

# Institutional Catalog

## 2026

### VOLUME 1

### General Information



[www.schoolofems.org](http://www.schoolofems.org)

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## 1.1 Mission, Vision, and Values

The School of EMS was created to educate students in emergency medical services through a comprehensive curriculum. We believe in using technology to bridge geographic gaps and bring high-quality education to those who might otherwise not have access.

We are a vocational institution, and as such, our primary mission is to create employable EMS professionals. Graduates from our programs will be able to attempt the National Registry examination to obtain state licensure.

*School of EMS Mission:* To provide quality education built around the needs of the patients in the communities we serve through effective partnerships and evidence-based practices.

*School of EMS Vision:* To be the preferred EMS education provider that develops a positive impact on the lives of students and their patients within communities nationwide.

*School of EMS Values:* These values guide our affective grading scheme.

Quality

Integrity

Developing Professionals

Institutional Growth

Responsibility

Professionalism

Adaptability

Fully Invested

## 1.2 Sponsoring Institution

“School of EMS” is a consortium between The EMS Training School, LLC, and the UT Health East Texas Healthcare System, a Level I Trauma Center located in Tyler, Texas. UT Health East Texas is accredited by The Joint Commission and is authorized by the State of Texas to provide health care. UT Health East Texas is formerly known as East Texas Medical Center.

The consortium is managed by a coordinating committee consisting of two representatives from The EMS Training School and two representatives from UT Health East Texas.

UT Health East Texas  
1000 S. Beckham Ave  
Tyler, TX 75701  
903-597-0351

### 1.3 Ownership Disclosure

The EMS Training School, LLC, d/b/a/ School of EMS and d/b/a Camsen Career Institute, is owned by the Paramedics Logistics Operating Company, which does business as PatientCare EMS Solutions. [www.patientcareems.com](http://www.patientcareems.com)

#### Board of Directors:

Eric Kim

William Gumina

Benjamin Oxnard

Jeff Shullaw, PatientCare EMS Solutions CEO

TC Howard, President of The EMS Training School, LLC

## 1.4 Institutional History

The school began over 40 years ago as the East Texas Medical Center EMS clinical department in Tyler, TX. The program's goal was to educate paramedics for internal agency employment. In 2011, the paramedic program obtained CAAHEP accreditation. In 2013, the program enrolled the first external students. In 2015, the program launched the first online paramedic program, with a "boot camp" style laboratory schedule. This was needed due to the large geographic area served by East Texas Medical Center (now UT Health), making regular class attendance difficult in a busy 911 service. In 2016, the school had students from over 15 agencies in Texas.

2017-2018 brought major changes. The program acquired the School of EMS in Sioux Falls, SD, from Avera McKennon, to help serve the school's sister operation in the region. The ETMC EMS program adopted the name School of EMS and became a separate corporate entity, The EMS Training School, LLC., as part of the greater PatientCare umbrella. In 2019, TC Howard became the CEO of the institution and designated Robert Stanley as the first new program director in over a decade.

In 2020, the school embraced the hybrid learning model that had been so successful, and in the height of the COVID-19 pandemic, chose to discontinue all live-style classes and become 100% hybrid. The original Texas accreditation and South Dakota accreditation were allowed to merge, and the School of EMS became a single consortium with UT Health East Texas.

In 2023, the school launched its second major "rebuild" of the EMT and paramedic programs, changing from Brady to AAOS textbooks, and dropping Fisdap in favor of an internally developed, proprietary system of documenting and tracking clinical progress. The rebuild also included revised versions of the successful "Studying about studying" series that teaches students test-taking strategies to combat anxiety and help them to get past the national registry exam after their course.

Starting in 2024, the school has added a comprehensive progress reporting system as well as developed real-time dashboards available to both students and their employer sponsors to monitor their progress and ensure they are on track to complete successfully. The school has adapted its hybrid model to be able to function in extremely rural areas as well as urban centers. The school has a dedicated department to securing and maintaining clinical affiliations, and a robust lab logistics department to coordinate shipping of equipment and flying qualified instructors to where the students are located.

For a full detailed history, please visit [www.schoolofems.org/about-us](http://www.schoolofems.org/about-us)

## 1.5 Accreditation

The **paramedic program** is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

727-210-2350

[www.caahep.org](http://www.caahep.org)

To contact CoAEMSP:

214-703-8445

[www.coaemsp.org](http://www.coaemsp.org)

\*The paramedic program was most recently awarded continuing accreditation status in 2020, with a comprehensive review occurring in 2024 and a site visit occurring in 2026.

\*\*There is currently no programmatic accreditation specifically for EMT programs.

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## 1.6 College Credit and Articulation

Columbia Southern University has partnered with the School of EMS to help students make the most of their previously earned credits. CSU is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC).



|  | CSU Course Equivalency   | Credit Hours |
|--|--|--------------|
| <b>Paramedic Certificate</b>                                   | Associate of Science in<br><b>Emergency Medical Services:</b><br>Paramedic Core* | <b>30</b>    |
|  | <b>OR</b>  |              |
|  | Any Undergraduate Degree<br>Program: Open Electives*<br>(If Required)            |              |
| Advanced Emergency<br>Medical Technician<br>(AEMT) Certificate | Any Undergraduate Degree<br>Program: Open Electives*<br>(If Required)            | <b>9</b>     |
| Emergency Medical<br>Technician (EMT)<br>Certificate           | Any Undergraduate Degree<br>Program: Open Electives*<br>(If Required)            | <b>3</b>     |

Please visit the following link for information specific to School of EMS students and alumni.  
<https://www.columbiasouthern.edu/admissions/transfer-credit/articulations-list/school-of-ems>

Local community college opportunities for articulation may also be available. Please contact [studentservices@schoolofems.org](mailto:studentservices@schoolofems.org) for further information on articulation.

