

Fire In Texas

Phone 903-438-0300 / Fax 1-888-817-3108
1334 Sharon Lane, Sulphur Springs, TX 75482

Name: _____ Age: _____ D.O.B. _____

Address: _____ Phone #: _____
Street

_____ City State Zip Code

E-mail: _____

Education: High School ____ Years Completed ____
College ____ Years Completed ____
Trade School ____ Years Completed ____

Please enroll me in the next available class: __ Day EMT-B __ Online EMT

__ Online EMR/ECA

Please check applicable Registration Fee: Not including Uniforms, Books or State Testing Fee.

____ EMR Online \$350.00
____ EMT-B Online total cost \$1000.00
____ EMT-B Onsite (non refundable \$300.00) total cost \$1040.00

Start Date of the class you want to attend: _____

Housing: Yes or No Please circle one. (\$250.00 per month or \$75.00 a week)

Indicate payment type: __ Check, __ Credit Card

If using Credit Card, please call 903-438-0300 or you can pay through Quick Books Invoice.

Fill out enrollment application; send it along with your registration fee to assure your enrollment into the next available class of your choice.

(We reserve the right to refuse enrollment due to poor driving record and or criminal history)

Please include: __ Copy of High School / College Transcript
__ Copy Drivers License

Signature: _____

Date: _____

Fire In Texas

Traditional EMT Class (in the classroom)

\$1040.00

Onsite Schedule Classes for 8 Weeks

EMT: Mon - Friday 9 A.M. – 5 P.M.

Please check www.fireintexas.com for dates

<https://www.fireintexas.com/traditional-classroom-schedule.html>



Prehospital Emergency Care., 11th Edition

Package ISBN -13: 978-0-13-522232-4

\$192.83 | [Add to Cart](#)

This package contains:

- Prehospital Emergency Care., 11th Edition
By [Joseph J. Mistovich](#), [Keith J. Karren](#) | ©2018 | Paper ; 1552 pages
- MyLab BRADY with Pearson eText -- Access Card -- for Prehospital Emergency Care, 10th Edition
By [Joseph J. Mistovich](#), [Keith J. Karren](#), [Brent Q. Hafen](#) | ©2015 | Access Code Card

<http://www.mypearsonstore.com/bookstore/prehosp-emerg-careemt-rvw-plusmylab-brady-9780135222324>

discount code "**BRADY20**", to receive a 20% discount.

* No refund is granted for expulsion for non-compliance of Rules and/or Regulations or after the 3rd class day for online EMT or onsite Fire / EMT. All complaints after expulsion or after completion can be submitted to Ronnie Gothard for review and action.

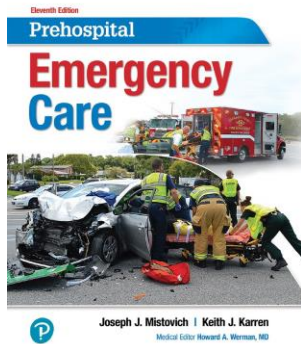
Fire In Texas

Online EMT Course

\$1000.00

Please check www.fireintexas.com for dates

<https://www.fireintexas.com/online-skills-schedule.html>



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discount code "**BRADY20**", to receive a 20% discount.

Online EMT Class is 14 weeks

The online portion is 13 weeks Online you would be doing 3-4 chapters a week.

The 14th week you would come to the Academy for your **Final test you must make 80% or above** and Skills. **You will arrive at 09:00 A.M. at 1334 Sharon Lane, Sulphur Springs, 75482.** You will be here 4-5 days (Final and Skills) depending on how many students we have. During that time, you will also attend Clinical Orientation at Presby Greenville or Hopkins County is where you will do your 24 hours in ER and 48 hours on the Ambulance.

For EMT you must have CPR, TB test and have started your HEP-B series along with Drug Test prior to attending Skill session before you can do your clinical rotations NO exceptions. You will also need a second hand watch.

Uniform: You will need to order 2 weeks prior to attending skill session

Uniforms: 903-885-7255

Address: Field House Sports @ 101 Bill Bradford Rd.

Prerequisite: <http://www.fema.gov/training-0> if you click on the link it will take you directly to the website and pick 100 then 700 they will need to be completed before you attend the skill session.

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ONLINE EMR Course (First Responder - ECA)

EMR - Emergency Medical Responder - \$350.00

Course is 3 weeks online - 4th Week is Final & Skills

Book: Emergency Medical Responder: First on Scene, 10th Edition



- <https://corpservices.informit.com/cart/buy.aspx?isbn=9780134419435&pi=0133943305&partner=64&cmd=add>
- **Package ISBN-13:9780134419435**
- \$164.13|Add to Cart
- This package contains:
- Emergency Medical Responder: First on Scene, 10th Edition
- By Chris Le Baudour|©2016|Paper ; 656 pages
- MyBradyLab with Pearson eText -- Access Card -- for Emergency Medical Responder: First on Scene, 10th Edition
- By Chris Le Baudour|©2016|Access Code Card ; 672 pages

Prerequisite: <http://www.fema.gov/training-0> if you click on the link it will take you directly to the website and pick 100 then 700 they will need to be completed before you attend the skill session. Need CPR prior to skill session. EMR Students do not need uniforms, Physical or do the ImmuniTrax

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Fire In Texas

Admission Information & Requirements Online and Onsite EMT Only Not Required for EMR.

