

EMT - PARAMEDIC PROGRAM

CCAC PUBLIC SAFETY INSTITUTE REGISTRATION FORM

MONTH DAY YEAR
 - -
 BIRTH DATE

REFUND POLICY: Students not attending the program must notify the CCAC Public Safety Institute in writing BEFORE the first class session of their withdrawal in order to receive a refund.

LAST NAME (SKIP A SPACE) FIRST NAME (SKIP A SPACE) MIDDLE INITIAL

STREET ADDRESS

TOWN/CITY STATE ZIP

- -
 AREA CODE HOME TELEPHONE

- -
 AREA CODE ALTERNATE TELEPHONE

PLACE OF PERMANENT ADDRESS (CHECK ONE)
 ALLEGHENY COUNTY (1)
 OUT-OF-STATE (5) _____
 OUT-OF-COUNTY _____

NEW ADDRESS

EMAIL ADDRESS: _____

PAYMENT ENCLOSED (Print telephone number & Social Security number on check or money order)

CHECK MONEY ORDER DISCOVER MASTER CARD VISA

Charge Only (please fill out all information) EXP DATE _____ CARD NUMBER _____ - _____ - _____ - _____

NAME AS IT APPEARS ON CARD _____ CARD HOLDER'S SIGNATURE _____


COURSE NUMBER	SEMESTER	COURSE NAME	FEE
XXB460 SECTION _____		EMT PARAMEDIC TRAINING PROGRAM	
XXB450 SECTION _____		EMT-P CLINICAL EXPERIENCE	

STUDENT SIGNATURE (Required for enrollment) _____ DATE _____

PREREGISTRATION REQUIRED 2 WEEKS BEFORE THE PROGRAM STARTS
 CCAC RESERVES THE RIGHT TO MODIFY OR CANCEL THIS PROGRAM

COURSE OVERVIEW, ADDITIONAL INFORMATION INCLUDING THE APPLICATION PROCESS, CCAC REFUND POLICY, OUT OF STATE FEE DEFINITION AND PREREQUISITES MAY BE FOUND ON THE BACK OF THIS APPLICATION. FOR THE FORMAL CCAC COURSE DESCRIPTION, CONTACT THE CCAC PUBLIC SAFETY INSTITUTE.

PREREGISTRATION REQUIRED 2 WEEKS BEFORE THE PROGRAM STARTS
 CCAC RESERVES THE RIGHT TO MODIFY OR CANCEL THIS PROGRAM

 If you require special arrangements, please contact the office prior to class start.

COMPLETE AND MAIL THE APPLICATION TO:

CCAC PUBLIC SAFETY INSTITUTE
808 RIDGE AVENUE * VAC ROOM 103*
PITTSBURGH PA 15212 or
 PHONE-IN 412-237-2500 or FAX 412-237-4628
 www.ccac.edu - select CCAC Central



COURSE OVERVIEW AND PREREQUISITES ON BACK OF APPLICATION
 FOR THE FORMAL CCAC COURSE DESCRIPTION, CONTACT THE CCAC PUBLIC SAFETY INSTITUTE.

Program Fee: \$850
**** NON PA RESIDENT: \$2255****

			COURSE NUMBER	SEMESTER
WPAHS STAR CENTER	1/11/2010 - 10/25/2010	M-T-R	6:30PM - 10:30PM (M-T-R) 8:00AM - 5:00PM (S) - XXB460	57732 N00SP
SHARON REGIONAL HEALTH SYSTEM	2/2/2010 - 4/9/2011	T-H	6:00PM - 10:00PM (T-H) 8:00AM - 5:00PM (S) - XXB460	57733 N00SP



CCAC - PUBLIC SAFETY INSTITUTE

EMT PARAMEDIC



This program is the second level of training in the EMT career structure. This training program includes field and clinical experience necessary to render invasive techniques and advanced life support skills. The knowledge and skill objectives include, but are not limited to pharmacology, endocrine emergencies, respiratory and cardiovascular emergencies, shock and fluid therapy, infection diseases, pediatrics, and geriatric emergencies. National standards have been established which specifically define the role and performance criteria of the EMT-Paramedic. Based upon those standards, a curriculum was developed under the auspices of the US Department of Transportation (DOT). "Training Program for EMT-Paramedic National Standard Curriculum" which is used to train EMT-Paramedic personnel. Prerequisite: Valid PA EMT Certificate, 18 years of age and High School diploma or GED.

This comprehensive EMT Paramedic program will provide students with didactic background, clinical training and field experiences necessary to satisfy requirements for PA Department of Health, EMT Paramedic curriculum. Following successful completion of each of these components, the student will be eligible for the National Registry practical and written certification exams.

* *Each program will average a minimum of one (1) Saturday per month.*

** *The Monday, Tuesday, Thursday program will meet every other Saturday.*

M = MONDAY, T=TUESDAY, W=WEDNESDAY, R=THURSDAY, F=FRIDAY, S=SATURDAY, U=SUNDAY

PREREQUISITES: PROGRAM REQUIREMENTS

1. Be at least 18 years of age upon starting the program
2. Possess a high school diploma/GED or equivalent
3. Possess a valid PA EMT Certification
4. Possess a valid BLS Healthcare Professional card
5. Complete a physical examination, PPD, Hepatitis B, rubella screening and other tests as necessary prior to beginning clinical and field.



If you require special arrangements, please contact the office prior to class start.

PRE-ENTRANCE PROCESS:

All prospective students shall complete and/or provide CCAC with the following prior to admission into the program:

1. CCAC registration form and payment
2. Provide photocopies of their high school diploma/GED or equivalent
3. Photocopies of a valid PA EMT Certification
4. Photocopy of a valid BLS Healthcare Professional card
5. Complete the orientation program for CCAC PSI

REQUIRED TEXT and WORKBOOK: There are a number of textbooks. The primary text is: Caroline Paramedic Textbook, 6rd Edition by Jones and Bartlett Publishing and other segment specific textbooks. All students must have their own texts and workbooks.

APPLICATION PROCESS: Complete and return the application with payment. An application can be found on the opposite side of the page. If a student decides not to attend, a written request for withdrawal and refund is required prior to the first class session for a refund to be approved.

COMPLETE AND MAIL THE APPLICATION TO:

**CCAC PSI REGISTRATION
808 RIDGE AVENUE, V103
PITTSBURGH PA 15212
OR WITH A CREDIT CARD**

**PHONE-IN 412-237-2500 or FAX 412-237-4628 with payment or
www.ccac.edu and SELECT CCAC Central**

