

CLASS REGISTRATION FORM



Rappahannock EMS Council
435 Hunter Street
Fredericksburg, VA 22401
(540) 373-0249 fax (540) 373-0536

This form may be returned via fax, email (REMS@VAEMS.ORG), mail, or by dropping off at the REMS Administrative Offices. To e-mail this form, please complete, save, then send as an attachment. It may not be completed through the website. Registration is not guaranteed until payment is received. Please see "Section 3" for details regarding payment options.

Section 1: General Information

First & Last Name

Date of Application:

Birthdate:

*Students must be at least 16 years of age.
A copy of Government issued ID must also be submitted.*

I grant permission to the REMS Council to take and use photographs of my participation in classroom activities. I understand these photos may be used in promotional materials for the Council or posted on the Council's Facebook and Twitter pages.

*Initial here
for
photo
consent/
release*

Address

Address (Line 2)

City

State

ZIP Code

Main Phone

Alt. Phone

E-mail

Certification course prices include course and lab fees and text or e-book. Prices do NOT include the cost of uniform shirts that may be required. Please see section 1A for information about uniform costs.

Choose ONE

Please note: If you are registering for a "merit badge" course, please choose "Other" and fill in the course name.

EMT-B Certification - \$655.00

CEU Training Course (fee depends upon hours taken--see "CEU Course Registration Details")

Other

AHA CPR (REMS EMT Students ONLY) - \$30.00

REMS REFUND POLICY: *If written notification is given prior to the first day of class, then a 100% refund will be given, less a 7.5% administrative fee which will be deducted from the refund. Any textbooks issued must be returned or their cost will also be deducted from the refund.*

AFTER THE START OF A PROGRAM, NO REFUNDS WILL BE ISSUED

OFFICE USE ONLY

Date Received:

Payment with Form?

Yes

No

Date Payment Received

Section 1: General Information, Continued

Current Certification	None	EMT-B	EMT-P
	EMT-E/AEMT	EMT-I	

EMS Certification: Certification Number Expiration Date

NR Certification: Certification Number Expiration Date

CPR (BLS Only): Expiration Date

REMS REQUIRES COPIES OF YOUR CURRENT CERTIFICATION AND YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID. INITIAL STUDENTS MUST ALSO INCLUDE THEIR CPR CERT.

If you will be submitting your form via e-mail, please scan and attach those documents, copy and fax them, or come by the REMS offices to have a copy made. If using a cell phone to photograph documents, please ensure they are legible before sending. We need to be able to read certification numbers and expiration dates. We also need to be able to scan certification barcodes for CEUs.

Section 1A: If you are registering for a merit badge course or CEUs, please skip to 1B

Shirt Ordering Information:

Students participating in **initial certification classes** are required to purchase uniform shirts. Students seeking ALS certification must order a polo shirt (hospital requirement). EMT-B students planning to complete hospital rotations must also order a polo shirt.

The Council will order shirts for the class and payment must be made to the Council. Generally, we recommend each student orders at least two shirts.

T-shirts are \$8.00 for sizes S - XL (add \$1.00 for each size above XL, up to 5X).

Polo Shirts are \$15.00 for sizes S - XL (add \$2.00 for each size above XL, up to 5X).

Section 1B: Demographic Information

REMS is required to collect data for regional funding reporting, please provide the following:

County of Residence

Gender

Age Group

Race

Agency Affiliation (if applicable)

END OF SECTION, PLEASE CONTINUE ON TO SECTION 2.

OFFICE USE ONLY	Initial:	Continuing Education:	Date Received:
	Government ID	Government ID	
	CPR Card	Certification Card	Demographics Entered
	Certification Card (ALS)		Date Entered

Section 2: CRIMINAL BACKGROUND CHECK INFORMATION RELEASE FORM

If you are registering for CEUs or a merit badge class, please skip to Section 3.

In order to adhere to the Virginia Office of Emergency Medical Services regulations pertaining to prerequisites for EMS training courses, the Rappahannock Emergency Medical Services has conducts background checks on all students enrolled in initial certification courses. This background check will also meet the clinical rotation requirements outlined in our clinical affiliation agreements. It will be conducted by REMS office staff and will be no additional charge to the students. All information received will remain confidential. The student will be notified if their background check returns with any concerns. Any question whether a student is eligible due to a findings or conviction on their background report will be forwarded to the Regulation and Compliance Manager of the Virginia Office of EMS for a final determination of eligibility. If students would like a copy of their background check results, they may contact the Program Director.

