



KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
(270) 208-1069
www.ktems.org



FEBRUARY 2024 PRE-HOSPITAL CARE (EMT) FOR NURSES PROGRAM

APPLICATION DEADLINE: JANUARY 26, 2024, OR UNTIL FULL

Program Description

The Pre-Hospital Care (EMT) for Nurses is a rigorous one-week course designed to equip the Registered Nurse (RN) with the knowledge and skills to deliver exceptional and compassionate emergency care in out-of-hospital settings. This course builds on the existing knowledge of patient care in the clinical environment and prepares the student for prehospital assessments of medical conditions and traumatic injuries, as well as advanced airway techniques and basic medication administration. Upon completion of this course, the student is eligible to participate in the National Registry of Emergency Medical Technicians (NREMT) examination.

Applicants for this EMT course must meet the following requirements:

1. Students must hold current licensure or registry in good standing that under normal circumstances requires a minimum of two (2) years of education/training (ex. Registered Nurse – other health care providers may be considered if approved by the Section of EMS).
2. Students must provide proof of a valid DL, Birth certificate or Passport, RN licensure, High School diploma or transcript, and immunizations. Students must show proof of TB skin test or chest x-ray in the last 6 months (KTEMS will provide TB skin test on first day of class as needed).
3. Students must hold current American Heart Association – Healthcare Provider, Advanced Cardiac Life Support, and Pediatric Advanced Life Support or equivalent certification. Students must also hold a PHTLS, ITLS, TNCC or equivalent advanced trauma certification. Students must complete an online PAHT and HIV course through train.org and provide proof of completion.

Class Information

Hours: 56.0

Course Number: 332-24-02-B

Place: KTEMS Base Station 1, 105 Nolan Ave. Fulton, KY 42041

Days: Class/Lecture: Feb. 14 – Feb. 16, Clinical/Ride Time: Feb. 17 & 18

Time: 0800-2000 **Tuition and Fees:** \$500.00 *(Textbook, NREMT, and State Licensure fees NOT included)*

Program Contacts

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EMS Instructor
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(270) 208-1069

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Fulton, KY 42041
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(270) 208-1069

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Academic Calendar

January 26	<i>Application Deadline</i>
January 29	<i>Notification of Application Acceptance/Denial</i>
February 14	<i>First day of Class, final day to drop Class for refund</i>
February 16	<i>Last day of Class, Fisdap Testing</i>
February 17 & 18	<i>Clinical/Ride Times</i>

Conditions of Payment

Tuition & fees are due IN FULL on or before the first date of class. Check or money order should be made payable to **KenTenn EMS, 105 Nolan Ave. Fulton, KY 42041**. Cash and/or partial payments not accepted.

Withdrawal from Courses/Cancellation & Refund Policy

Cancellation of any program on behalf of KTEMS Academy will result in a FULL refund of tuition and all fees (including textbook cost) to the student or sponsoring agency/organization. Any student wishing to withdrawal from a course must do so in writing and submit to the Program Coordinator. Due to the timeline of the course, withdrawals following the first day of class are **NOT** refunded any costs. No refund will be given if a student is expelled. Students who withdraw or are expelled from a course may reapply for future courses offered.

School Complaint Policy

The following process will be utilized in cases of a complaint or grievance:

1. All complaints or grievances must be made in writing addressed to the Lead Instructor. (There is no specific form provided for grievances.)
2. The Lead Instructor will respond in writing to the student and/or legal guardian within ten (10) business days.
3. An unresolved complaint or grievance by the Lead Instructor will be directed to the Program Coordinator, who will review and respond in writing to the student and/or legal guardian within seven (7) business days.
4. An unresolved complaint by the Program Coordinator will be reviewed by the KenTenn EMS Director and/or the Program Medical Director. They shall review and respond in writing to the student or legal guardian within fourteen (14) business days.
5. Any unresolved complaint by the KenTenn EMS Director of EMS and/or Program Medical Director shall be referred to the Kentucky Board of Emergency Medical Services (KBEMS).
6. Complaints or grievances by the applications, preceptors, patients, members of the general public or faculty members shall be directed to the Program Coordinator in writing. A review will be completed, and a written response will be directed back to the complainant within fourteen (14) business days. Unresolved complaints will be directed to the Program Medical Director in writing.

Kentucky Commission on Proprietary Education

Twin City Ambulance Service Inc., dba KenTenn EMS is a licensed resident school (License No. KY-R-0536) with the Kentucky Commission on Proprietary Education, in accordance with the Kentucky Revised Statute Chapter 165A. The purpose and duties of the Commission include “licensing and regulating all proprietary schools, doing business in Kentucky, other than those that offer a four-year bachelor’s degree”, as well as “administer[ing] the Student Protection Fund which reimburses eligible students in the event a school closes, loses its accreditation or discontinues a program”. Lastly, funding for the Commission is achieved “entirely through fees paid by licensed institutions”.

