

# EMT Course – Fall 2017

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Upon successful completion of this course, and passing criminal background check, you will be eligible to be licensed as an Emergency Medical Technician in the state of Wyoming. Additionally, you will be eligible to register to test with National Registry of EMTs.

## **Course Dates:**

August 28<sup>th</sup>, 2017 – December 15<sup>th</sup>, 2017 (final date subject to final testing date established by the Wyoming Office of Emergency Medical Services).

## **Course Times:**

Monday and Wednesday, 6:00PM –10:00 PM

10 Friday evening classes (dates and times to be determined)

4 Saturday classes during the course. Saturday classes will be 9:00AM – 4:00PM.

(Dates to be determined)

## **Course Location:**

Laramie Fire Station 2, 1558 North 23<sup>rd</sup> Street, Laramie, WY.

## **Course Cost:**

\$600 (includes textbooks, background checks and fees).

Payment of course cost due at/before first class.

## **Additional Requirements:**

40 hours of clinical (ride-along) experience with Laramie Fire Department or American Medical Response (ambulance service in Cheyenne). This will be discussed at first class.

Completion of on-line HazMat Awareness course (approximately 4 hours) through Wyoming State Fire Marshal Office.

## **Applications:**

Please complete the application included in this packet and return to Cindy Keller at 209 South 4<sup>th</sup>, Fire Station 1, by August 1<sup>st</sup>. You will be notified on or before August 15<sup>th</sup> of acceptance into the course.

Preference will be given to law enforcement and volunteer personnel.

## **Questions?**

Contact: Luke Hawkins  
307-721-5332  
[lhawkins@cityoflaramie.org](mailto:lhawkins@cityoflaramie.org)

Carson Schilt  
307-721-5332  
[cschilt@cityoflaramie.org](mailto:cschilt@cityoflaramie.org)

## APPLICATION FOR TRAINING AND CERTIFICATION

Application Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                                  First Name                                  Middle Name or Initial

\_\_\_\_\_  
Mailing Address                                  City                                  State      Zip

\_\_\_\_\_  
Social Security Number      Date of Birth                                  Female \_\_\_\_      Male \_\_\_\_

\_\_\_\_\_  
Home Phone                                  Business Phone                                  Driver's License Number      State

### PREVIOUS TRAINING

Have you ever completed a Basic Emergency Care Course (BEC) in Wyoming? Yes \_\_\_\_ No \_\_\_\_

If you answered Yes, please provide the following information

Class Location \_\_\_\_\_

Date of Completion \_\_\_\_\_

Are you currently a Wyoming certified BEC?                                  Yes \_\_\_\_      No \_\_\_\_

If you are currently certified or your certification has lapsed,  
please provide your Basic Emergency Care certification number: R- \_\_\_\_\_

Have you ever completed an EMT- Basic or EMT-Intermediate  
Course in Wyoming?                                  Yes \_\_\_\_      No \_\_\_\_

If you answered Yes, please provide the following information

Class Location \_\_\_\_\_

Date of Completion \_\_\_\_\_

What was your certification number prior to lapsing? \_\_\_\_\_

Are you presently affiliated with a Wyoming Ambulance or Fire Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of affiliated Service \_\_\_\_\_

Address of Service \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Phone numbers \_\_\_\_\_  
Business Phone

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

Have you taken a CPR course? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your card current? Yes \_\_\_\_\_ No \_\_\_\_\_

American Heart Association - Health Care Provider Course Yes \_\_\_\_\_ No \_\_\_\_\_

American Red Cross - Professional Rescuer Course Yes \_\_\_\_\_ No \_\_\_\_\_

Any other CPR course that meets the certification of the AHA  
Health Care Provider course. Yes \_\_\_\_\_ No \_\_\_\_\_

When did you complete your CPR course? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What is the expiration date of your CPR card? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRENT CPR CARD.**

<p>CPR Card Front</p>	<p>CPR Card Back</p>
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**CRIMES AGAINST A PERSON, FELONY STATEMENT AND LICENSING ACTION:**

Have you ever been convicted of a crime against a person? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been subjected to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licence in any state or to an agency authorizing the legal right to work? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered "Yes" to any question above, you must provide official documentation of current status and disposition of the case.**

I certify that all statements made on this application are true and correct. False statement may result in removal from the course or from taking the National Registry of Emergency Medical Technicians written examination.

I authorize the Wyoming Office of Emergency Medical Services to contact such agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.

\_\_\_\_\_  
Candidates Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WYOMING OEMS SYSTEM FUNCTIONAL POSITION DESCRIPTIONS  
FOR  
EMT-BASICS, EMT-INTERMEDIATES, AND EMT-PARAMEDICS**

**QUALIFICATIONS**

Each candidate must successfully complete the Wyoming Office of Emergency Medical Services approved training curriculum and achieve a passing score on the practical and written certification examinations.

