# Institutional Catalog

# 2026

## VOLUME 1

## General Information

www.schoolofems.org

# Volume 1 Contents

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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 empower EMS students through exceptional education, meaningful partnerships, and evidence-based training that prepares them to serve every patient with competence, compassion, and respect.

*School of EMS Vision:* To be the most trusted EMS education organization, elevating students, strengthening communities, and improving patient outcomes worldwide.

*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 Grant Avenue Capital. https://www.grantave.com/

Governing Board:

Eric Cantor, Executive Chair
TC Howard, President and CEO
Eric Kim
William Gumina
Benjamin Oxnard

Officers:

TC Howard, President and CEO

## 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 its 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. By 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 institution's COO and designated Dr. 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, at the height of the COVID-19 pandemic, chose to discontinue all live-style classes and become 100% hybrid. In 2023, the school launched its second major "rebuild" of the EMT and paramedic programs, including an internally developed, proprietary system of documenting and tracking clinical progress. The rebuild also included revised versions of the successful "Studying about studying" series, which teaches students test-taking strategies to combat anxiety and help them get past the national registry exam after their course.

By 2024, the school had added a comprehensive progress reporting system and 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 a dedicated department to securing and maintaining clinical affiliations, and a robust lab logistics department to coordinate the shipping of equipment and the flying of qualified instructors to where students are located.

2025 brought several new and exciting changes to the institution. SOE welcomed the ABHES-accredited Camsen Career Institute in Jacksonville, Florida, to the family. This institution brought a strong team and a similar vision. Later that year, the school was acquired by Grant Avenue Capital, bringing a fresh perspective and new challenges. The School of EMS began its "50-state march" to establish a footprint across the United States. As part of the growth, Dr. Robert Stanley transitioned to the Director of Academic Affairs, and appointed the longtime clinical coordinator, Corey Sargent, as the third program director in the program's history.

In 2026, The EMS Training School, LLC, d/b/a School of EMS and d/b/a Camsen Career Institute, formally separated from its longstanding parent company, PatientCare EMS. This move allows SOE to "stand on its own two feet" and continue pursuing its mission and vision while upholding its values.

## 1.5 Accreditation

The **paramedic program** is accredited by the Commission on Accreditation of Allied Health Education Programs (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

To contact CoAEMSP:
214-703-8445
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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The School of EMS campus in Jacksonville, Florida (Camsen Career Institute) is accredited by the Accrediting Bureau of Health Education Schools (ABHES). Currently, this campus is the only SOE location accredited by ABHES.

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

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

SOE can only guarantee articulation at CSU. Transferability of credits to other institutions is not guaranteed. The decision to accept transfer credits rests solely with the receiving institution and is subject to that institution's academic policies, procedures, and regulations. Students seeking to transfer credits are strongly encouraged to contact the prospective receiving institution in advance to determine whether credits earned at this institution will be accepted toward their intended program of study. The institution makes no representation or guarantee regarding the transferability of any credits to other colleges, universities, or institutions.

## 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 considered solely on the basis of 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 must be justifiable, based on the functional position description, and will be handled on a case-by-case basis. The student must notify the President of accommodation requests as early as possible by visiting 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 previously granted to the student by NREMT.

## 1.9 General Admissions Requirements

Prospective students will complete online registration and submit the required course deposit.

The most up-to-date enrollment process can be found at www.schoolofems.org/application

The School of EMS will comply with all applicable State rules regarding 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*
    a. In exceptional circumstances, the Admissions Manager may authorize an extension to obtain a copy of their diploma or equivalent. Proof of high school graduation or equivalent must be provided within 30 days of the start date.
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 should start the process at www.schoolofems.org/withdraw. Students will be contacted by student services to discuss their situation. If the student wishes to withdraw, they will be sent a withdrawal document for digital signature. Students who do not complete the withdrawal paperwork within two weeks will be administratively withdrawn.

The terms of the paperwork, including any outstanding balances, remain in effect regardless of the student's signature. If a student wishes to regain good standing (for instance, to reapply for admission or obtain transcripts), the student must meet any outstanding 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 state regulations and geographic limitations, tuition and refund policies may vary by location. Failure to remain in good financial standing may result in academic action, up to and including administrative withdrawal. The appendix contains a copy of the enrollment agreement, fees, and refund policy.