## 1.7 Equal Opportunity Statement

The School of EMS policy is to select and maintain the best possible employee staff and student body. All individuals applying to enter a School of EMS program shall be given consideration solely based on work experience and/or personal qualifications. Factors such as age, citizenship, marital status, disability, national origin, race, religion, sex, or any other characteristic protected by law shall not be used to discriminate against any individual. The health and safety of all students, faculty, and patients will always be adequately safeguarded. Students will be provided with a clear description of the program and its content, including learning goals, course objectives, program policies, and competencies to be attained.

We are committed to maintaining a respectful and professional learning environment where harassment of any kind will NOT be tolerated. **Harassment** is defined as unwelcome behavior that creates an intimidating, hostile, or offensive environment and includes verbal, physical, or visual conduct that disrupts learning or personal well-being. **Sexual harassment** is defined as unwelcome or inappropriate behavior of a sexual nature that creates a hostile, intimidating, or offensive environment. This includes but is not limited to unwanted sexual advances or propositions, inappropriate touching or physical contact, suggestive comments or jokes, displaying or sharing explicit materials, and making sexual gestures or remarks.

**Reporting Process:** Students who experience or witness harassment should report it immediately to the course coordinator. Reports can be made verbally or in writing. Contact information for the course coordinator is provided in the course materials. All reports will be kept confidential to the extent possible, and a thorough investigation will be conducted by designated staff members within a reasonable timeframe.

**Investigation and Consequences:** Reports will be thoroughly investigated with appropriate actions taken based on the findings. Individuals found to have engaged in any type of harassment may face disciplinary actions, including but not limited to verbal or written warnings, suspension or expulsion from the course, and reporting to law enforcement when necessary.

**Anti-Retaliation Policy:** Retaliation against anyone who reports harassment or participates in an investigation is strictly prohibited and will result in disciplinary action.

**Support and Resources:** Students seeking support or advice may contact student services or other available resources.

Our commitment to a safe and respectful learning environment is our top priority and aligns with all applicable local, state, and federal laws.

## 1.8 Americans with Disabilities Act – Allowable Accommodations

Due to the nature of the EMS profession, some reasonable accommodations may or may not be made for students. If you have any questions about accommodations, please discuss them with the school **prior to enrolling.**

All accommodations will be justifiable based on the functional position description and will be handled on a case-by-case basis. The student must notify the COO with accommodation requests as early as possible by going to [www.schoolofems.org/ada](http://www.schoolofems.org/ada) and submitting the form.

The appendix contains the current functional job description and allowable accommodations for the current School of EMS programs.

The School of EMS will match any testing accommodations that have been granted to the student by NREMT.

## 1.9 General Admissions Requirements

Prospective students will complete the needed registration online with the required course deposit.

The most up-to-date enrollment process can be found at [www.schoolofems.org/application](http://www.schoolofems.org/application)

The School of EMS will follow all applicable State rules on admissions practices. Some privately contracted employer classes may have additional requirements for entry.

General applicants must:

1. Be at least 18 years old at the time of program start\*
2. Have a valid high school diploma, GED, or other valid equivalent\*
3. Must complete the application process, including advisor and finance meeting.

\*This requirement is waived for Dual-Enrollment (high school) applicants.

Instead, high school applicants must:

1. Be enrolled and in good standing at one of our affiliated high-school programs.
2. Be at least 16 years old and obtain parental permission to participate.

**Please note that each individual program may have additional requirements.**

## 1.10 Re-Entry

Previous students who left the school in good standing may reapply for a subsequent program. After a thorough file review, the student may be allowed to start at an appropriate Satisfactory Academic Progress (SAP) checkpoint if the school determines that this is in the student's best academic interests.

## 1.11 Withdrawal

Students who wish to withdraw for any reason may start the process at [www.schoolofems.org/withdraw](http://www.schoolofems.org/withdraw). Students will be contacted by student services and asked to sign a withdrawal form. Students who do not complete the withdrawal paperwork within two weeks will be removed via Administrative Withdrawal.

The terms of the paperwork, including any balances owed, remain in force regardless of the student's signature. If a student who was expelled due to not signing the paperwork wishes to regain good standing (for instance, to reapply for admission), the student must sign the withdrawal form for their file and meet any financial obligations.

**Important Note: School of EMS Programs are NOT “pay as you go.” Withdrawal by any means does not remove or modify financial obligations.**

## 1.12 Tuition, Fees, and Refunds

Due to differing regulations among states in which the school operates, as well as different demographics and geographic limitations, tuition and refund policies may vary by location.

The appendix contains a copy of the enrollment agreement, fees, and refund policy. All refunds will be issued within 30 days from the time the school has determined the student to be withdrawn.

**Please ensure you understand the full extent of the cost and refund policy before you enroll!**

Failure to remain in good financial standing may result in academic action, up to and including administrative withdrawal.

### 1.13 Administrative Action

Administrative action is not generated by an instructor, but rather by a member of the school's administration team. Any administrative action will come after a full and fair investigation. Students will be notified of the decision as soon as it is determined.

Types of administrative action:

Documentation of Events: This is used when there has been an unfounded complaint. This action is not considered disciplinary, but may be reinvestigated should a second, similar complaint be reported.

Administrative Suspension: This status is used either when an expulsion grievance is being investigated and decided, or when a situation is becoming volatile, and it is in the best interests of all for the student to be suspended pending investigation. Administrative suspensions *typically* last no longer than two weeks. While suspended, the student may not attend clinicals or be physically present on a campus, site, or other SOE location, unless otherwise specified by a member of the leadership team.

Administrative Warning: This status is used to designate that a student is at a high risk of removal. Administrative warnings include a performance improvement plan with SMART objectives that the student must meet. Students in an administrative warning status are **NOT** considered to be in good standing with the school. They may not graduate until this status is lifted. Some Warnings (typically involving violation of the High-Stakes Exam policy or repeatedly submitting late assignments) may last until the end of the program, while other Warnings may have specific measures that the student must achieve to return to good standing. Academic Probation is a type of Administrative Warning.

