



## **South Oldham Fire Department TEI 390**

### **National Registry EMT Basic Course #390-26-1-B**

#### **Course Application**

Dear Applicant,

South Oldham Fire Department, in cooperation with the Kentucky Board of EMS, will conduct a course in Emergency Medical Technician Training. The course is 208 hours long and will be completed in approximately 16 weeks.

Enclosed are the student application, general class guidelines, payment options sheet, and CPR data sheet. The course contains classroom lectures, skill activities, weekly self-paced assignments, and 24 hours of observation in an EMS unit. The lead instructor will arrange the location and times for the observations.

**South Oldham Fire Department will fill this class by the first paid applicants who meet the Kentucky Board of EMS Guidelines: (902 KAR 13:02E)**

- Be 18 years of age or older by the end of class.
- Not be convicted of a felony, a guilty plea entered to a felony charge, an Alford Plea entered to a felony charge, or a completed felony diversion program.
- Not be a person who compulsively and habitually uses drugs, controlled substances, or alcohol to the extent that it may affect his/her ability to perform the dues of an Emergency Medical Technician.
- Hold at least a High School diploma or GED or be presently enrolled in grades 9-12, with a 2.0 GPA or greater
- Understand and be able to read, speak, and write the English language on at least a High School level.

- Must be physically and mentally capable of carrying out the duties and requirements of an Emergency Medical Technician-Basic.

Tuition is \$1200.00 per student Including textbook, workbook, and course T-Shirt (does not include state-mandated testing fees).

Upon successful completion of the EMT training program, final testing fees are due and must be paid in full by the student. Final written testing is computer-based and administered by NREMT. KBEMS also requires an initial certification fee.

South Oldham Fire Department does not discriminate based on race, color, national origin, religion, marital status, sex, or handicap in any training program offered. South Oldham Fire Department is a member in good standing with each of the following agencies and organizations:

- Kentucky Board of EMS
- American Heart Association
- Kentucky Safety & Health Network
- National Registry of EMTs

South Oldham Fire Department is responsible for providing the EMT instructors, classroom location, supplies, and necessary equipment. Questions related to eligibility, certification, and re-certification are the responsibility of the Kentucky Board of EMS.

**South Oldham Fire Department's Emergency Medical Technician Basic Training programs include these essential elements:**

- Physician Medical Control
- Lead instructors are experienced in coordinating written and skills testing involving the National Registry.
- Instructors are experienced in scenario-based education (Current Kentucky EMT-B training format).
- Instructors and assistant instructors are a minimum of National Registry EMT-Basic.

**To secure enrollment in an upcoming EMT-B training program the applicants should:**

- Fully complete and return enclosed documents on pages 4-8 along with the required non-refundable registration payment of \$600.00.

**Return all enrollment documents to the address listed below.**

Please contact me at **kbayens@southoldhamfire.com** or **(502) 536-1124** for additional class information.

Sincerely Yours,

*Kenneth Bayens*

Kenneth Bayens BSN RN SANE

Firefighter/Fire Instructor/EMT Instructor-Program Director

South Oldham Fire Department

6310 Old LaGrange Road.

Crestwood, Ky. 40014

(502) 241-8992

[www.southoldhamfire.com](http://www.southoldhamfire.com)





## **South Oldham Fire Department Emergency Medical Technician Training Program**

- 1. Class attendance:** Only two absences are permitted; one of these must be made up (Cannot be an EMT examination). Students must be present on the first night of class.
- 2. Attendance Sheet:** Students must be in the classroom and sign in on the daily class roster by the start time of each class.
- 3. Attire:** Appropriate comfortable casual clothing. Persons wearing offensive or inappropriate clothing could be asked to leave and change their clothing.
- 4. Tobacco usage:** South Oldham Fire Department is a non-smoking facility. This would include the use of all tobacco products and vaping.
- 5. Food and Drink:** This will be permitted under the South Oldham Fire Department's policies.
- 6. Cell phones and Audible Pagers:** will not be allowed to be turned on in the classroom or during other skill labs.
- 7. No student who is on call will be allowed to participate in class lectures/skills.**
- 8. Equipment abuse:** This will result in immediate dismissal from class.
9. All equipment must be properly stored before class is dismissed.
10. The classroom must be cleaned, and desks/chairs placed in alignment before class is dismissed.
11. Successfully passing the written portion of the program:

A written evaluation class average of **{70% true score}** is to be recommended for Final Written Testing.

