



PUBLIC SAFETY PROGRAMS

Adult EMT-B

**APPLICATION PACKET
2021-2022**



Tolles Career & Technical Center

Name: _____

Adult Education Programs **REGISTRATION CHECKLIST**

**** Important: Your registration will be returned if it is not sent in complete. Use this checklist to make sure you have enclosed all the documents listed below.**

Must be received to register for the class	Completed	Office use only
A completed Student Information form		
A completed Course Prerequisites form		
A completed Admissions Application form & non-refundable application fee payment		
A completed physical examination form		
A completed Emergency Authorization form		
A completed release form		
A completed Student Acknowledgement form		
A completed Hepatitis B Information form		
Full tuition payment or signed promissory note		
T-shirt order form & payment information		
A completed Statistical Data form		
Photocopy of unexpired Ohio drivers license & Auto Insurance		
Full tuition payment or signed promissory note		
Purchase textbook from website		



TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

STUDENT INFORMATION FOR ENROLLMENT INTO A STATE COURSE

School Class #		State Class #	
First Name			
Last Name			
M.I.			
SSN#			
Ohio Certification # (if already certified in something with Ohio)			
Date of Birth			
Street Address			
City			
Zip Code			
County			
Phone #			
Email Address			
ADA Accommodations	YES or NO		
Department Affiliation			

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs
EMERGENCY MEDICAL TECHNICIAN COURSE PREREQUISITES

To be eligible to enroll in the Emergency Medical Technician Program, the applicant:

1. Must be seventeen (17) years of age prior to the first day of class.
2. If 17 years of age must be attending senior year of high school.
3. **Must not** have been convicted of, pled guilty to, had a judicial finding of guilt for any of the following:
 - A. Fraud or deception in applying for, or obtaining a certificate issued in accordance with state-supported class;
 - B. A felony;
 - C. A misdemeanor involving moral turpitude;
 - D. A violation of any federal, state, county or municipal narcotics law;
 - E. Any act committed in another state that if committed in Ohio, would constitute a violation set forth in this paragraph.
4. At the time of admission, is not under indictment for a felony or misdemeanor involving moral turpitude.
5. Does not currently engage in the illegal use of controlled substances, alcohol, or other habit forming drugs or chemical substances to an extent that it impairs the ability to perform the duties of an EMT-Basic.
6. Has not been adjudicated mentally incompetent by a court of law.
7. If sponsored by a department, must, prior to the first date of class, provide an official letter from the appointing authority accepting responsibility for all actions taken, injury, or liability incurred.
8. Must provide a copy of a valid Ohio driver's license and **current** automobile insurance certificate.
9. Must read and sign waiver of liability from Tolles Career & Technical Center.
10. Must provide evidence of a physical examination, as required by Ohio Revised Code.
11. Must complete in entirety the public safety admissions packet.
12. Is responsible for any additional requirements as prescribed by Tolles Career & Technical Center.

The State of Ohio, Division of EMS and/or its governing board may refuse or limit a certificate to practice to an applicant who fails to meet one or more of the requirements listed in items 1-6.

I hereby state that I have read, understand and will comply with all of the above-listed EMS training prerequisites as they affect the EMT-Basic training program of Tolles Career & Technical Center.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

APPLICATION FOR ADMISSION IN A PUBLIC SAFETY COURSE

(Separate application for each course)

Last Name:		First Name:	MI:
Street Address:		City:	State:
County:	Zip:	E-Mail Address:	
Home Phone:	Cell Phone:	SSN #:	
Birth date:	Please indicate the course you are applying for:	Firefighter I & II	

The following questions pertain to applying for, or obtaining a State of Ohio EMS or Fire certificate. You must answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you at least 17 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of guilt for fraud? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of guilt for material deception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of moral turpitude? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of any narcotics law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever committed a misdemeanor in the course of practice as an EMT-Basic or Firefighter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever committed any act in relation to questions 2-7 in another State if committed in Ohio, would constitute a violation set forth in Emergency Medical Services State Law for firefighters and EMT-Basic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you been an adjudicated mentally incompetent by a court of law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you currently engage in the illegal use of controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you currently engage in the illegal use of chemical substances or habit-forming drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you currently engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a firefighter or EMT-Basic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Question 13 only applies if you are still in high school

- | | | |
|---|------------------------------|-----------------------------|
| 13. If you are currently enrolled in high school are you in the twelfth or final year of high school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Training Program to verify any of the above information.

