



## Parachute Consulting EMS Academy Fall 2019 EMT-B Course

### Course Dates:

**Classroom portion: February 4 to March 28, 2020; 4 clinical rotations follow**

### Class Times:

Tuesday and Wednesday: 5:30 pm - 9:30 pm  
&

Saturday: 8:00 am - 1:00 pm

### Class Location:

**Bellaire Fire Department: 5101 Jessamine St, Bellaire TX 77401**

### Requirements:

- ~150 hours of didactic / classroom / skills work
- **FOLLOWING the classroom portion**, students are required to complete 24 hours of observation and assistance in emergency room (divided into two 12-hour shifts) and 24 hours of observation and assistance on an ambulance (divided into two 12-hour shifts), with 3 patient transfers total, minimum
- Students are required to provide/have the following: a high school diploma or equivalent (GED), current healthcare provider level CPR card. If you do not have a current CPR certification card, students may complete the CPR certification with an approved agency, or with Parachute during the EMT course for a \$35 fee. You must have a current CPR card prior to clinical hospital/ambulance rotations.
- Proof of negative TB test, immunization record (MMR, Varicella, Tdap, Hep B, Hep C or Titters), and a urinalysis drugscreen. (Proof of these is required before clinical rotations, in the **latter portion of the class**)
- Students must complete an FBI criminal history check and fingerprinting during the last two weeks of class.
- Students are required to have a flu shot *during flu season* (October - March) for clinical rotations (**Not applicable for summer classes**)

### Fee Structure:

See the Tuition Payment Agreement for the fee structure. Tuition for the course is **\$1,450.00** if registered by **January 28, 2020**. This fee includes:

- Brady Textbook, 13<sup>th</sup> Edition
- Custom notebook, including skills sheets
- National Registry skills examinations
- An equipment pack with blood pressure cuff and stethoscope

The textbook and notebook will be provided at the first class meeting.

### Late Registration:

Students who register after January 28th will be charged an additional **\$50.00**.

**Contact: Renée Harborth, Program Manager: [renee@parachuteconsultingllc.com](mailto:renee@parachuteconsultingllc.com)  
Or Sherri Luehr: [sherri@parachuteconsultingllc.com](mailto:sherri@parachuteconsultingllc.com)**

# Parachute Consulting EMT Course Registration Procedure

Registration for this course will open Monday, December 16, 2019. Registration after January 28, 2020 will include a \$50.00 late registration fee.

Registration for the EMT-Basic Course may be completed by:

- E-mailing your completed application packet (course application, tuition payment agreement and credit/debit card form) to: [renee@parachuteconsultingllc.com](mailto:renee@parachuteconsultingllc.com) Note: We will shred credit card forms after use. (**PREFERRED method**)
- Bringing your completed application packet (course application, tuition payment agreement and credit/debit card form) to the **Parachute Consulting office location:** 3200 Marquart; Houston Texas 77027 (**Please call ahead for an appointment: 713-702-9040. Please DO NOT show up without an appointment.**)
- US Mailing your completed application packet (course application, tuition payment agreement and credit/debit card form) to:  
Parachute Consulting EMS Program  
2436 Bissonnet, Suite 2  
Houston, Texas 77005

***This class is filled on a first come, first served basis. You are not officially registered until you have made your initial payment and received confirmation from Parachute Consulting.***



## EMT-Basic Course Application

### Demographic Information (please print)

Last Name	First Name	Middle Initial
Social Security Number		Date of Birth (mm/dd/yyyy)
Street Address		
City	State	Zip Code
Cell Phone Number		Alternate Phone Number
Email Address		
Driver's License State and Number		Date of Birth

### Education Background (please print)

Education Level <input type="radio"/> High School <input type="radio"/> Associate Degree <input type="radio"/> College Degree <input type="radio"/> Graduate Degree		
High School (Name, City, State)		
Graduation Year		<b>OR</b> Month/Year GED completed
College Attended	Major Area of Study	Month/Year of Graduation
College Attended	Major Area of Study	Month/Year of Graduation

**EMS Experience (please print)**

Have you ever attended any EMS course? (ECA/EMR, EMT, Paramedic)	<input type="radio"/> Yes <input type="radio"/> No	If yes, where? When?
Please list any EMS/Volunteer/Fire or medical experience that you have.		
Why do you want to become an EMT?		
How did you hear about us? _____		

\*By signing below, I certify that all information on this application is true and accurate.

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

Please return this completed form, and all application items by:

1. Scan and email to: [renee@parachuteconsultingllc.com](mailto:renee@parachuteconsultingllc.com)

**OR**

2. US Mail to: Parachute Consulting  
EMS Program  
2436 Bissonnet, Suite 2  
Houston, TX 77005

**OR**

3. Bring in person, **by appointment only:**

(Contact Renee Harborth @ 713-702-9040; [renee@parachuteconsultingllc.com](mailto:renee@parachuteconsultingllc.com) for an appointment)

To:  
3200 Marquart Street  
Houston, Texas 77027



**EMT-Basic Course - Tuition Payment Agreement**

**Winter 2020 Class, February 4th – March 28th**

I, \_\_\_\_\_, agree to pay tuition for the EMT-Basic course instruction in adherence to the following terms:

- The full tuition is \$1,450
- The first payment in the amount of \$800.00 is due to confirm registration. *The first payment is non-refundable.*
- If paid in full by January 26, 2020, \$800.00 is non-refundable.
- Enrollment in the course after January 28, 2020 will include a \$50 .00 late registration fee.
- Payment must be in the form of credit/debit card (VISA, MasterCard, Discover, and American Express), money order, cash, or business check. **NO PERSONAL CHECKS.**
- The additional monies will be due by February 12, 2020. *Timely payment is required to continue in the course. A \$50 late fee will be assessed for all late payments.*

Attendance in the course after the first two weeks requires full payment. Should you decide to leave the class after this date without paying in full, your deficient account will be forwarded to our collections agency.

By signing below, I agree to these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\* \* \*This form must be completed, signed, and returned with the initial payment for admittance to the course.



## PARACHUTE CONSULTING

# Credit Card Form

Please print legibly.

Name, Last		First	Middle Initial	
Address on card		City	State	Zip Code
Card Type	Card Number			
Expiration Date	CW (3 or 4 digit code)	Name as it appears on card (if different from above)		
E-mail Address				

I hereby authorize Parachute Consulting, LLC to charge my credit/debit card for the amount of \$\_\_\_\_\_ I understand that if my card is declined for any reason, I will be notified and I must pay the charge by another method within 2 business days.

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_

*\*\*\*We accept all major credit cards, including Visa, MasterCard, Discover and American Express*

*\*\*Parachute Consulting, LLC will not share credit/debit card information with any other company or affiliation. This document will be shredded and/or electronically deleted upon completion of this transaction unless other terms are agreed upon.*