Administrative Warning is **NOT** a required step before Administrative Withdrawal.

Administrative Withdrawal: The student is removed from the school. Students who are administratively withdrawn are **NOT** considered to have left in good standing, and therefore may not be considered for future enrollments, unless specifically directed otherwise by the COO. Students are given instructions on how to file an appeal on their administrative withdrawal paperwork. In some cases, students may be reinstated on appeal or transferred to an LOA status retroactively.

## 1.14 Grievance Policy

Any student, faculty, staff, or member of the public may file a grievance for administrative action that they deem unfair. The grieving party may request to be present and speak at their hearing.

Within two weeks of the grievance date, the medical director, director of academic affairs, and an uninvolved, objective third party chosen by the COO will review the student's case file and render a decision. At this point, there are three potential outcomes:

1. The student is returned to good standing and continues in the program.
2. The student continues in the program in an administrative warning status. Details of this warning status will be provided to the student and signed by all parties.
3. The student will be officially and immediately expelled from the school.

Students may always choose to file an official complaint with the appropriate regulatory body.

The applicable state authority shall be the final contact in the complaint process (i.e., the Florida CIE shall be the final contact in the complaint process for FL students).

Addresses and contact information for each state regulatory agency can be found in the *Licenses and Education Centers* section of the catalog.

Note this is different from an Appeal, which is when a student requests review of a situation from the "next level" in the academic chain of command. Grievances must be emailed directly to the COO and typically occur after an appeal has been requested and denied. Appeals are informal and within the school, whereas grievances are the first step in a formal legal process.

## 1.15 Code of Conduct

The following behaviors are prohibited:

1. Reporting to school or clinical rotation while impaired by alcohol, drugs, or other means
2. Displaying any form of discrimination or abusive behavior, or creating a hostile environment
3. Purposefully disrupting a class, other students' learning, or impeding the school's operation, including representing the school negatively on social media
4. Refusal to follow reasonable instructions or being insubordinate to a preceptor, instructor, or administrator, including failure to sign a coaching letter or official document
5. Failure to follow the safety rules and policies of the campus or clinical site
6. Failure to maintain patient confidentiality, including social media
7. Any behavior that is in violation of the law or the policies of the clinical site
8. Any instance of academic dishonesty, cheating, plagiarism, or falsification
9. Hazing, which is defined as coercing another to do any activity that causes or creates a substantial risk of causing physical or mental harm as a condition of membership into a group or organization
10. Failure to meet school or program requirements by the established deadline. This includes vaccines, tuition payments, licensure requirements, background checks, etc.

This code of conduct may be enforced during any class, clinical rotation, or any time the student is wearing their uniform or SOE badge. Students in public should be aware that they are representing the school! Failure to adhere to the School of EMS code of conduct may result in discipline, up to and including expulsion and generation of a police report. A student may be placed on administrative suspension pending the outcome of an investigation.

## 1.16 Student Services

Students and alumni have access to the digital library and student lounge at any campus. Brick and mortar locations maintain a small collection of textbooks, magazines, and other materials that students and alumni may use for reference. Student Records are kept confidential in the office and online.

The school will relay job opportunities in the community as they are made known via job boards and social media, and will advocate for hiring successful graduates of the program. The director of admissions and recruiting and the student services representative will provide career services advice and assistance in obtaining a job in the field after graduation. No guarantee of placement is made or implied. The program director will assist with academic advising, including issues of articulation or degree advancement.

## 1.17 Student Location

Students will provide their physical location upon enrollment via their application, and will be confirmed using a government-issued ID. Students **MUST** notify the school upon changing their physical location by emailing [studentservices@schoolofems.org](mailto:studentservices@schoolofems.org)

A change in a student's physical location may impact their ability to complete the program or gain employment in the field, including their eligibility for credentialing requirements for employment.

## 1.18 Academic Calendar

Each Academic Year begins on July 1st and ends on June 30th.

The School of EMS uses “dynamic dating” continuous term to facilitate schedules of working professionals. As such, classes are scheduled around the needs of the community partners. Registration will open at least one month prior to the start of a program.

Students who do not complete all requirements by the scheduled end of their cohort’s class may be granted an extension by the medical director on a case-by-case basis.

Students may also request a leave of absence for extenuating circumstances, which are reviewed on a case-by-case basis. **All material must be completed within 150% of the normal program length.**

The School of EMS facilities will close on observed Holidays; however, students are permitted to complete online coursework and/or clinical rotations at their discretion. The expected response time for an instructor or other SOE administrators to respond to student communication is within 48 hours; however, this may be delayed if student communication is sent on holidays, after hours, or on weekends. If the student does not receive a response within 48 hours, they are to follow the chain of command listed in their syllabus.

The following units of measurement are used in the School of EMS programs:

Clock Hours = 50 minutes of instruction

Semester Credit Hour = 15 hours of didactic, 30 hours of laboratory, or 45 hours of clinical

All EMS vocational programs are currently licensed by clock hours in every state.

## 1.19 Supersession and Amendments

This catalog represents policies and procedures common to all locations and programs. In the unlikely event there is a conflict between this catalog and another policy, this catalog shall take precedence, except when specifically designated by a school director.

This catalog may be amended during the academic year upon agreement of the School of EMS Director Team. All amendments will be tracked, logged, and will have an effective date.

1.20 Appendix A- Admissions Agreement

What follows is a text copy of the enrollment agreement: the actual agreement may contain different formatting when presented electronically.