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

**Cancelled Classes**

School of EMS will provide a full refund or a comparable teach-out if the school is unable to fulfill its obligations to students (for example, if SOE closes a program or can't deliver instruction).

**Tuition Reduction**

The School of EMS offers tuition reduction assistance to eligible students who qualify for one of the tuition reduction packages it offers. The reduction is not based on or conditioned upon the timing or method of payment by the applicant.

All eligible students must apply for the tuition reduction during the applicable enrollment period for their program of study. All eligible students who apply for the tuition reduction and provide all required documentation within the enrollment period will receive the full tuition reduction amount. The tuition reduction amount for each package shall be Five Hundred Dollars ($500.00) per eligible student per enrollment period. Students may be eligible for the tuition reduction packages below.

Tuition reductions under this policy may not be combined or stacked with tuition reductions available under any other SOE tuition reduction policy. A student who qualifies under more than one tuition reduction policy shall be eligible for a maximum aggregate tuition reduction of Five Hundred Dollars ($500.00) for the applicable enrollment period.

Veterans Tuition Assistance

The School of EMS offers tuition reduction to eligible applicants who are active or former members of the United States Armed Forces and who can provide the following:

- A completed Veteran Tuition Reduction written request during the admissions process.
- Proper documentation verifying military status and VA education benefit eligibility, such as a Certificate of Eligibility (COE) issued by the U.S. Department of Veterans Affairs, a Statement of Benefits, or equivalent official documentation confirming active receipt of VA education benefits.

Employer-Sponsored Tuition Assistance

The School of EMS offers tuition reduction to applicants who are currently employed (including as a volunteer) by an employer that has entered into a written agreement with the School of EMS or has been designated as a participating employer under SOE's policy, and who can provide:

- A completed Employer-Sponsored Tuition Reduction application.
- Written documentation verifying current employment with a participating employer, such as an employer verification letter on company letterhead, a signed employment certification form, or equivalent official documentation confirming the employment relationship and duration.

For additional information regarding tuition reductions, please contact admissions@schoolofems.org

## 1.13 Administrative Action

Administrative action is , 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 action is not considered disciplinary, but may be utilized in future investigations to establish a pattern.

Investigative Suspension: This action may be taken when a situation is under investigation, and it has been determined that suspending activity is in the best interests of the student and/or the school. Administrative suspensions *typically* last no longer than two weeks. While suspended, the student may not attend clinicals or be physically present on campus, at a site, or at any other SOE location, unless otherwise specified by a member of the leadership team.

*Note – being "frozen" (placed in observer status) on Canvas is not considered a suspension.*

Administrative Warning: This status indicates that a student is at risk of removal. Administrative warnings typically include a performance improvement plan with SMART objectives that the student must meet, such as additional assignments or deadlines.

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 may not be considered for future enrollments unless specifically directed otherwise by Academic Affairs. 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 member, staff member, or member of the public may file a formal grievance regarding an administrative action they deem unfair. Grievances can be filed at www.schoolofems.org/grievance.

Within 30 days of the grievance date, the grievance committee will hold a hearing. The Director of Academic Affairs will present the case objectively. The grieving party may request to be present and speak at their hearing.

The committee will consist of three members. The institutional directors shall review appointments for potential conflicts of interest.

1. The President, who will also chair the committee
2. A representative from medical direction
3. An uninvolved member with useful expertise to provide the committee

The results of the grievance shall be emailed to the student and placed in their file. Grievance committee decisions are final. 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 are available in the *Education Centers* section of the catalog.

***Important:***

***A Grievance is NOT an appeal.*** An appeal occurs when a student requests an internal review of a situation from the "next level" in the academic chain of command. Grievances typically occur after an appeal has been requested and denied. An appeal is an informal, internal process, whereas a grievance is 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, including using verbally aggressive or abusive language to SOE students, staff, or the public
3. Purposefully disrupting a class, other students' learning, or impeding the school's operation, including representing the school unfairly on social media
4. Refusal to follow reasonable instructions or being insubordinate to a preceptor, instructor, or administrator, including failure to sign an 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 a lab or clinical site
8. Any instance of academic dishonesty, including but not limited to: cheating, plagiarism, falsification, and copying, recording, screenshotting, or distributing exam materials, or any other action that compromises the integrity of the program.
9. Any action or situation that recklessly or intentionally endangers the mental or physical health or safety of a student, (including hazing as defined by State and Federal law)
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 at any time, including during virtual or live classes, clinical rotations, or when 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 disciplinary action, up to and including administrative withdrawal and the filing of a police report if appropriate. 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. Some physical 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. Records are maintained for a minimum of three years or as otherwise required by law.

