

Wabash Fire Department



EMT-B Program Registration

Deadline: 6/30/2025

Wabash Fire Department
1000 N. Wabash St.
Wabash, In 46992

Wabash Fire Department EMT-B Program Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email Address _____

Fire/Agency Affiliation: _____ Indiana PSID # _____

(if you do not have an PSID # go to: [DHS: Public Safety Identification \(PSID\) Application \(in.gov\)](https://www.in.gov/dhs/public-safety-identification-psid-application) to apply for one)

Emergency Contact: _____ Contact Phone # _____

If a current H.S. student, include a copy of your transcript.

Driver's License #: _____ (Include a photo copy)

Copy of Immunization Records must be included. (specifically – **a**) Hepatitis B vaccine series (or sign a statement of declination) or have completed the first shot of the series **b**) Rubella immunity **c**) Rubeola immunity **d**) TB testing within the past one year **e**) Knowledge of varicella (chicken pox) immunity

Shirt Size: (circle one) ~~S~~ ~~M~~ ~~L~~ ~~XL~~ XXL

Please prioritized if you would prefer the AM or PM time:

List any special needs that you may have: (any ADA requests must be submitted prior to the first day of class)

Checklist of required attachments to return with pages **1-6 completed.**

- ☐ Copy of driver's license/ID
- ☐ Copy of immunization records
- ☐ Check made payable to Wabash City County Ambulance

Wabash Fire Department

EMT-B Program

Tuition Agreement Contract:

I, _____, agree to pay the Wabash Fire Department the total sum of \$1000.00 for the cost of tuition as a student enrolled in the EMT Program. This will be for the cost of the EMT program only.

Make checks Payable to Wabash City County Ambulance or call 260-569-9274 to pay by credit card. 3.5% fee is added to each credit card payment.

I agree to pay as follows

\$ 400.00 Down payment submits with application

\$ 350.00 on or before 9/8/25

**\$ 250.00 on or before 10/6/25

**Wabash County Residents only may apply for a scholarship through Grow Wabash.

Scholarships are limited. <https://members.growwabashcounty.com/form/view/31855>

All fees must be paid in full no later than 10/6/25 Failure to pay fees by the due dates will result in a \$50.00 late fee.

If I fail to meet the terms of this agreement, I understand that I forfeit the right to remain in the EMT-B course. All monies already received by Wabash Fire Department EMT-B program will not be returned or refunded. I am responsible for the remaining balance of the total sum and all legal fees.

I understand and agree that I am responsible for meeting payment requirements as well as performance requirements set forth in the course handbook.

Additional Costs Required: This course only provides a digital book access code. Tests, HW, and Quizzes are on a device. You must supply your own device, ie tablet or laptop for the course. There is also a fee to take the NREMT, prior to certification.

By my signature listed below, I agree to the terms listed above, and in good faith, agree to pay all fees by the due dates.

Student Signature: _____

Date: _____

Witness: _____

Date: _____

City of Wabash
CONSENT & LIABILITY RELEASE
Wabash Fire Department
EMT-B Program

TO BE READ AND SIGNED BY EACH POTENTIAL EMT STUDENT BEFORE PARTICIPATING
IN THE EMT PROGRAM AT WABASH FIRE DEPARTMENT.

I request permission to participate in the Wabash Fire Department EMT Program. In consideration for the granting of this privilege, I, the undersigned, for myself and my heirs, assign and personal representatives, do hereby agree to the following conditions.