Student Intake Form

Name:

Address:

City:

State:

Zip Code:

Phone 1:

Phone 2:

Date of Birth:

SSN:

Driver License Number:

Driver License State:

E-Mail Address:

Emergency Contact Name:

Emergency Contact Phone Number(s):

Have you ever been convicted of a felony or misdemeanor? YES NO

I HAVE RECEIVED A COPY OF, HAVE REVIEWED, AND UNDERSTAND THE SCHOOL OF EMS ADMISSION PAPERWORK TO INCLUDE ALL POLICIES AND PROCEDURES, AND AGREE TO ABIDE BY THEM. I UNDERSTAND THE INSTITUTIONAL CATALOG CAN BE FOUND AT WWW.SCHOOLOFEMS.ORG/CATALOG

Applicant

Applicant Signature

Date

Jared Mullins
Director of Admissions

Date

Timothy C Howard
Chief Operating Officer

Date



**Liability Waiver and Assumption of Risk**

The undersigned \_\_\_\_\_, (participant) voluntarily makes and grants this waiver and assumption of risk in favor of the EMS program in consideration of the opportunity to use the facilities, equipment, and materials of the program school and to receive training, education and/or instruction from the program school.

I hereby waive and release the program school from the following:

- Any claim for in contact or personal injury, bodily injury, or property damage, losses, or death.
- Any ADA concern, preexisting medical, physical condition, or previous injury undisclosed by me to the program school that would prevent me from performing any tasks related to the training/education, such as back injuries, pregnancy, heart condition, etc.. If you have any such conditions, please disclose here:
  
- I understand the building manager of the training site is responsible for any injuries caused by the building, e.g. a condition of maintenance or weather.
- I have been given access to the course admissions packet which includes the location of the program policy and procedures and have been given an opportunity to ask questions prior to signing this form. I understand and shall adhere to the policy and procedures presented to me for this course.
- I understand and agree to follow the dispute policy in the program handbook/ catalog.
- I understand and recognize that there are certain risks, and perils connected with training, education procedures, and tasks, which I hereby acknowledge have be fully explained to me and which I fully understand and nevertheless accept (including communicable diseases).
- I further agree to use my best judgment in undertaking training and education tasks and to faithfully adhere to all safety instructions and recommendations, whether oral or written.
- I understand that EMS course(s) provided are certificate of completion program(s).
- I hereby certify I am a competent adult assuming these risks of my free will being under no compulsion or duress.
- I fully understand the functional job description (found in this document and [www.schoolofems.org/catalog](http://www.schoolofems.org/catalog)) and meet the qualifications noted in the Functional Job Description. The School of EMS reserves the right to request an evaluation as deemed necessary by the program.

This waiver and assumption of risk is effective from the first day of class until NREMT/state testing and may not be revoked, altered, amended, rescinded, or voided without the express consent of the School of EMS.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Participation Statement**

EMS training requires the use of students to participate as simulated patients for other students to practice on. As such, there is a certain degree of physical contact between students and between the students and the instructor. Please sign each section you agree with. EMS training may be more beneficial if certain procedures be practiced on fellow students to gain proficiency prior to entering the clinical setting. As such, there are certain inherent risks associated with participating in such procedures.

**General participation (requirement to establish psychomotor competency and pass laboratory sessions)**

- I will immediately report any inappropriate behavior by other students or by the instructor to the course coordinator.
- I reserve the right to immediately stop any activity should I feel uncomfortable or in danger.
- I agree to act in a professional manner when practicing skills on a fellow student.
- I understand that some skills require a degree of body exposure. I agree to be respectful of the rights of privacy of fellow students and at no time will I expose areas of the body that would compromise modesty or create embarrassment. I understand that such behavior may result in termination from the EMS Program.
- I understand that I may be practicing with actual medications and that under no circumstances will I administer these medications to another student or to myself. I understand that many of the medications are expired or have been replaced with saline or water, are not sterile, and are dangerous.
- I agree to follow instructions and that, at no time, will I attempt any procedure until instructed to do so.
- I understand that the defibrillators, monitors, and pacemakers used during training are capable of delivering electrical shock. I will always be aware of safety while handling such equipment and will never touch the paddle or patch surfaces, discharge the machine into the air, discharge the machine on or near other students or in any other way, or carelessly use the equipment.
- I agree that I will never mishandle any equipment, manikin, or training aid in a manner which may damage the equipment or present a danger to me or other students. I understand that should I do so, I may be charged a replacement or repair fee for such damage. This does not include normal wear and tear or damage incidental to normal practice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Photography participation**

- The EMS program may use video or still photography throughout program to aid in teaching or for use by the school in advertising or school Facebook page.
- I agree to allow the school to video/photograph me during regular course activities.
- I release all rights to said photographs and video used for training and advertising purposes and understand that all images become the property of the school.
- I understand that such images will not be used in any manner that is intended to embarrass or disrespect me.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Participation Statement (cont.)**

**Non-invasive participation (hands-on assessments, vital signs, etc.)**

- I understand that this participation is voluntary, and that refusal will not affect my grade or status in the class.
  - I agree to participate in a professional manner as a simulated patient for my fellow students.
- 

- I understand that this participation is voluntary, and that refusal will not affect my grade or status in the class.
- I DO NOT AGREE TO SERVE AS A SIMULATED PATIENT FOR OTHER STUDENTS.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Students who wish to opt out of this section are responsible for notifying their lab instructors.**

**Invasive participation (IV starts, IM injections, etc.)**

- I understand that this participation is voluntary, and that refusal will not affect my grade or status in the class.
  - I agree to participate as a patient for practicing and demonstration of intravenous therapy, phlebotomy (blood sampling), and sterile saline injections. I understand that there is a risk of injury associated with such practice such as infection, emboli, laceration, allergic reaction, nerve and vessel damage.
  - I assume the risks associated with such procedures and agree to hold harmless and free of liability the school, its instructors, clinical preceptors, agents and representatives. I further assume all financial responsibility should treatment be needed. I understand that these rights are not waived in cases of negligence.
  - I agree to notify the program administrator prior to any such procedure should I have any condition, disease, or illness in which such procedures would put me or my fellow students at risk for injury or illness. Students with the following medical conditions shall be exempt from being a patient, but not limited to; bleeding disorders, sickle cell, autoimmune disorders, CDC blood borne diseases such as hepatitis, HIV/AIDS, and viral hemorrhagic fevers.
- 