The school will relay job opportunities in the community as they become available via job boards and social media, and will advocate for hiring successful graduates of the program. The school can provide career advice and assistance in obtaining a job in the field after graduation. No guarantee of job placement is made or implied. The program director will assist with academic advising, including articulation and 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

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

## 1.18 Academic Calendar and Program Timing

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

The School of EMS uses “dynamic dating” to facilitate schedules of working professionals. As such, classes are scheduled to meet the needs of 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 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 may complete online coursework and/or clinical rotations at their discretion. The expected response time for an instructor or other SOE administrators to student communication is within 48 hours; however, this may be delayed if the 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 active 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 explicitly approved by the President.

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 copy of the enrollment agreement; the actual agreement may be formatted differently 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 |

***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 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) 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.

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- 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.

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- 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

*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 Americans 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 must take a written exam, as reading 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 the verification of skills proficiency that must be performed within established time frames. Performing a skill within established time frames is required because the 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 EMS students. The following specific points pertain to those involved in EMS training and education programs.

- Students cannot be discriminated against on the basis 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 in accordance with 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 the defined criteria listed in the Functional Position Description, not on the disability of the individual. For more information on the Americans 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, and agree to request any accommodations as soon as possible via www.schoolofems.org/ada

| _____ | _____ | _____ |
|---|---|---|
| Applicant | Applicant Signature | Date |

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

Certain accommodations are not allowed in the EMS Program because they do not comply with the essential job functions 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 may not rely on external items that would not be reasonably available in a 911 situation (such as using a wall clock to keep time during intubation attempts).
- 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 accommodation requests to both the school and to NREMT as soon as possible.
- Students are not allowed to have written exams given by an audible reader (including an e-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. 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, unless specifically granted an exemption by the school due to extenuating circumstances.
- The ability to utilize knowledge on the spur of the moment while in view of the public is an essential task for EMS providers. Lab sessions may require students to be called upon to perform in front of peers without prior notice.
- 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. Students must be able to understand and use medical terminology 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 ensured while fully protecting the certification applicant's rights.

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

Students must request accommodations for the school via www.schoolofems.org/ada. Students should do this as soon as possible. Failure to submit an accommodation request is not grounds for a retest or reattempt of a previously failed assessment.

Students wishing to have any accommodations for NREMT testing should visit https://www.nremt.org/rwd/public/document/policy-accommodations. The school will mirror any approved NREMT testing accommodations. 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 those interested in understanding the qualifications, physical requirements, and environment 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 demonstrate competency in each psychomotor skill. In addition, the individual must achieve a passing score on the National Registry Computer-Based Exam. The student must pass a background check and hold a High School Diploma or a GED. The student must be able to read and write at a level equivalent to 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 is frequently 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 the 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 days, 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 and attest that I can meet the requirements. I understand that the school may require proof via a physician's note, a live demonstration, or other appropriate means:

| _____ | _____ | _____ |
|---|---|---|
| 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](www.schoolofems.org/application) under the appropriate program tab.*

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

*The last day of attendance is the last day a student completed an academically related activity.

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

Students may cancel within three business days of signing an enrollment agreement, with a full refund of all monies paid. After this three-day cancellation period, an applicant who requests cancellation prior to the start of class is entitled to a refund of all monies paid, less a registration fee of 10% of the contract price or $100, whichever is less.

***Refund Policy (Cont.)***

Refunds will be made within 30 days of the date the School of EMS determines the student has withdrawn (the date of determination).

The date of determination is the date when either:

1. The student signs a digital withdrawal form (https://schoolofems.org/withdraw), or
2. The Program Director signs the withdrawal form if the student is involuntarily withdrawn as detailed in the catalog.

