SINCLAIR COMMUNITY COLLEGE EMS DEPARTMENT OHIO EMS INTRUCTOR COURSE - 2019

COURSE INFORMATION

- Full Course Date / Time: Dates: October 28, 30, Nov 2, 4, 6, 9 and 13. Time: 08:00 -17:00.
 - o Full Course Cost: \$400
- Fire Instructor Bridge to EMS Instructor: Date / Time: Start / End Date: Nov 9, 2019. Time: 8:00 17:00.
 - Bridge Course Cost: \$75

• Payment Type: EMS instructor

- Location: Sinclair Community College Building 19. Free Parking is provided.
- Instructor State Testing date: 12/16/2019 at 10:00

| | ovide all documentation, including proof of cognitive and skills testing). |
|---|---|
| Copy of current Ohio EMS provider or RN licer | |
| Must have 5 years' experience as an EMS Provider OR RN in the past last 7 years prior to the course start date (Must have been an EMS provider/RN back to 10/29/2014 or older Must have completed NREMT Cognitive Exam (Computer Based Testing) at level of current state licensure | |
| | |
| | years from the course end date. |
| | om 12/17/2016 through 10/25/2019 will be accepted |
| NO: You will register for an ex | xamination through a secure site on the NREMT web page. To register w.nremt.org and follow the steps. Be sure to select the "Assessment |
| | el and use "Ohio EMS Instructor Knowledge Exam" as the "Reason to |
| | a.pdf of instructions can be e-mailed to you. |
| If you have taken the | e written test and are awaiting results, please complete and turn in your |
| | e will not process any monies until the course has started. By turning your |
| • | to the EMS office, you allow Sinclair to have an accurate count of people |
| wanting to take the o | |
| NREMT Practical Skills at level of current state | |
| ❖ Have you taken this test within the pas Year Pagette are valid until 3 | |
| | years from the course end date. om 12/17/2016 through 10/25/2019 will be accepted |
| | If the mailed upon receipt of the registration and form of payment. |
| Copies of the skills sheets will copies a date for skills testing. | |
| | |
| Note: There will be out-of-class assignments and projec | tts. |
| OHIO EMS INSTE | RUCTOR COURSE REGISTRATION FORM |
| | NT BY 10/14/2019 Class will run based on paid registrations************************************ |
| REQUIRED INFORMATION- please comple | te this form and all submit documentation to the EMS Department |
| Certification Level: ☐ EMT ☐ AEMT ☐ PARAMED | DIC RN Other |
| Documentation to Submit: ☐ Copy of licensure ☐ Pr | roof of experience ☐ Proof of NREMT Cognitive Exam ☐ Practical Skills |
| Submit documentation and registration form TO: \underline{Rh} | onda.harvey@sinclair.edu or fax to 937-512-5337 |
| Practical Skills testing: 10/25/2019 @ 9am to 2pm | |
| , | |
| Social Security # / / / | E-Mail Address: |
| Last Name: First Name: | Middle Initial: Birthday: |
| Street Address: | City: State:_OH_Zip Code: |
| | |
| Home Phone: () | Work Phone: () |
| PAYMENT OPTIONS- CREDIT CARD OR PURCHASE | ORDER ONLY- NO CHECKS |
| □ CREDIT/DEBIT CARD | ☐ PURCHASE ORDER |
| Credit/Debit card payment information: | |
| Go to: http://www.sinclair.edu/services/basics/bursar/me | thods-of- PO #: |
| payment/ | FACILITY TO BILL: |
| | |
| Choose WEB (non-tuition items ONLY). | CONTACT PERSON: |
| 2. Click on the link to the Sinclair <i>ipay</i> page. | ADDRESS: |
| Payment Category: EMS PAYMENTS | |

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