- I understand that this participation is voluntary, and that refusal will not affect my grade or status in the class.
- I DO NOT WISH TO SERVE, OR AM EXEMPT, AS A SUBJECT FOR IVs OR OTHER INVASIVE PROCEDURES.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Students who wish to opt out of this section are responsible for notifying their lab instructors.**

**Emergency Contact Information**

Student Emergency Notification: (In addition to notifying the school)

#1 Contact in Case of Emergency (Complete Name):

Relation: Home Phone: Cell/Other Phone:

#2 Contact in Case of Emergency (Complete Name):

Relation: Home Phone: Cell/Other Phone:

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The following information will be stored in the student file and released for the purpose of providing medical care in an emergency.

Student Medical History:

Allergies:

Medications:

If I experience a need for medical attention and are unable to provide informed consent of treatment the EMS school, clinical, and/or internship site has full discretion as to the level of care provided. I am aware that I am responsible for any charges that may arise regarding care provided.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Release of Liability**

I, \_\_\_\_\_, the undersigned, hereby knowingly and voluntarily waive, release, and discharge the program and its officers, employees, and agents (hereafter collectively "program") from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the program from and against any and all liability arising out of or connected in any way with my enrollment in the EMS Program.

I understand that as part of my participation in the EMS Program, I may perform, participate in, or observe a variety of activities or events, which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occur. I acknowledge that individuals engaged in or performing life-saving activities and functions occasionally sustain personal injuries, such as, but not limited to, lacerations, sprains, and possible exposure to and contraction of the HIV virus and/or other communicable diseases.

Knowing and understanding the risks involved in the EMS Program, nevertheless, I hereby agree to assume any and all risk of injury and further agree to indemnify and hold harmless the program, its officers, employees and agents from and against any and all judgments, claims, damages, of, connected with, or resulting from my enrollment in and participating in the EMS Program.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMS Program. I understand I am not covered by worker's compensation.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Permission to Contact Employer/Third Party Reporting Services**

I, \_\_\_\_\_, hereby authorize:

The School of EMS to contact my employer after graduation or program completion in order to obtain placement information required by accrediting organizations, and to conduct employer surveys regarding the quality of preparation of the program/institution’s education programs.

I also authorize The School of EMS to disclose pertinent information to the program Advisory Board, as may be necessary, for the sole purpose of course evaluations, employer evaluations, and yearly accreditation reports concerning program review agenda items.

I understand that the information obtained will be treated as confidential and that NO information on the report will be accessible to any party not directly involved, with the exception of employment verification to accrediting organizations referenced above.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Financial Responsibility Agreement/ Promissory Note**

I, \_\_\_\_\_, the undersigned, understand that I am registering for educational courses at the School of EMS ("School") and that I am fully responsible for the cost and expense of all tuition, fees, and other related educational expenses associated with my enrollment and status as a student at the School ("educational expense"). I further understand that payment for any amounts due for these educational expenses must be made by the deadline that is published in the Student Handbook for the courses that I am enrolled. Should I incur any expenses for items not set forth therein, payment is due at the time they are incurred or I am otherwise informed they are due. Any payments not made by these deadlines will be considered an unpaid balance on my account. I understand and agree that by enrolling at the School, a student account has been opened in my name for the purpose of billing and collecting payment for educational expenses and that the School is thereby extending credit to me. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (ie., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. section 532 (a)(8)) in which the School is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for those expenses. By executing this Financial Responsibility Agreement/Promissory Note, I agree to pay for these educational expenses and acknowledge that I understand and agree to the following terms and conditions.

1. I acknowledge that I will not be allowed to register for a subsequent course(s) if there is an unpaid balance due for the previous course or I have not made the appropriate financial arrangement to pay that balance.
2. I understand that the School may withhold further services/issuance of documents until payment is rendered as agreed. Services include but are not limited to the issuance of my grades, transcripts, and course completion document related to National Registry or the State by which my education was received and future enrollments.
3. I understand that in the event I withdraw from the School, I shall do so in accordance with the Course Withdraw established by the School, which is available in the School of EMS Catalog. If I withdraw or become expelled after the established deadline, I hereby agree to pay the School for any and all tuition and mandatory fees associated with these classes and that such charges shall be considered educational expenses to which this Agreement/Note applies.
4. I understand that if I incur any additional charges that may increase or create a balance (bank returned checks, miscellaneous cost, or reversal of financial aid), I am solely and fully responsible for payment of these charges and that such charges shall be considered educational expense to which this Agreement/Note applies.
5. Payment plans may be established for qualified applicants in the event an applicant is unable to obtain financing from other sources. The School reserves the right to determine qualification for internal financing. Applicants who qualify for internal payment plans must provide an active credit or debit card for automatic recurring billing. Late or declined payments may be assessed fees per occurrence.
6. I understand that in the event that I withdraw or become expelled from the School, the School may create a payment schedule under which I can make deferred payments toward the balance of my account in order to repay the School. Due dates shall be set in accordance with the payment schedule established by the School. In the event I fail to make payment when due, the School shall assess, and I agree to pay, a fee of \$50 per occurrence. Interest on the debt evidenced by this Agreement/Note will not exceed the maximum rate or amount of nonusurious interest that may be contracted for, taken, reserved, charged, or received under law. This provision overrides any conflicting provisions in this note and all other instruments concerning the debt.
7. I understand and agree that the School may use a collection agency to collect the debt for any unpaid balance owed to the School. Such agency must abide by the Fair Debt Collection Practices Act and other applicable laws and regulations. I further understand that I may be responsible for paying the collection agency fee, together with all cost and expenses, including reasonable attorneys' fees, necessary for the collection of my delinquent account/unpaid balance. This account may be reported to the credit bureaus as allowed by the Fair Debt Credit Reporting Act, and any default may have a negative impact on my credit rating.