This refund policy applies to all students, regardless of how 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 to obtain employment there. 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 school is not "pay as you go" and that withdrawal, regardless of reason, will not affect my financial obligations.

| _____ | _____ | _____ |
|---|---|---|
| Applicant | Applicant Signature | Date |

## *Estimated Cost of Attendance (As of July 1, 2026)*

Regional fees are based on the location of the laboratory sessions and cover logistics and staffing costs.

| Paramedic | Amount | Refundable |
|---|---|---|
| Tuition | $ 7250.00 | Per Policy |
| | | |
| **Fees** | **Amount** | **Refundable** |
| Enrollment | $ 100.00 | No |
| Technology | $ 400.00 | Until Enrollment |
| Insurance | $ 250.00 | Until Enrollment |
| Equipment | $ 350.00 | Until Orientation |
| Regional Fee – TX | $ 400.00 | Until Orientation |
| Regional Fee – FL, IN, MN, SD | $ 900.00 | Until Orientation |
| Regional Fee – AZ, AR, GU, IA, IL, LA, MS, MO, NE, NV, OH, OK, UT, WY | $ 500.00 | Until Orientation |
| | | |
| *Total Estimated Cost of Attendance ** | $ 9900.00 | |

*The total estimated cost of attendance includes estimates for NREMT testing fees, 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 and are the sole responsibility of the student.

| EMT | Amount | Refundable |
|---|---|---|
| Tuition | $ 900.00 | Per Policy |
| | | |
| **Fees** | **Amount** | **Refundable** |
| Enrollment | $ 100.00 | No |
| Technology | $ 100.00 | Until Enrollment |
| Insurance | $ 50.00 | Until Enrollment |
| Equipment | $ 150.00 | Until Orientation |
| Regional Fee – SD | $ 0.00 | Until Orientation |
| Regional Fee – FL | $ 1200.00 | Until Orientation |
| Regional Fee – TX | $ 700.00 | Until Orientation |
| Regional Fee – AZ, AK, BM, GU, IN, IA, IL, LA, MN, MS, MO, NE, NV, OH, OK, UT, WY | $ 400.00 | Until Orientation |
| | | |
| *Total Estimated Cost of Attendance ** | $ 2700.00 | |

*The total estimated cost of attendance includes estimates for NREMT testing fees, 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 and are the sole responsibility of the student.

| AEMT | Amount | Refundable |
|---|---|---|
| Tuition | $ 2750.00 | Per Policy |
| | | |
| **Fees** | **Amount** | **Refundable** |
| Enrollment | $ 100.00 | No |
| Technology | $ 200.00 | Until Enrollment |
| Insurance | $ 150.00 | Until Enrollment |
| Equipment | $ 300.00 | Until Orientation |
| SOE Alumni Discount † | - $ 1000.00 | N/A |
| | | |
| *Total Estimated Cost of Attendance ** | $ 4000.00 | |

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

| ECA / EMR | Amount | Refundable |
|---|---|---|
| Tuition | $ *** | Per Policy |
| | | |

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

**Reduction of Tuition**

Students may apply for tuition reductions as detailed in the Catalog.

**Program Extensions**

Students are expected to complete all graduation requirements by the course completion date. Any program extensions or reinstatements (such as returning from LOA or appeal) may result in additional fees to the student. Under no circumstances may a student be extended longer than 150% of the original program length. In those situations, students will need to fully reapply to the school.

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, 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 vaccinations to complete clinical and field time appropriately. There is NO forgiveness for missing clinical or field time due to lack of vaccinations. I understand that failure to meet hospital and EMS vaccine policies may result in my being unable to attend clinical rotations and may lead to my removal from the EMS program. The School of EMS is not responsible for vaccination costs.

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, are not reflected here.

I have reviewed our current clinical sites at www.schoolofems.org/clinicals and understand that I must complete clinical rotations at approved SOE sites. 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) running a current, supported version of Windows or macOS. While some portions of the program may be completed on a tablet or mobile device, such devices may not be supported, and cannot be used for high-stakes exam testing.

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 |
| Admissions | admissions@schoolofems.org |
| Student Services | studentservices@schoolofems.org |
| Student Financing | studentfinance@schoolofems.org |

I verify that I have received the institutional contact information.

| _____ | _____ | _____ |
|---|---|---|
| Applicant | Applicant Signature | Date |