This is to certify that I have applied for an initial certification course at the Rappahannock Emergency Medical Services Council and hereby grant the release of any information to include criminal history record, sex offender registry, crimes against minors, and healthcare fraud and abuse databases which may be helpful to Rappahannock Emergency Medical Services staff in an investigation of my background.

Last Name

First Name

Middle Name

Suffix

Maiden Name (if applicable)

Social Security Number

I understand that by typing my name below, I am authorizing Rappahannock EMS Council to conduct a comprehensive background check.

Agree

Signature (type full legal name)

Section 3: Course Payment Options

Course fees must be paid in full before the first class session. Course fees may be refunded in full if the course is cancelled by REMS, or if student notifies the council of cancellation in writing prior to the first day of class. A 7.5% administrative fee will be retained for cancellations.

Course fees as described in section one should accompany application unless the student is requesting a hardship waiver. Under the self-pay plan, the student must pay 50% of the course fee to officially reserve a spot in the course. The remaining balance is due by the course start date. Any proposed hardship plan must be submitted in writing and agreed upon by REMS prior to the start of the class.

Students planning on having their agency cover the training fees must complete the "Agency Payment Agreement" form. The form must have original signatures from either the agency President or Rescue Chief. EMS agency billing by invoice is a service available only to agencies who are in good financial standing. **Course fees are still due if the student drops or fails to successfully complete the course.** Agencies not in the PD9 or PD16 service area must pay the invoice prior to the start of the course.

Acceptable payment methods include cash, check, and credit card (VISA, Discover, or Master Card).

Payment Options (Choose One)

Self Payment Method

Total:

If you wish to make payment with a credit card, you may call and give your information over the phone, come by and give the staff your information to process, or you may include your card number on this form. The REMS Council does not retain credit card information. After your payment is processed, any card info will be destroyed.

Cardholder Name

Billing Address (If different from "Section 1" information):

Card Number

Street

Expiration Date

City

State

ZIP

Section 3A: Agency Payment Agreement

If you are paying for your own fees, please skip this section. EMS agency billing is available to members of REMS Council agencies. We require authorization from the President or Rescue Chief of your agency. Please have him or her complete the following page in order to be invoiced for the cost of the course. Those unable to sign digitally may print and fax or mail the completed form.



Rappahannock Emergency Medical Services Council, Inc.

*Serving Caroline, Colonial Beach, Culpeper, Fauquier, Fredericksburg,
King George, Orange, Rappahannock, Spotsylvania and Stafford*

Agency Payment Agreement

Course fees as announced must accompany training applications in order to guarantee registration, unless the student's EMS agency agrees to pay course costs upon presentation of an invoice from the Council's offices. EMS agency billing is a service available to members of REMS Council area agencies ONLY.

By signature below, the _____ agrees to pay course fees for

Agency Name

_____ 's participation in

_____ Student Name

_____ Course Name & Year

even if the student fails to successfully complete the course.

President or Rescue Chief Signature

President or Rescue Chief Name

Office Held (*President or Rescue Chief Only*)

The REMS Council's refund policy regarding training courses is as follows:

If the REMS Council cancels a training course, students are entitled to a 100% refund of the registration fee.

If the student withdraws or cancels their registration in the course:

- If written notification is given prior to the start of the first class, a 100% refund will be given, less a 7.5% administrative fee which will be deducted from the refund. Any textbooks issued with the registration fee must be returned or the cost of the book will also be deducted from the refund.
- After the start of the program, no refunds will be issued.

Section 3B: CEU Course Registration Details (If you are not registering for CEU courses, do not complete this section)

CEU Courses are \$8.50 per hour. Please consult the CEU Course Schedule for dates, topics, and area numbers. You will need this information to complete this section of the registration form. There is a dedicated ALS refresher and BLS refresher each year. In addition, all initial certification courses are eligible for CEU hours.

Course #1 Date	Topic Area #	Number of Hours
Course #2 Date	Topic Area #	Number of Hours
Course #3 Date	Topic Area #	Number of Hours
Course #4 Date	Topic Area #	Number of Hours
Course #5 Date	Topic Area #	Number of Hours
Course #6 Date	Topic Area #	Number of Hours
Course #7 Date	Topic Area #	Number of Hours
Course #8 Date	Topic Area #	Number of Hours
Course #9 Date	Topic Area #	Number of Hours
Course #10 Date	Topic Area #	Number of Hours
Course #11 Date	Topic Area #	Number of Hours
Course #12 Date	Topic Area #	Number of Hours

.....
Total Number of Hours

Total Cost: Hours x \$8.50