Applicant Signature:		Date:	
Parent Signature (if under 18):		Date:	
Office use only	Name of Course:	Start Date:	End Date:
Lead Instructor:		Lead Instructor Certification Number:	
Training Program, Address and Phone: Tolles Career & Technical Center, 7877 U.S. Highway 42 South Plain City, Ohio 43064 (614) 873-4666 ext. 4335			

I attest that I have reviewed the above information and verified any prerequisite training required by the individual. I also attest that the above individual, having met the admission requirements set forth by in Emergency Medical Services State Law for firefighters and EMT-Basic is admitted into the training program.

_____ Program Coordinator - Signature	_____ Program Coordinator (Print Name)	_____ Date
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TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME _____ SECURITY # _____
Last First MI

PART I: CONTACT PERSON

IN THE EVENT I BECOME SICK, ILL OR INJURED DURING CLASSES AT TOLLES TECHNICAL CENTER, I REQUEST THAT YOU NOTIFY:

Contact Person's Name _____ Relationship _____

Contact Person's Home Phone (_____) _____ Work Phone (_____) _____

If unable to contact above individual, please notify : _____ at Phone (_____) _____

PART II: TO GRANT CONSENT

I HEREBY GRANT CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED AND UTILIZED: **PLEASE COMPLETE ALL INFORMATION**

PHYSICIAN _____ Phone _____

DENTIST _____ Phone _____

MEDICAL SPECIALIST _____ Phone _____

LOCAL HOSPITAL _____ Phone _____

In the event reasonable attempts to reach individuals listed in Part I are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or other certified medical professionals such as Emergency Medical Technicians, Nurse, Physician, or other qualified professional and my transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are to be listed below:

 STUDENT NAME (PRINTED) STUDENT SIGNATURE DATE

 PARENT NAME (PRINTED) PARENT SIGNATURE DATE

PART III: REFUSAL TO GIVE CONSENT

I refuse to give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

 STUDENT NAME (PRINTED) STUDENT SIGNATURE DATE

 PARENT NAME (PRINTED) PARENT SIGNATURE DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

RELEASE

TOLLES CAREER & TECHNICAL CENTER
7877 U.S. HIGHWAY 42 SOUTH
PLAIN CITY, OHIO 43064

WHEREAS, the undersigned voluntarily desires to participate in the Tolles Career & Technical Center Public Safety Programs; and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned; and

WHEREAS, the undersigned being knowledgeable that risks are involved in said course and being willing to waive all rights or claims to injury, person, and/or property;

THEREFORE, It is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational and other benefits there from, the undersigned hereby voluntarily assumes all risks of accident or personal damage to his/her person or property, and hereby releases **TOLLES CAREER & TECHNICAL CENTER**, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of said **TOLLES CAREER & TECHNICAL CENTER**, its agents or employees, or otherwise. This release shall be binding upon any heirs, administrators, executors, and assigns of the undersigned.

The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

Public Safety Department Director's Printed Name
Date _____

Public Safety Department Director's Signature

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

STUDENT ACKNOWLEDGEMENT FORM

I have had the paperwork, policies and procedures reviewed with me, and have received all textbooks, handbooks, rules and course schedule from Tolles Technical Center, Public Safety Program.

Further, I understand that ***it is my responsibility*** to be familiar with the policies and procedures of the Technical Center. I agree to abide by the rules, policies and procedures set forth in the student manual and am aware of disciplinary action that may be taken for my failure to follow the rules, policies and procedures.

I further acknowledge my responsibility for completing all class assignments both written and practical as they become due.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

HEPATITIS B VACCINE CONSENT FORM

Students need to realize that Hepatitis B shots are given in a series of three injections over a 7 month period. **It is highly recommended that you have started the series before beginning clinical ride time with the EMT or Firefighter Course.**

Consent: I have read the provided information about the Hepatitis B virus vaccine and have had an opportunity to ask questions. I understand that in my work as a community healthcare provider I may be at increased risk of contracting Hepatitis B virus and that vaccination has been recommended to prevent my becoming infected or ill. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. Therefore, I select the following option:

- I hereby certify that I have read this information and **I have received the complete three dose series of the Hepatitis B vaccine.** Date of completion of the Hepatitis B vaccination series:

_____/_____/_____

Name of Physician: _____ Phone #: _____

- I hereby certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

- I hereby certify that I have read this information and **I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.**

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE



TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

FOR STUDENTS UNDER 18 ONLY

TRANSPORTATION AUTHORIZATION AND RELEASE FROM LIABILITY FORM

Name of Student: _____ Grade: _____

Program: _____

Name of Parent(s)/Guardian(s) ("Releasor"): _____

Address: _____

Parent Contact Numbers: (Home) _____ (Work) _____ (Cell) _____

_____ [initial] I hereby authorize my above-named child to participate in the

_____ [list name and purpose of school-sponsored activity]. During this student activity, I authorize my child to leave school.

I also authorize my child to [initial all that apply]:

_____ Drive his/her/my vehicle to the above-named school-sponsored activity.

_____ Transport other students in his/her/my vehicle to the above-named school-sponsored activity.

_____ Ride in another student's vehicle to the above-named school-sponsored activity.

The right to leave school property for a school-sponsored activity is a privilege and may be suspended or revoked if a student violates any Board of Education policies, provisions of the Student Code of Conduct, or State or local laws, including traffic rules and regulations, while s/he is on school property or off school property. All provisions of the Student Code of Conduct and Board of Education policies shall be in effect while the student is off school property and participating in the school-sponsored activity, and the student is expected to comply with all such rules and regulations. Violations of such rules and/or regulations may result in appropriate disciplinary action.

The student's use of motor vehicles to travel to and from a school-sponsored activity is a privilege and involves an assumption of liability on the part of the student and his/her parents, and a responsibility in the care of property, the observation of safety rules, and the display of courtesy and consideration toward others.

In consideration of the permission granted to my child to participate in certain education activities, which may consist, in whole or part, of traveling to and being in a different environment and the surrounding site, the receipt of which permission is hereby acknowledged, Releasor, for himself/herself and his/her personal representatives, heirs, next of kin, executors, administrators and assigns, hereby forever releases, waives, discharges and covenants not to sue the Board and/or its officers, agents, employees and members (hereinafter referred to as "Release") for any and all actions, causes of action, damages, claims, demands or other liabilities, either in law or in equity, arising from or by reason of any bodily or personal injuries known or unknown, including death and/or any property or equipment damage known or unknown which may occur to my child as a result of or in

connection with my child's participation in said activities, whether caused by the ordinary negligence of the Releasee or otherwise. Releasor also agrees as part of such consideration, to indemnify, defend and hold harmless Releasee and its officers, agents, employees and members ("indemnitees") with respect to any and all of the above actions, causes of action, damages, claims, demands or other liabilities asserted by Releasor's student against the indemnitees or any of the indemnitees.

A student authorized to drive his/her private vehicle or drive other students off school property for a school-sponsored activity shall be solely liable for any injury, death or loss to persons or property related to or caused by his/her driving and his/her insurance shall be the primary insurance in any accident.

If a student is authorized to ride in another student's car off school property for a school-sponsored activity, the student driver shall be solely liable for any injury, death or loss to person or property related to or caused by his/her driving and the student driver's insurance shall be the primary insurance in any accident.

If my child has been given permission to drive his/her private vehicle for a school-sponsored activity, I represent that the vehicle to be driven is mechanically sound, my child has a valid driver's license and my child is covered by motor vehicle insurance.*

In the event that my child may require emergency medical treatment while participating in the above activity, I hereby authorize my child to receive all emergency medical treatment as may be necessary, under the existing circumstances.

By signing below, we affirm that we have read and understand this entire document and agree to the statements, terms, and conditions set forth herein.

Additionally, our signatures below indicate that if we had any questions concerning this school-sponsored activity and/or this document, we have asked them of the appropriate person and our questions have been fully addressed/resolved. Finally, we acknowledge having had an opportunity to review this document with a representative of our choosing.

RELEASOR Parent/Guardian Signature

Date

Student Signature

Date

Supervisor Signature

Date

Principal Signature

Date

Superintendent Signature

Date

*** High School and adult students must provide a copy of proof of insurance and a valid driver's license BEFORE approval to drive may be granted.**



Promissory Note - **TEMPLATE ONLY, please do not sign & return**

On this date of ____ in return for valuable consideration received, (student name), the undersigned borrower promises the pay to Tolles Career & Technical Center, the "Lender," the sum of (\$000.00 dollars).