The candidate must be at least eighteen (18) years of age when applying for EMT, EMT-I (Intermediate), or Paramedic certification, or within six (6) months of the conclusion of the Division approved EMT Training program.

The candidate must possess the ability to communicate verbally and via telephone and radio equipment.

The candidate must possess the ability to interpret written and oral instructions; must possess the ability to use good judgement and remain calm in high stress situations; must possess the ability to be unaffected by loud noises and flashing lights; must possess the ability to function efficiently throughout the entire work shift without interruption.

The candidate must possess the ability to calculate weight and volume ratios; possess the ability to read English language manuals and road maps; accurately discern street signs and address numbers.

The candidate must possess the ability to interview patients, family members and bystanders; possess the ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; possess the ability to converse in English with coworkers and hospital staff as to the status of patients.

The candidate must possess good manual dexterity with the ability to perform all tasks related to the delivery of the highest quality of patient care; must possess the ability to bend, stoop and crawl on uneven terrain; possess the ability to withstand varied environmental conditions such as extreme heat, cold and moisture; and possess the ability to work in low light and confined spaces.

**COMPETENCY AREAS**

**EMT-Basic**

The candidate must demonstrate competence in assessing a patient, handle emergencies utilizing Basic Life Support (BLS) equipment, possess the ability to perform CPR, control hemorrhage, provide non-invasive treatment for inadequate tissue perfusion, splinting and spinal immobilization, use of semi-automatic defibrillator, possess the ability to administer self-assisted medications, manage environmental emergencies and emergency child birth.

### **EMT-Intermediate**

The candidate must demonstrate competency in all EMT-Basic skills. Must be able to, if authorized, provide Advanced Life Support using intravenous therapy, advanced airway management, medication administration and defibrillation according to the guidelines established by the Wyoming Office of Emergency Medical Services.

### **EMT-Paramedic**

The candidate must be competent in utilizing all EMT-Basic and EMT-Intermediate skills and equipment and be able to perform under other advanced life support standards for medical and trauma emergencies consistent with guidelines established by the Wyoming Office of Emergency Medical Services.

### **Description of Tasks**

Receive call from dispatcher, responds verbally to emergency calls, reads maps, may drive vehicle to emergency sites, uses most expeditious route, and observes traffic ordinances and regulations.

Determines the nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level), may administer intravenous drugs or fluid replacement if certified and as directed by medical control. May use equipment (based on competency level and certification) such as , but not limited to, monitor, defibrillate, perform endotracheal intubation to open airways and ventilate patients. Administrator medications as authorized.

Assists in lifting, carrying and transporting patient to ambulance and on to the medical facility. Reassures patients and bystanders. Avoids mishandling patients and undue haste, searches for medical identification emblem to aid in care, extricates patient from entrapment, assess extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to that facility, asks for direction from medical control or emergency department. Identifies diagnostic signs that require communication with medical facility.

Assists in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient as the scene and en route to medical facility, provides assistance to emergency staff as required.

Replaces supplies, checks all equipment for future readiness, maintains emergency vehicle in operable condition, ensures vehicle cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle

## CERTIFICATION OF ELIGIBILITY

**Each student and /or candidate for Wyoming Office of Emergency Medical Services certification must sign one (1) of the two (2) following statements.**

**PLEASE SIGN ONLY ONE OF THE FOLLOWING STATEMENTS.**

I have read and understand th Functional Job Description of an EMT. I have no conditions which preclude me from safely and effectively preforming all the functions of the level of EMT for which I am seeking a state of Wyoming EMS Certification.

\_\_\_\_\_  
Candidates Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I have read and understand the Functional Job Description of an EMT. I will be submitting a request for an accommodation(s) for the Wyoming OEMS administered Certification Examination(s). I understand that if I am enrolled in a training course, I must contact the Wyoming OEMS no later than six (6) weeks prior to the Wyoming OEMS administered Written Certification Examination for this purpose. If I have already completed training, my written request for accommodation(s) must accompany this application.

\_\_\_\_\_  
Candidates Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

September 16, 2005

## **EMT CLASS QUESTIONARE**

- 1) **Why do you want to be an EMT?**
  
- 2) **What are your future plans as an EMT?**
  
- 3) **Describe your previous medical experience, if any.**
  
- 4) **Have you tested with, or plan to test with a Fire Department?**
  
- 5) **Do you plan to pursue a career in Emergency Medical Services?**
  
- 6) **Do you plan to volunteer or work for a local EMS or Fire Service? If so where?**
  
- 7) **What is your highest level of formal education?**
  
- 8) **Do you plan to continue your formal education? If so, please describe.**
  
- 9) **Do you have an identified learning disability or test anxiety? If so, please describe any accommodations needed for classrooms, labs or testing.**