations					
7-1	Ambulance Operations (1.0 hours)	8/15/08	08:00-09:00	Fri	Chapters 40, 41, 42, 43, and 44
7-2	Gaining Access (1.0 hours)	8/15/08	09:00-10:00	Fri	
7-3	Overviews (2.0 hours)	8/15/08	10:00-15:00	Fri	
7-4	Evaluation: Operations Module (2.0 hours)	8/15/08	15:00-17:00	Fri	
OPTIONAL: ADDITIONAL PRACTICE SESSIONS					
DATE	Final Written Evaluation	8/18/08	08:00-10:00	Mon	
DATE	Final Practical	8/18/08	10:00-17:00	Mon	
DATE					
DATE					
Minimum Course Hours=110 hours					
Actual course hours= 120 hours (FOR OFFICE USE ONLY)					

DO NOT WRITE BELOW THIS LINE
For OEMS use only:

Course Number _____ Reviewed by: _____ Computer _____ Added to Matrix _____