



## **KENTUCKY FIRE COMMISSION STATE FIRE RESCUE TRAINING**

*Mark A. Hammond - Regional Coordinator*

*Ashland Community & Technical College*

*4818 Roberts Drive - Ashland, KY 41102*

*(606) 326-2431 Telephone*

*(866) 506-5350 Fax*

*E-mail: [mark.hammond@kctcs.edu](mailto:mark.hammond@kctcs.edu)*

*Website: <http://www.sftrt10.com>*

State Fire Rescue Training Area 10 is offering a **PARAMEDIC TRAINING COURSE** at Ashland Community & Technical College, 4818 Roberts Drive, Ashland, Kentucky, in the Fire/Rescue Training Classroom, Building 2, Room 220D. This course takes approximately 18 months to complete. During this time frame, students will also be required to complete 350 hours of in-hospital clinical time, 500 hours of in-field internship, Advanced Cardiac Life Support, Basic Trauma Life Support and Pediatric Advanced Life Support.

This Paramedic Training Course will begin in the fall of 2010 and will be completed in the Spring of 2012. Class size is limited to 20 students.

### **INSTRUCTIONS FOR APPLICANTS**

1. **Application:** Complete the attached application packet and return to the address below:

State Fire Rescue Training Area 10 Phone: (606) 326-2431 or 326-2459

4818 Roberts Drive

Ashland, KY 41102

email: [mark.hammond@kctcs.edu](mailto:mark.hammond@kctcs.edu)

email: [pam.mcallister@kctcs.edu](mailto:pam.mcallister@kctcs.edu)

2. **Reading Results:** (you must submit one of the following options with your application)
  - A. Pass the Compass Test with at least a score in reading comprehension of a 12<sup>th</sup> grade reading level;
  - B. Submit a copy of an ACT score of 16 or higher that has been taken in the last 5 years;

- C. Submit a college transcript showing at least a grade of C in a college English class, if taken with the last 5 years;
  - D. Other proof of reading and writing skills may be considered on a case by case basis.
3. **Paramedic Student Application:** Complete the Paramedic Student Application required by the Kentucky Board of Emergency Medical Services (KBEMS).
4. **Criminal Background Check:** Supply a Criminal Background Check that has been performed in the last six months and adheres to the policies of KBEMS.
5. **Credentials** – Supply copies of the following: Valid Driver’s license, High School Diploma or GED, Kentucky EMT certification or National Registry certification, current CPR card, and current AIDS/HIV training verification.

**\*\* If you need to take the COMPASS test, you can do so by contacting Anna Tolliver at (606) 326-2040.**

#### **COURSE FEES**

Tuition:           **\$4,000.00 – *see payment option below***  
Books: **\$300.00** (approximately)  
Liability Insurance: **\$20.00** (approximately)  
Internship Uniforms: **\$100.00** (approximately)  
Clinical Uniforms: **\$50.00** (approximately)

Testing fees will also apply to those that successfully complete this course.

***\*\*Payment option:***

*Full tuition is due at orientation. We will, however, accept one half ( $\frac{1}{2}$ ) of the tuition fee (**\$2,000.00**) and allow a 6 month payment plan for the remaining half of the tuition. If you elect this payment option, the remaining tuition must be paid in 4 installments of **\$333.33** and 2 installments of **\$333.34** on the 15<sup>th</sup> of each month. **There will be no exceptions to this payment plan.** Failure to make the required payment on the due dates will result in your immediate dismissal from the training program and collection proceedings will be implemented on the balance due.*

All fees listed are subject to change. Tuition must be paid on or before the first day of class. All other fees will be discussed at an informational meeting to be conducted Tuesday, August 24, 2010 at 6:00 p.m. to be held at the ACTC State Fire Rescue Training Office at the Roberts Drive Campus. Fees can only be paid by ***cash, certified check or money order.*** **WE DO NOT ACCEPT PERSONAL CHECKS.**

If you have any questions, please feel free to contact my office.

Sincerely,

*Mark A. Hammond*

Mark Hammond, Regional Coordinator  
Area - 10 State Fire Rescue Training

MAH/pjm

*Higher Education Begins Here*



FOR SFRT USE ONLY:

Pre-Entrance Exam:  
Written Test: \_\_\_\_\_  
Skills Test: \_\_\_\_\_  
Oral Interview: \_\_\_\_\_  
Paramedic Candidate:  
Yes: \_\_\_\_ No: \_\_\_\_



**KENTUCKY FIRE COMMISSION  
STATE FIRE RESCUE TRAINING**

**ASHLAND COMMUNITY & TECHNICAL COLLEGE  
DEPARTMENT OF FIRE AND RESCUE TRAINING  
KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES**

**APPLICATION FOR PARAMEDIC COURSE**

Before completing this application, please read all attached instructions and information sheets. All information must be printed and legible. Applicants will have to complete a Pre-Entrance exam to be considered for this course. This exam will be scheduled after the application has been completed and returned.

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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EMT Basic Certification Information:

Certification #: \_\_\_\_\_

State of Certification: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Level of Formal Education: \_\_\_\_\_

Are you presently working for an Emergency Service? \_\_\_\_\_

Have you ever been fined or convicted for a violation of any law or are you under indictment or under charges for any violation of the law? \_\_\_\_\_ If yes, give dates and full details of the violation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK.**

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN OR MAIL COMPLETED APPLICATION TO:**

**STATE FIRE RESCUE TRAINING – AREA 10  
ASHLAND COMMUNITY & TECHNICAL COLLEGE  
ATTENTION: MARK HAMMOND  
4818 ROBERTS DRIVE  
ASHLAND, KY 41102**



<b>For KBEMS Use ONLY</b>
Check/MO #: _____
Amount: \$ _____
Edu Inst #: _____
Issued: _____
Expires: _____

## APPLICATION TO BECOME A PARAMEDIC STUDENT

Educational Institution: \_\_\_\_\_ Course Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

EMT Basic Certification Information: Certification #: \_\_\_\_\_ State of Certification: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

EMS Employment (if applicable):

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

All questions in this section must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete. If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet, including copies of court documents, disciplinary actions, or physician's statement, if applicable. Please circle your answers.

1. Do you have a high school diploma or general equivalency diploma? If 'Yes', please attach a photo copy. . . . . No Yes
2. Do you have the ability to speak, write, and understand the English language? . . . . . No Yes
3. Do you currently have a valid motor vehicle operator's license? . . . . . No Yes  
State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? . . . . . No Yes
5. Have you ever been convicted of a misdemeanor or DUI? If 'Yes', please provide a written explanation and a certified copy of court records. . . . . No Yes
6. Have you ever been cited for a moving violation while operating an emergency medical vehicle? If 'Yes', Please provide a written explanation. . . . . No Yes
7. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? . . . . . No Yes
8. Have you ever been in default on any school loans?, If 'Yes', please provide a written explanation. . . . . No Yes
9. Have you at any time had your certification(s) or registrations (s) as a First Responder, EMT, or Paramedic or its equivalent, been restricted, revoked, denied, suspended, or expired in the Commonwealth of Kentucky or another state? . . . . . No Yes
10. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? . . . . . No Yes