**Financial Responsibility Agreement/ Promissory Note (cont.)**

8. I acknowledge and agree that the terms and conditions, including rights and remedies, under this Agreement/Note will also apply to any third party to whom the School may assign this note. Students who are sponsored by a third party (this must be

- confirmed in writing) may forfeit any potential refunded tuition or fees to the third-party entity. In the event a third-party sponsor withdraws their sponsorship or defaults on any payment, the student becomes responsible for all remaining balances.
9. I acknowledge and agree that any credit extended to me by the School as described herein constitutes a qualified educational loan for the payment of educational expenses as defined in the U.S. Bankruptcy Code section 523 (a)(8) and the Internal Revenue Code section 221 (d)(1). I understand and agree that should I declare/file bankruptcy, such loans cannot be discharged in bankruptcy.
  10. This Agreement/Note shall be construed in accordance with the laws of the State of Texas, and any lawsuit to collect an unpaid balance may be brought in the appropriate court in the State of Texas. In the event of litigation, I agree to pay all costs associated with such, including but not limited to attorneys' fees and costs of litigation.
  11. I understand that I am responsible for maintaining my current address and phone number with School of EMS administration in writing. I authorize the School and their respective agents and contractors to contact me, at the current or any future number that I provide, including my cellular phone or other device, and emails, using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.
  12. I understand that if I do not sign and complete this Agreement/Note, I will not be permitted to register for class(es).
  13. I understand that this Agreement/Note may be modified by the School if the modification is signed by me. Any modification is specifically limited to those policies and /or terms addressed in the modification.
  14. I understand that this Agreement/Note applies to all educational expenses incurred while I am a student at the School and that the execution of this Agreement on the date below reflects my understanding of the fact. I acknowledge that I understand I need not sign this Agreement more than one time while a student at the School in order to be bound by the terms contained herein throughout the duration of my status as a student at the School.
  15. I understand and agree that should any provision of this Agreement/Note not be enforceable, that will not affect the enforceability of any other provision of this Agreement/Note.

By signing and completing this page, I signify my understanding and agreement to all of terms and conditions in this Financial Agreement/Promissory Note.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



### **Student Consent for Release of Education Record Information**

The program related to this form considers students 18 years of age or older an Adult and solely responsible. Student records are considered confidential and cannot be discussed or released with parental, family and/or any other third party without PRIOR written student consent regardless of financial dependence, interest, or involvement.

**As part of the sponsorship agreement, student consent is automatic for academic records to be released to the employer of employer-sponsored students.**

**RECORDS RELEASE:** For releasing to person(s) not within an institution/company (i.e. a family member), write the person(s) name on the attention line and write N/A on the Institution/Company line. **School of EMS will not release academic records to family members unless they are listed below.**

Institution / Company:

Attention:

Address:

City, State, Zip:

Email:

Phone Number:

*I wish to ALLOW discussion and release of my student records until revoked by me in writing and submitted to Registrar.*

*I wish to ALLOW ONE-TIME ONLY discussion and release of my student records.*

*I wish to REVOKE discussion and release of information I have on record for the following person/institution:*

*I do NOT authorize discussion or release of my student records to anyone outside of School of EMS.*

\*Additional copies of this form can be requested from [studentservices@schoolofems.org](mailto:studentservices@schoolofems.org)

\*In the event another party requests access to student records, student services will verify that the party is on this release, and if not, the student will be asked if they wish to add them. No information will be released to parties not authorized on this form.

**Student Consent for Release of Education Record Information (cont.)**

**The School of EMS reserves the right to withhold processing of student records release until ALL outstanding obligations are resolved by the student.**

STUDENT RECORDS TO BE RELEASED:

Students have the right to withhold access to all or some of their records (such as financial status, grades, and attendance).

*I DO NOT want the following parts of my record to be released (if any):*

My signature is authorization that I understand that the information specified on this form is being released to a third party at my request, with the understand that this party will not release it to any other parties. The School of EMS is hereby released from all legal responsibility or liability for the release of the above- referenced information. I further understand and acknowledge that this request will not be processed without signature.

I understand that I have the right NOT to consent to this release of educational records, as well as the right to REVOKE this consent.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Americans with Disabilities Act**

The American with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification. The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student’s ability to read. A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Description, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT, AEMT, and Paramedic students. The following specific points pertain to those involved in EMS training and education programs.

- Students cannot be discriminated against on the bases of a disability in the offering of educational programs or services.
- There can be no accommodation during screening, evaluation, or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

Reasonable accommodation is available to a student with disability when the disability affects the performance of job functions. We make our decisions based on the merits of the situation in accordance with defined criteria listed in the Functional Position Description, not the disability of the individual. For more information on the American with Disabilities Act, please refer to the United States Department of Labor website at: <http://www.dol.gov>

I have reviewed the ADA information above:

\_\_\_\_\_   
Applicant

\_\_\_\_\_   
Applicant Signature

\_\_\_\_\_   
Date

**Americans with Disabilities Act – Allowable Accommodations for EMS Programs**

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT, AEMT, or Paramedic as outlined in the Functional Job Description. These include, but are not limited to:

- Students are not allowed additional time for skills with specific time frames. Patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
- Students are not allowed unlimited time to complete a written exam. Students may be granted time and a half or double time depending on documented disability. Students should submit requests for accommodation to NREMT as soon as possible. The school will mirror any accommodations granted by NREMT.
- Students are not allowed to have written exams given by an oral reader unless specifically approved as part of an ADA request. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability. Students are not provided a written exam with a reading level of less than grade eight. The EMS profession requires an eighth-grade reading level to work safely and efficiently.
- Students must take all exams during the scheduled time, as a member of the enrolled cohort.
- The ability to utilize knowledge on the spur of the moment is an essential task for EMTs, AEMTs, and Paramedics. Exams are given to elicit immediate recall and understanding of emergency situations. Students will be permitted a private space to take the exam if requested.
- Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual. Student must be able to understand and converse in medical terms appropriate to the profession. If a student or instructor feels there is an error in wording or phrasing in a question, they should report that question to the program director after the test or quiz has concluded.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case-by-case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant’s right.

