



Parachute Consulting EMS Academy Summer 2021 EMT-B Course

Course Dates:

Classroom portion: June 15 to August 7, 2021; followed by 4 clinical rotations

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:

- Didactic / classroom / skills /clinical rotations.
- **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. These shifts will be scheduled with our clinical partners; students have weekday/night and weekend day/night shift options. **Clinical requirements are subject to change due to COVID19 restrictions**
- Students are required to provide/have the following: a high school diploma or equivalent (GED), current BLS for Healthcare Provider level CPR card. If you do not have a current BLS for Healthcare Provider CPR certification card, students may complete the CPR certification with an approved agency. You must have a current certification 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.) Proof of Covid 19 vaccinations is requested.**

Fee Structure:

See the Tuition Payment Agreement for the fee structure. Tuition for the course is **\$1,495.00**. This fee includes:

- Brady Textbook, 13th 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.

**Contact: Renée Harborth, Program Manager: renee@parachuteconsultingllc.com
OR Sherri Luehr: sherri@parachuteconsultingllc.com**

Parachute Consulting EMT Course Registration Procedure

Registration for this course is open.

Registration for the EMT-Basic Course may be completed as follows:

- Email your completed application packet (course application, tuition payment agreement and credit/debit card form) to: renee@parachuteconsultingllc.com Note: We will shred credit card forms after use. **(PREFERRED)**
- Mail your completed application packet (course application, tuition payment agreement and credit/debit card form) to:
Parachute Consulting EMS Program
2436 Bissonnet St., 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				OR 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

OR

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



EMT-Basic Course - Tuition Payment Agreement

Summer 2021 Class, June 22 – August

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

- The full tuition is \$1,495
- \$850 is non-refundable. After the first 2 days of class, all amounts are non-refundable.
- If making payments, the first payment in the amount of \$850.00 is due to confirm registration. *The first payment is non-refundable.* The Balance of \$645.00 is due on or before July 1. Timely payment is required to continue in the course. A late fee of \$50 will be assessed on all late payments.
- 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, PLEASE.**

Attendance in the course after the first 2 classes requires full payment. Should you decide to leave the class after this date all tuition amounts are non-refundable. Any outstanding amounts due if you leave the class will be turned over to our collections group.

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
STAFFING & SOLUTIONS
THE PREPAREDNESS PEOPLE

Credit Card Form

Please print legibly.

Name, Last		First	Middle Initial
Address on card		City	State Zip Code
Card Type	Card Number		
Expiration Date	CVV (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 **\$1,495.00**. 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.*