**NREMT-B CBT examination will be utilized.**

12. Successfully passing the skill performance portion of the program:

To be recommended for Final Skill Evaluation the student must:

**\* Successfully Completed 100% of all classroom skill sheets and assignments.**

13. EMS observations per the Kentucky Board of EMS requirements will be arranged by the program lead instructor.

14. South Oldham Fire Department Program lead instructor or program assistant instructors will not be held liable for injuries resulting from inappropriate classroom or clinical activities.

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

The student understands by signing this document he/she agrees to abide by the rules set forth on this sheet.

Return the completed application to:

South Oldham Fire Department

6310 Old LaGrange Road.

Crestwood, Ky. 40014

**South Oldham Fire Department TEI 390**

**Spring 2026 NREMT Basic Course**

**Course Application**

<b>Name:</b>	<b>Social Security No.</b>
<b>Address:</b>	<b>DOB:</b>
<b>City, State, Zip Code:</b>	<b>Email:</b>
<b>Telephone Number:</b>	
<b>Have you ever been fined or convicted for a violation of any law or now under charges for a violation of any law: Yes _____ No _____</b>	
<b>Description of Violation:</b>	
<b>Name and Address of Employer:</b>	
<b>Brief Job Description:</b>	
<b>Are you currently employed by a Fire or EMS service paid or volunteer?</b>	<b>Length of Employment:</b> <b>Full-Time: _____ Part-Time: _____</b>
<b>Name, Address, and Phone of Service or Agency:</b>	
<b>Briefly describe any previous medical training:</b>	
<b>T- Shirt Size:</b>	

Classes are filled on a first come, first served basis with students meeting the Kentucky Board of EMS guidelines. Class size is limited to a maximum of 20 students. The program may be extended, or class meeting dates may change due to unforeseen circumstances beyond the instructor's control. **Per the payment policy of the South Oldham Fire Department, no refund of tuition shall be made unless cancellation is made to the South Oldham Fire Department (15) fifteen days before the scheduled start date of class.**

**To the best of my knowledge, the above information is correct.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## South Oldham Fire Department

### Class Payment Options

The South Oldham Fire Department is dedicated to meeting the training needs of every organization and individual. Outlined below are several choices of payment options offered to each prospective student.

**Program Fee \$1200**

Option One	Payment in Full: A one-time payment of \$1200.00 Fire Department issued check or money order only.
Option Two	Payment of \$600.00 non-refundable application fee. The tuition balance of \$600.00 is due on or before the start of class on the 3 <sup>rd</sup> of March 2026.
Important Please Read	*** Per the rules set forth by the Kentucky Board of EMS, all students must be currently certified in AHA Healthcare Provider BLS. The expiration date on the card must expire after June 30, 2026. If not, the student MUST also obtain a new BLS Provider Card.
Checks and Money Orders	Please make all fire department issued checks or money orders payable to the South Oldham Fire Department.

\*All payments must be made to "**South Oldham Fire Department Inc.**". ONLY checks from emergency service organizations will be accepted. No personal checks will be accepted. If you are paying as an individual who is not affiliated with an emergency service organization, you must pay by Money Order made out to "**South Oldham Fire Department Inc.**"

I agree to pay South Oldham Fire Department by the following option #\_\_\_\_\_ listed above. I fully understand that regardless of which payment option I select, I will be obligated to pay in full, to the South Oldham Fire Department the non-refundable deposit of \$600, (without CPR class) or \$635.00 (with CPR class), & the tuition balance of \$600.00, regardless of attendance, unless registration is canceled 15 days before the start of the class start date.

A \$50.00 fee will be charged on all returned checks.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**South Oldham Fire Department**  
**Emergency Medical Technician Course**  
**CPR Card Verification Form**

**If you have a current American Heart Association Healthcare Provider card with an expiration date of June 30, 2026, or greater you must show proof.**

**Please send a photocopy of your card front and back with legible signatures and expiration dates and return it with your application. If you do not have one of these cards with an expiration date of at least June 30, 2026, you must obtain a new AHA Healthcare Provider Card before the start of the course.**

**Please select and check which option applies to you:**

**I do have an American Heart Association HealthCare Provider Card or an American Red Cross Professional Rescuer CPR card with an expiration date of June 30, 2026, or greater and I am including a photocopy of the front and back of the card with this application.**

**I do not have either of these cards, or my card will expire before June 30, 2026, and I am aware that I am required to obtain a new American Heart Association Healthcare Provider Card before March 03, 2026. I am also aware that if I do not obtain a new AHA provider card, I will be dropped from the course, and a refund will not be granted.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_