The school’s leadership team will consider all requests for accommodation by using the following question: ***With the accommodation being requested, can this individual perform the essential function of the job safely and efficiently?***

Students wishing to have any accommodations for testing should visit <https://www.nremt.org/rwd/public/document/policy-accommodations>

The school will grant any testing accommodations that are granted by NREMT. Students are encouraged to do this early in the program.

I have reviewed the accommodations policy:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Functional Position Description**

### **Introduction**

The following general position description for the EMR/EMT/Advanced EMT/Paramedic is provided as a guide for advising those interested in understanding the qualifications, physical requirements, and environment from that which is required to obtain a certification in Emergency Medical Services. Each specific employer will define specific job descriptions within their own entity.

### **Qualifications**

To qualify for EMS certification or licensure an individual must successfully complete a State approved course and achieve competency in each of the psychomotor skills. In addition, the individual must achieve a passing score on the National Registry Computer Based Exam. The student must pass a background check completed by the State of Texas and hold a High School Diploma or GED certification. The student must be able to read and write in accordance with at least an 8th grade level. Must be able to read, write and speak English at a conversational level, including the ability to learn medical terminology.

### **Physical Requirements**

The student is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The student frequently is required to stand and walk. The student is required to sit; climb or balance; step, stoop, kneel, or crouch. The student must frequently lift and/or carry a minimum of 125 pounds up to 200 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

### **Environment**

Works outdoors and indoors with occasional exposure to hazardous conditions and to blood/body fluids, requires respirator use, fumes/odors, extended day, and temperature changes. Frequently works with others, face-to-face contact with others with exposure to noise mechanical equipment, and electrical equipment. Performs shift work and performs duties frequently in a mobile environment and in confined areas.

I have reviewed the functional job description:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Programmatic Information**

Program Applied For:

Projected Start Month:                      Projected End Month:

*Please verify the start and end months of your requested class.*

*Class schedules can be found at [www.schoolofems.org/application](http://www.schoolofems.org/application) under the appropriate program tab.*

| Major                                       | Clock Hours | Weeks Typically Required for Completion | Credential Awarded            |
|---|-------------|---|-------------------------------|
| ECA / EMR*<br>(Emergency Medical Responder) | 60          | 2-6                                     | Course Completion Certificate |
| EMT<br>(Emergency Medical Technician)       | 300         | 8-16                                    | Course Completion Certificate |
| AEMT*<br>(Advanced EMT)                     | 380**       | 20**                                    | Course Completion Certificate |
| PAR<br>(Paramedic)                          | 1100        | 45                                      | Course Completion Certificate |

\*EMR and AEMT programs are not offered in all states

\*\*Students who attended the School of EMS EMT program may be eligible for advanced placement into AEMT with reduced hours

I have reviewed the program information:

\_\_\_\_\_ Applicant

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

**Refund Policy**



| EMR Programs                        |  |
|-------------------------------------|--|
| No refunds offered for this program |  |

| EMT Programs (Not based out of Florida) |             |
|---|-------------|
| Time in Course*                         | Amount Owed |
| 1-6 Days                                | 30%         |
| 7-12 Days                               | 75%         |
| 13+ Days                                | 100%        |

| AEMT Programs (Not based out of Florida) |             |
|--|-------------|
| Time in Course*                          | Amount Owed |
| 1-6 Days                                 | 30%         |
| 7-12 Days                                | 75%         |
| 13+ Days                                 | 100%        |

| Paramedic Programs (Not based out of Florida) |             |
|---|-------------|
| Time in Course*                               | Amount Owed |
| 1-12  | 30%         |
| 13-24   | 75%         |
| 25+   | 100%        |

| All Florida-Based Programs**     |  |
|----------------------------------|--|
| Time in Course*                  | Amount Owed  |
| Day 1 - 40% Program Completion   | Prorated amount of tuition per clock hours completed |
| More than 40% Program Completion | 100%   |

\*This hour total is calculated based on instruction offered in that specific program/course regardless of whether or not the student actually attended specific class days or turned in assignments.

\*\*Per Florida law, students may withdraw and receive a full refund of all monies paid within three days of signing the admissions agreement. After this period, the regular refund policy applies.

**Refund Policy (Cont.)**

Refunds will be made within 30 days of the date that the School of EMS determines that the student has withdrawn. The School shall consider a student “withdrawn” once the School receives a digital withdraw form (<https://schoolofems.org/withdraw>) from the student; or once the Program Director signs the withdrawal form if the student is involuntarily withdrawn due to extended academic probation or a violation of the student conduct policy as detailed in the catalog. This refund policy applies to all students regardless of the manner in which they leave the school.

Students may be withdrawn from the program if they fail to make verbal or electronic contact with their instructor or the School of EMS for two consecutive weeks, without prior notice and approval from their instructor.

Successful completion of all courses will qualify students to apply for the National Registry Examination (NREMT). Graduates must become certified in their state of employment in order to obtain employment in that specific state. Graduation from this program alone does not guarantee state licensure or certification. The School of EMS does not guarantee employment upon graduating from the program.