Existence of the Kentucky Student Protection Fund

Pursuant to KRS 165A.450 all licensed schools, resident and non-resident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

Process for Filing a Claim Against the Student Protection Fund

To file a claim against the Kentucky Student Protection fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38, 2017 and provide the requested information to the following address: Kentucky Commission on Proprietary Education, 500 Mero Street, 4th Floor, Frankfort, KY 40601. The form can be found on the website at <http://www.kcpe.ky.gov/> .

Filing a Complaint with the Kentucky Commission on Proprietary Education

To file a complaint with the Kentucky Commission of Proprietary Education, a complaint shall be in writing and shall be filed on Form PE-24, 2017 Form to File a Complaint, accompanied, if applicable, by Form PE-25, Authorization for Release of Student Records. The form may be mailed to the following address: Kentucky Commission on Proprietary Education, 500 Mero Street, 4th Floor, Frankfort, KY 40601. The form can be found on the website at <http://www.kcpe.ky.gov/> .

Kentucky Commission on Proprietary Education

500 Mero Street,
4th Floor
Frankfort, Ky 40601
Phone: 502-564-4185
Fax: 502-564-4248
kcpe@ky.gov

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To conduct this EMT course, the Instructor and Training Site are responsible for the following:

1. All courses must be sponsored by an approved training site.
2. Admittance criteria (as outlined above) must be followed and documented.
3. Request to conduct course must be submitted to the Section of EMS at least ten (10) days prior to the start date of the class.
4. All courses must be taught by a Kentucky certified EMT-Instructor.
5. Current National Emergency Medical Services Education Standards must be adhered to when didactic learning is required for certain core topics. For topics that are learned in other training, a validation test must be given.
6. All courses must meet the minimum required hours (56 hours total):

a. Didactic hours **40 hours**

b. Ambulance Ride Time **8 hours**

*May be waived if student is a current health care professional on active flight status or critical care ground transport provider in another state and a verification letter of at least 80 hours worked as a health care provider within 6 months of the start of the course is received from student's supervisor.

c. Emergency department hours (must be documented while on duty)
8 hours

* May be waived if employment verification letter of at least 80 hours worked in critical care setting within 6 months of the start of the course is received from student's supervisor

d. Course material can be delivered in multiple formats but a final in-person test is required. **NOTE:** These are the minimum standards needed for a Health Care Professional to complete an EMT course. Programs may add requirements and/or hours for course completion above the minimum standards set forth here.

Course Requirements

NOTE: This section outlines the core requirements that must be taught and which requirements a student can receive credit for previous knowledge gained from other classes/courses. Instructors may teach whatever portions they feel are necessary for the success of the student beyond the core requirements listed.

1. Cost per student will include the price of Fisdap Comprehensive Exam.
2. Student must achieve a passing score on Fisdap Comprehensive exam to complete course.
3. Student must complete course with a final grade of 80 or better.
4. Student must complete all ride time and documentation to complete the course.
5. Portfolio Process will be used to verify skills.
6. Student must pass all skills to complete course.
7. Student must attend all days of course.

KTEMS will provide for ride time as scheduled. (2) students per 8-hour shift with shifts being 0700-1500 and 1500-2300. KTEMS will allow (1) student per shift at Hickman and Fulton Station. Schedule for ride time is subject to class size.

Students will be allowed to wear scrubs during ride time. Students will need to provide shoes to reflect a professional appearance.

Students will be provided a copy of KTEMS policies.

KY Requirement: Pediatric Abusive Head Trauma (Online)

KY Requirement: HIV (Online)

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Explanation of curriculum

Emergency Medical Care Systems, Research, and Public Health	Teach
Workforce Safety and Wellness of the EMT	Teach
Medical, Legal, and Ethical Issues	Teach
Documentation	Teach
Communication	Teach
Lifting & Moving Patients	Teach
Anatomy, Physiology, and Medical Terminology	RN Credit
Pathophysiology	RN Credit
Life Span Development	RN Credit
Airway Management, Artificial Ventilation, and Oxygenation	RN Credit
Baseline Vital Signs, Monitoring Devices, and History Taking (<i>SAMPLE, OPQRST</i>)	RN Credit
Scene Size-Up	Teach
Patient Assessment	Teach
Pharmacology & Medication Administration	RN Credit
Shock & Resuscitation	RN Credit
Respiratory Emergencies	RN Credit
Cardiovascular Emergencies	RN Credit
Altered Mental Status, Stroke, and Headache	RN Credit
Seizures & Syncope	RN Credit
Acute Diabetic Emergencies	RN Credit
Anaphylactic Reactions	RN Credit
Toxicological Emergencies	RN Credit
Abdominal, Gynecologic, Genitourinary, & Renal Emergencies	RN Credit
Environmental Emergencies	RN Credit
Submersion Incidents: Drowning & Diving Emergencies	RN Credit
Behavioral Emergencies	RN Credit
Trauma Overview: The Trauma Patient & the Trauma System	RN Credit
Bleeding & Soft Tissue Trauma	RN Credit
Burns	RN Credit
Musculoskeletal Trauma	RN Credit
Head Trauma	RN Credit
Spinal Column & Spinal Cord Trauma	RN Credit
Eye, Face, & Neck Trauma	RN Credit
Chest Trauma (<i>teach sucking chest wound & paradoxical movement treatment</i>)	RN Credit
Abdominal & Genitourinary Trauma	RN Credit
Multisystem Trauma & Trauma in Special Patient Populations	RN Credit
Obstetrics & Care of the Newborn	RN Credit
Pediatrics	RN Credit
Geriatrics	RN Credit
Patients with Special Challenges	RN Credit
Post-Traumatic Stress Disorder (PTSD) subject	Teach
Ambulance Operations & Air Medical Response	Teach
Gaining Access & Patient Extrication	Teach
Hazardous Materials	Teach
Multiple-Casualty Incidents & Incident Management	Teach
EMS Response to Terrorism Involving Weapons of Mass Destruction	Teach