CONDITIONS:

1. I UNDERSTAND that while participating as part of the EMT Program, I may be exposed to dangers both from known risk and unanticipated risk. Acknowledging that such risk exists, I hereby release and discharge the City of Wabash and/or Parkview and its respective officers, trustees, representatives, agents and employees, from any and all claims or liability for personal injury or property damage I may suffer while on the premises of the City of Wabash and/or Parkview, including, but not limited to, any claim arising out of any condition of the premises of the City of Wabash and/or Parkview or the conduct of any person in connection with the providing medical services, supervising the EMT Program or any other activity related to the EMT Program. I specifically release the City of Wabash and/or Parkview and its respective officers, trustees, representatives, agents and employees, for any negligence in any form of the City of Wabash and/or Parkview and/or its officers, trustees, representatives, agents, and employees. In signing this release, I FULLY RECOGNIZE THAT IF I AM HURT AND/OR MY PROPERTY IS DAMAGED WHILE ON THE PREMISES OF THE CITY OF WABASH AND/OR PARKVIEW, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE CITY OF WABASH, HOSPITAL, OR ITS RESPECTIVE OFFICERS, TRUSTEES, AGENTS, REPRESENTATIVES, OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM CAUSED MY INJURY OR DAMAGE.

2. I AGREE to defend, indemnify and hold harmless the City of Wabash and/or Parkview, together with its respective officers, trustees, representatives, agents and employees for all lawsuits, claims, damages, costs and attorneys' fees which arise out of my violation of any provision of this Consent and Liability Release. This provision will apply regardless of whether or not the lawsuit, claim, damages, costs and/or attorneys' fees arise out of the negligence of any of the indemnitees.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT AND LIABILITY RELEASE. I KNOW AND UNDERSTAND THAT MY SIGNATURE ON THIS FORM OPERATES AS A COMPLETE RELEASE OF THE CITY OF WABASH AND/OR PARKVIEW TOGETHER WITH THE OFFICERS, REPRESENTATIVES, AGENTS AND EMPLOYEES OF THE CITY OF WABASH AND/OR PARKVIEW FROM ANY AND ALL LIABILITY, INCLUDING THEIR OWN NEGLIGENCE. I FREELY AND WILLINGLY CONSENT TO THIS WAIVER AND RELEASE OF CONSENT AND LIABILITY RELEASE.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TELEPHONE #: _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

Social Security Number

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Date of Birth - used for identification purposes only

MONTH		DATE		YEAR					

First Name

Middle Name

Last Name

Other Names Used (maiden name, AKA names, etc.)

Current Residential Address

City

State

Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date

[]

Driver's License Number

State of Issue

FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Wabash Fire Department ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (Post Office Box 5920 Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. 0

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. 3

Signature _____

Full Name (First/Middle/Last) _____

Driver License State / Number _____

Social Security Number (SSN)* _____

Date of Birth* _____

Phone Number _____

'SSN and DOB information will be used for identification purposes and will not be used as hiring criteria.

FCRA:RIPLOYMENT.006903.2012111

(Please detach and keep the remaining pages for your records)

STUDENT CONDUCT POLICY

As a health care professional, the EMS student must always conduct him/herself in a professional manner. This applies to all didactic, clinical, and evaluator phases of the EMS training programs. Students will be dismissed (expelled) from EMS training programs for the following reasons:

- A. Falsification or misrepresentation on an EMS training program registration form.
- B. Not achieving course academic requirements as outlined in the Student Clinical Handbook.
- C. Absences and tardiness as outlined in the Student Clinical Handbook.
- D. Sexual harassment of students, instructors, patients, evaluators, hospital personnel, or ambulance personnel.
- E. Unprofessional behavior in a classroom, clinical, or evaluator setting.
- F. Theft of hospital or ambulance service property.
- G. Display or concealment of any weapons.
- H. Any consumption of alcohol or drugs prior to or during a classroom, clinical, or evaluator setting.
- I. Breach of patient confidentiality or HIPPA
- J. Academic dishonesty.
- K. Failure to participate in scenario or skill evaluations or actively participate in clinical or internship phase.
- L. Instructors/students are not permitted to bring spouses/significant others, children, or any non-EMS personnel to class without the approval of the lead instructors.
- M. Repeated episodes of inappropriate dress or poor personal hygiene
- N. No cell phones in class or at clinical sites; Preceptors' discretion.