I have reviewed the refund policy and understand it. I also understand that the reason for withdrawal will not affect my financial obligations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Estimated Cost of Attendance (As of January, 2026)**

Regional fees are based on the location of the laboratory sessions. Regional Fees represent the cost of School fees, technology licenses, insurance, lab supplies, and clinical supervision per area.

| TUITION/FEE  | AMOUNT      |
|--|-------------|
| PAR Tuition  | \$ 6,200.00 |
| PAR Enrollment Fee   | \$ 150.00   |
| PAR Regional Fee –<br>TX, OK, LA, MS, WY, MO, UT, NV, AR, AZ, OH             | \$ 1,900.00 |
| PAR Regional Fee – FL, SD, MN, NE, SC  | \$ 2,250.00 |
| PAR Regional Fee – IN, KY, GU, BM  | \$ 2,400.00 |
| <i>Total Estimated Cost of Attendance **</i>                                 | \$ 10,750   |
| EMT Tuition  | \$ 800.00   |
| EMT Enrollment Fee   | \$ 150.00   |
| EMT Regional Fee – SD  | \$ 200.00   |
| EMT Regional Fee –<br>TX, OK, LA, MS, WY, MO, NE, IN, KY, UT, NV, AR, AZ, OH | \$ 550.00   |
| EMT Regional Fee – BM  | \$ 690.00   |
| EMT Regional Fee – FL, MN, SC, GU  | \$ 1,050.00 |
| <i>Total Estimated Cost of Attendance **</i>                                 | \$ 2750     |
| ECA/EMR Tuition  | \$ ***      |
| AEMT Tuition   | \$ 2700.00  |
| SOE EMT Alumni Discount †  | \$ -1000.00 |
| AEMT Enrollment Fee  | \$ 150.00   |
| AEMT Regional Fee – TX, SD, OK, IN   | \$ 650.00   |
| <i>Total Estimated Cost of Attendance **</i>                                 | \$ 3800     |

\*\*The total estimated cost of attendance may be calculated by adding the program tuition, enrollment fee, associated regional fee, NREMT testing fees, and approximate cost of books, uniforms, and shipping costs. The current cost of books and uniforms can be found here: <https://www.schoolofemsbookstore.com/pricereport.cfm>. NREMT cognitive examination fees are determined by a third-party testing center, and the sole responsibility of the student.

\*\*\*EMR classes are only conducted as contract training with agency sponsors at a negotiated rate.

† Does not apply to students who attended SOE EMT in 2022 or earlier.

**Estimated Cost of Attendance (cont.)**

**Potential discounts**

School of EMS offers a potential discount opportunity of \$500 on paramedic program tuition to student-applicants who are in active duty in the US Armed Services, Reserves, or National Guard, as well as Veterans as defined by the US Higher Education Act of 1965.

Employers (or third-party sponsors) may be eligible for discounted tuition at a negotiated rate.

Students may be eligible for a discount if all tuition and fees are paid in full prior to the start of the course. Due to Florida regulations, students and employers in Florida courses are not eligible for this discount.

**Program Extensions**

Students are expected to complete all graduation requirements by the course completion date. Externship status may be offered to students with extenuating circumstances that prevented them from completing on time. Externship must be approved by the program director and medical director and may result in additional fees to the student. Students who do not meet externship deadlines may be removed for failure to complete the program. Under no circumstances may a student be extended longer than 150% of the original program length.

By signing below, I understand the costs and fees associated with my program and agree to the above terms. I also agree that a funding source must be determined prior to programmatic enrollment.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Additional or Unexpected Costs**

**Clinical Rotations**

I understand that if I am enrolled as a paramedic student that my State and/or National Registry EMT-B, AEMT, or EMT-I, certification must remain valid during the entire paramedic class. Failure to do so may result in dismissal from the program. I am responsible for the costs of maintaining my certification.

I understand that vaccinations are required by clinical and field sites. In some cases, hospitals and EMS agencies may require the COVID vaccine to complete clinical and field time appropriately. There is NO forgiveness for missing clinical or field time due to lack of vaccinations. The School of EMS does not mandate the COVID vaccine, but hospitals and EMS agencies may enact specific COVID vaccine policies that must be adhered to by the School of EMS student. I understand that failure to meet hospital and EMS vaccine policies may lead to removal or failure to complete the EMS program offered by the School of EMS.

Clinical sites may require the student to pay an additional fee to them for the use of their site, scheduling software, site-specific supplies, parking, etc. These extra fees are not controlled or maintained by the school and therefore not reflected here.

I have reviewed our current clinical sites at [www.schoolofems.org/clinicals](http://www.schoolofems.org/clinicals) and understand that I must attend clinical rotations at sites that are approved by SOE. I also understand that clinical affiliations are not guaranteed and may change throughout my program. I understand it is my responsibility to travel to an approved clinical site.

**Technology**

I understand that I must have access to a computer (desktop or laptop) with Windows or Mac OS. While some portions of the program can be completed on a tablet or mobile device, such devices may not be supported.

I understand that I am responsible for accessing high-speed internet capable of streaming audio and video.

The school is not responsible for costs associated with technology or internet access.

By signing below, I have reviewed the above expenses, and understand that any other expenses not explicitly covered in this agreement are my responsibility.

\_\_\_\_\_ Applicant

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

***Institution Contact Information***

Institutional contact information can be found here: <https://www.schoolofems.org/contact-us/>

- General [info@schoolofems.org](mailto:info@schoolofems.org)
- Admissions [admissions@schoolofems.org](mailto:admissions@schoolofems.org)
- Student Services [studentservices@schoolofems.org](mailto:studentservices@schoolofems.org)
- Student Financing [studentfinance@schoolofems.org](mailto:studentfinance@schoolofems.org)

I verify that I have received the institutional contact information.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