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**PRE-HOSPITAL CARE (EMT) FOR NURSES
 PROGRAM APPLICATION**

Applicant Information (Please print legibly)

Last Name: _____ First Name: _____

Middle Initial: _____ Preferred Name (for Badge): _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ - _____ Email: _____

Highest Level of Education Completed, including degree, institution, and date completed:

Name of Emergency Contact: _____

Emergency Contact Phone Number(s): (____) _____ - (____) _____ - _____

Hepatitis B Vaccination Immunization Information

Hepatitis B Virus (HBV) is a serious disease caused by a virus that attacks the liver. The virus is primarily spread to health care workers through contact with infected blood or other body fluids. The Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) recommend vaccination of all health care workers. I understand that due to the probable exposure to blood and/or other potentially infectious materials during my training with KTEMS Academy and as an employee in the health care field that I may be at risk of acquiring the Hepatitis B Virus (HBV). I acknowledge my opportunity to obtain vaccination for HBV at my own expense. Choosing to decline vaccination will continue to put myself at risk for acquiring HBV. I understand that I may change vaccination decision at any point, in which I will be responsible for supplying vaccination records to KTEMS Academy.

Please check beside the appropriate statement indicating your current HBV vaccination status.

- I have already been vaccinated against Hepatitis B and will provide proof to KTEMS Academy.
- I will immediately begin obtaining the entire series of Hepatitis B immunizations prior to any clinical rotation or other activities involving patient care and will provide these to KTEMS Academy. Completion of the Hepatitis B series takes approximately (6) months to complete.
- I choose NOT to obtain the Hepatitis B immunizations. I acknowledge that my decision not to obtain vaccination may affect my ability to participate in certain clinical activities and may have bearing on the status of admission into KTEMS Academy programs.

Student/Legal Guardian Signature: _____ **Date:** _____

Criminal Background

Have you ever been convicted of a felony, pled guilty to a felony, or participated in a diversion program for a felony? If yes, please explain:

By submitting this application, I give Twin City Ambulance Service, Inc. DBA KenTenn EMS permission to submit your information to the Commonwealth of Kentucky to perform a background check for the purpose of program acceptance and certification eligibility. Failure to accurately provide the information requested may result in prosecution under KRS 523.100. Furthermore, I understand that this background check will not suffice for the Kentucky Board of Emergency Medical Services for licensure purposes. I attest that I will obtain the required background check at my expense if I wish to obtain licensure following the course completion.

Student/Legal Guardian Signature: _____ **Date:** _____

Student Attestation

By signing below, I attest that all information provided on this application is complete and accurate, to the best of my knowledge. Withholding or providing false information will render me ineligible for course completion. Should any of the information provided change, I agree to inform my instructor and/or the KTEMS Academy Program Coordinator. Furthermore, I give permission for Twin City Ambulance Service Inc. DBA KenTenn EMS to disclose all academic information to my sponsoring agency/organization (if applicable), such as grades or disciplinary actions, at any point during the course. My signature also confirms that I have read and accepted the supporting materials (pages 1-5) provided in the application packet.

Student/Legal Guardian Signature: _____ **Date:** _____

Agency Affiliation (Optional – to be completed by Agency Representative)

Agency Name: _____
Contact Name: _____ Title: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: () - _____ Email: _____
Length of time applicant has been associated with agency: _____
Will the agency be providing financial support for applicant? Please explain.

Reason(s) for recommending applicant for certification: _____

Agency Official Signature: _____ **Date:** _____

BACKGROUND CHECK

THE FOLLOWING PAGE IS
THE BACKGROUND CHECK.

PLEASE RETURN THE
COMPLETED FORM WITH
YOUR APPLICATION.

KENTENN EMS WILL SEND
THIS ON YOUR BEHALF.

THERE IS NO PAYMENT
REQUIRED.