The course coordinator and medical director may dismiss a student anytime he/she personally witnesses any afore-mentioned violations. A formal written report will be required upon the dismissal of any student. This report will be presented to all course coordinators and medical directors as soon as possible following the incident.

If a student feels he/she has been dismissed unjustly or has extenuating circumstances, the student may submit, within one week of the dismissal, a written request for review by the course coordinators and medical directors. The joint decision of the medical directors and course coordinators will be final. A letter will be sent to the student identifying the findings of the review.

All students must notify the EMS coordinators/Class coordinators if there is any learning or physical disabilities prior to the start of class and documentation may be required. This will allow arrangements to assist the student during the class if needed i.e. reading of tests or additional time to complete tasks. We will accommodate the student with learning disabilities as described by the US Department of Justice, Americans with Disabilities Act. Indiana DHS does allow for time accommodation for written testing but does not for practical testing.

EMERGENCY MEDICAL TECHNICIAN PREREQUISITES

- A. Each student must be a graduate of a 4-year high school program or possess a GED. A notarized copy of the diploma, high school transcript, or GED must accompany the individual's registration form. If a student has not graduated a 4-year high school due to currently enrolled, then a copy of their transcript is acceptable.
- B. We provide equal opportunity for all persons regardless of race, color, religion, sex, age, marital status, national origin, citizenship status, disability, veteran status, or sexual orientation.
- C. Applicants should realize that moderate lifting, physical exertion, and working in close proximity with fellow students and patients are required for successful completion of the program. This is in the classroom and clinical settings.
 - a. Students are required to assist in lifting and carrying injured or sick people to ambulances, removing them from an ambulance, and into emergency care settings.
 - b. Transporting life-saving equipment, arm extension, carefully handling patients in fragile conditions, feeling to assess vital signs is part of the nature of this position.
 - c. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition, which would not be adversely affected by lifting, carrying, and balancing at times, patients more than 125 pounds (250, with assistance).
 - d. Motor coordination is necessary for the well-being of the patient, the EMT, and co-worker over uneven terrain.
- D. Prior to the beginning of the course clinical rotations (date to be announced in class), each student must have the following immunizations documented in their file:
 - a. Hepatitis B vaccine series (or sign a statement of declination) or have completed the first shot of the series.
 - b. Rubella immunity
 - c. Rubeola immunity
 - d. TB testing within the past one year
 - e. Knowledge of varicella (chicken pox) immunity
 - f. NOTE: If immunizations are not completed by the date specified by the course coordinators, the student will be dropped from the course and no refunds will be given.
- E. Each Student must be age of 17 prior to first day of class starting. The student will take the state practical exam at the end of the class and has 1 year to take the state written test. However, the student must be 18 years of age prior to attaining certification as an EMT by the State of Indiana.

Course Structure

Courses are divided into three distinct but complementary modalities: Classroom didactic education, hospital clinical rotation, and a field internship riding with Wabash Fire Department. Including all three modalities, the EMT course is approximately 205 hours.

Classroom Didactic Education Modality:

1. The EMT program implements the specific criteria as outlined by the USDOT & INHTSA 2009 Emergency Medical Technician National Standard Curriculum, as well as additional criteria as added by the Indiana Emergency Medical Services Commission.

Hospital Clinical Rotations Modality:

1. The hospital clinical rotations will be conducted at Parkview Wabash Hospital
2. Ambulance internship is conducted on certified ambulances approved by the Course Coordinators and EMS Medical Directors. Approved evaluators at the Paramedic or EMT level perform supervision and evaluation.

Absences and Tardiness

This is an adult education class and adult events, and unexpected situations occur. To address these situations, it is believed that maintaining performance standards is the result of regular attendance. If at any point the student's grade drops below 80% the student shall be removed from the course. Pre-arranged absences need to have work/tests completed prior to class otherwise it may result in a '0' for the due date causing a drop below 80% resulting in removal from the course.