Terms of Repayments: This loan shall be repaid under the following terms:

<u>Payment Amount</u>	<u>Payment Date</u>
\$.00	1/05/2022
\$.00	2/02/2022
\$.00	3/02/2022
\$.00	4/06/2022
\$.00	5/04/2022
\$.00	6/02/2022

Interest - No interest will be calculated on this loan.

Late Fees - All payments are due on or by the dates listed above. If payment is not made by the due date, a \$20.00 dollar late fee may be assessed on the late payment. The \$50.00 payment plan fee is non-refundable.

Place of Payment - All payments due under this note shall be made at Tolles Career & Technical Center, 7877 US Highway 42 South, Plain City, OH 43064.

Prepayment - This note may be prepaid in whole or in part at any time without penalty.

Default - In the event of default, the borrower agrees to pay all costs and expenses incurred by the Lender, including all reasonable attorney fees (including both hourly and contingent attorney fees as permitted by law) for the collection of this Note upon default, and including all reasonable collection charges.

Modification - No modification or waiver of any of the terms of this Agreement shall be allowed unless by written agreement signed by both parties.

Choice of Law - All terms and conditions of this Note shall be interpreted under the laws of the State of Ohio.

Signed under Penalty of Perjury,

Borrower, (student name)

Tolles Representative, Cindy Zeallear

*******THIS IS A TEMPLATE. THE PROMISSORY NOTE CAN BE FOR 3/5 OR 6 MONTHS AND INCLUDE GEAR RENTAL. PLEASE CONTACT THE ADULT EDUCATION OFFICE FOR PRICING.*******



T-Shirt Order for Adult Fire/EMT

First shirt is free, all others are \$15.00 each.

Visa & Mastercard payments please add 3% processing fee.

First Name	Last Name	T-Shirt Size	# of Shirts	Amount Owed	Amount Paid

Credit Card payment information:

Type of card: _____

Card #: _____

Card expiration date: _____

OR

Check #: _____

Cash: _____



ADULT WORKFORCE EDUCATION, OHIO BOARD OF REGENTS
STATISTICAL DATA

The state is requiring registration with OhioMeansJobs.com, including individuals:

- Participating in adult career technical education programs;
- Accessing vocational rehabilitation services through Opportunities for Ohioans with Disabilities;
- Utilizing Adult Basic and Literacy Education services; and
- Receiving employment services an an injured worker through the Bureau of Workers' compensation

Have you registered with Ohio Means Jobs? Yes No

We appreciate your cooperation in completing this data survey that is needed to comply with federal and state regulations. Please place an "X" on the appropriate lines that describe you according to the definition listed.

Is this your first post-secondary educational experience? Yes No
Gender: Male Female DOB: _____

Ethnicity: American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Black or African American Hispanic or Latino
 Asian White

Please mark all that apply:

Disabled A physical or mental impairment that substantially limits one or more of the major life activities of such an individual; a record of such an impairment and/or being regarded as having such an impairment. impairment.

Disadvantaged Individual, parent or guardian who is unemployed, or is receiving public assistance, is institutionalized or under state guardianship, or has a family income at, or below 150% of the national poverty level OR academically disadvantaged; not having completed a GED or having earned a high school diploma

See chart below.

# in Household	Yearly Income	# in Household	Yearly Income
1	\$ 16,335	6	\$ 44,985
2	\$ 22,065	7	\$ 50,715
3	\$ 27,795	8	\$ 56,445
4	\$ 33,525	+ each additional person \$5,730	
5	\$39,255		

Displaced Homemaker A woman who, after managing a household for years, is forced by financial necessity to find a wage-paying job.

Limited English Proficiency Students whose primary or home language is other than English who need special language assistance in order to effectively participate in school instructional programs.

Non-Traditional' Place an "X" on the line if you are a male and are registered for nurse aide or medical assisting OR place an "X" on the line if you are a female and are registered for firefighting.

Single Parent A parent who brings up a child or children alone, usually because he or she is unmarried, widowed, or divorced.

Should a student decline, a Tolles staff member may complete the form on behalf of a student based on observation & general knowledge of the student. If so, check here: _____