Patient Confidentiality

Individuals involved in patient care must protect the patient's right to privacy. You must not speak to the press, your family or friends, or any members of the public about the details of patient care. Any breach in the confidentiality of a patient will result in immediate termination from the class.

Performance Requirements

1. Students are required to:
 - a. Maintain an overall average grade of 80%.
 - b. Maintain an average of 80% on Module examinations and proficiency on practical skills evaluations.
 - c. Score a minimum of 80% on the final examination.
 - d. Successfully complete a mandatory in-course practical skills examination of the training program to be eligible for the State of Indiana and/or National certification examinations.
 - e. (Fractional scores will be rounded up to next whole number)
2. There are scheduled exams given throughout the class. Exams may be chapter-specific or may review any previously covered material. Any exam missed must be made up prior to the last class of the following week.
3. There will be 1 allowed re-take for the final exam that must be taken within 1 week of the scheduled exam. This re-take must be scheduled outside of class time. For the class average, the highest score of the 2 final examinations will be used.
4. The student will be held responsible for making up all exams and materials presented in his /her absence at class sessions and all clinical and/or internship rotations.
5. Successful completion of the course shall make the student eligible to take the national examination required for certification.
6. All hospital clinical and internship rotations shall be finished by the specified date, or the student will be considered to have failed the course.
7. Students must score a minimum of 80% on all Practical Skill Evaluations during the course and have no critical criteria checked.
8. Students must have an average score of three (3 = Competent) on each Clinical and Field Evaluation Form or the Clinical or Field Internship will have to be repeated until successful.
9. Students shall successfully complete the course requirements by the course ending date.

Dress code

1. During all clinical, internship and scheduled classes, the student will wear the supplied Wabash Fire Department training shirts and conservative dark dress slacks or BDU (EMT) style pants. Jewelry except for wristwatch and finger rings are not to be worn during clinical rotations. Unless otherwise approved by the Course Coordinator.
2. Footwear should be black with closed toe shoes.
3. Absolutely no jeans or shorts are to be worn during any clinical or internship rotations.
4. Uniforms of “on-duty” personnel are allowed to wear their department uniforms.
5. The Clinical site or Field site (ambulance service) reserves the right to make final judgment concerning the appropriateness of appearance and may send a student home at their discretion. Any time missed due to this situation must be made up by the student whether in field or clinical setting.
6. Proper hygiene must always be maintained. A student may be asked to leave classroom, field, or clinical site if body or breath odor is offensive.

Clinical and Field Rotations Requirement

1. All skills performed in the clinical and internship rotations must be under the direct supervision of an assigned evaluator. Evaluation forms are provided and must be completed and returned for each clinical area.
2. All clinical and internship evaluator rotations are to be scheduled through the clinical coordinator.

Clinical site: Emergency Department for EMT Course	Total Time
Parkview Wabash Hospital Emergency Department	16 hours
Field site: Ambulance for EMT course	
Wabash Fire Department (4 hr shifts)	24 hours
Mandatory patient assessments	10

1. Students must complete their patient charts and obtain signature(s) of the preceptor(s) of that shift to be considered complete.
2. All shifts must be completed in their entirety prior to the specified date, and if not completed, the student will be removed from the class.

All hospital clinical rotations will be done at Parkview Wabash Hospital unless approved otherwise by the Course Coordinators and scheduled between the hours of 0700 and 2200. Hospital clinical sites accommodate the student with learning disabilities as described by the US Department of Justice, Americans with Disabilities Act.

1. The organization will reduce or remove physical and attitudinal barriers that interfere with the promotion of health, prevention of disease, the effective treatment of our patients and access for Patients, Staff, Physicians and Visitors.

All ambulance internship rotations will be done at Wabash Fire Department unless otherwise approved by the EMS Coordinator, Medical Director and scheduled between the hours of (0700 – 1100), (1100- 1500), (1500-1900) and (1900- 2300). Ambulance clinical sites accommodate the student with learning disabilities as described by the US Department of Justice, Americans with Disabilities Act.