All prospective students must meet admission requirements to Fire In Texas Academy:

- Graduation from high school or Completion of a General Education Degree (GED)
- 18 years of age
- Shot Records
- Physician's Release Statement
- TB test
- Drug Test
- Started HEP – B series
- Flu Vaccination
- MMR
- Varicella
- T-DAP
- Background Check

Classes are limited to approximately 30 students. Applicants must complete the application process and send in the application amount prior to acceptance.

Sponsored students, (*students attending, and their tuition and fees are paid for by a fire department*) must submit a letter of sponsorship containing the applicant's name, address, phone number, social security number, and statement of equivalent entrance requirements certification. **The letter must be written on fire department letterhead stating that the applicant is a full-time, paid employee of the sponsoring fire department.**

Sponsored students may wear their fire department uniforms to classes.

You do not have to be sponsored to attend the Academy.

The Fire In Texas Academy Training Programs reserve the right to make changes to this list at any time. The list is as accurate as possible when distributed.

Please call (903) 438-0300 for more information or for answers to any questions you may have regarding your account before the first week of class if possible.

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Fire In Texas

PROGRAM INFORMATION

Required Items for EMT Training Program

- Recruit uniforms are required by the first day for Traditional (Onsite) Classes. See attached letter regarding uniforms.
- Binders – You must have 1 three-ring binders, 1 1/2 inches tall at the spine and the size that holds 8½ by 11” paper. Please bring ample amount of paper, pens, and pencils and 3 highlighters.
- Funds for meals

Housing

Please contact -Jamie Foster (Brinker Fire Chief) -903-348-6247 – Please leave Message.

You can pay the whole amount at one time or Monthly:

With Check – Pay to: Brinker V.F.D.

Housing Cost \$250.00 per month

EMT 8 weeks - \$500.00.

Online EMT \$75.00 a week

Orientation

First day of class

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Report of Medical History – EMR/EMT

Last Name	First	Middle	Maiden
Address – Number & Street		City	State ZIP
Phone	Date of Birth	SS#	Sex

Emergency Notification Person to notify in case of emergency

Last Name	First	Middle	
Address – Number & Street		City	State ZIP
Home Phone	Work Phone	Pager	Relationship

Personal History - ANSWER ALL QUESTIONS. EXPLAIN “YES” ANSWERS BELOW:

HAVE YOU HAD?	YES	NO	HAVE YOU HAD?	YES	NO
Measles (rubeola)			Seizures		
Mumps			Dizziness, Fainting		
Rubella (German Measles)			Weakness, Paralysis		
Chicken Pox			Joint Problems		
Diabetes			Back Problems		
Tuberculosis			Gastrointestinal Problems		
Hepatitis A/B/C			Heart Problems		
Visual Impairment			Malignancy		
Hearing Impairment			Respiratory Problems		
Surgery			Hernia		
Recurrent Headache			Allergies		
Any UNEXPLAINED weight loss (greater than 10 pounds)?					
Have you had any illness/injury or been hospitalized other than already noted?					
Is your ability to practice safe professional medical care adversely affected by a physical or mental disability/illness which may endanger the health and safety of persons under your care?					

EXPLAIN “YES” ANSWERS: _____

(Student) I verify that all of the above is true and complete to the best of my knowledge.

Student Signature

Date

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Report of Health Evaluation

TO THE EXAMINING PHYSICIAN: Please review the students' history and complete the physician's form. Please comment on all positive answers. This information will be used only as a background for providing health care, if necessary.

Student Name _____		SSN _____	
Blood Pressure _____	Height in inches _____	Weight in pounds _____	

ARE THERE ANY ABNORMALITIES OF THE FOLLOWING SYSTEMS?			
SYSTEM	YES	NO	COMMENTS
Head/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Eyes			Vision: Lt. Rt. Corrected: Yes No
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Gynecological/OB			
Are there any speech/vision/hearing impairments?			

Recommendations for physical activity (e.g. lifting/moving patients/equipment): _____ Unlimited
_____ Limited

Explain: _____

Physician's Signature _____ Date _____

Print Last Name _____, First _____ Phone (voice) _____

Address _____

City _____ State _____ Zip _____ Phone (fax) _____

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Tests and Immunizations Required by Texas State Law/Clinical Facilities

This form is provided for your benefit. If immunization records are provided on another document, this form need not be completed and returned.

Last Name	First	Middle	SSN#
Tuberculin Skin Test: (PPD – TB Test) OR Chest X-ray (required IF skin test is positive) <i>Must Have Been Tested within Past 6 Months</i>		<input type="checkbox"/> Positive <input type="checkbox"/> Negative Date _____ X-ray results: _____	
Diphtheria, Tetanus (TD): One dose within 10 years		Date of Immunization: _____	
Measles (Rubeola) Those born on or after January 1, 1957, must show proof of either: A. Two doses of measles vaccine by/or after their first birthday and at least 30 days apart* OR B. Record of physician-diagnosed measles OR C. Serologic test positive for measles antibody		Date _____ Date _____ Date _____ Result _____	
Mumps Those born on or after January 1, 1957, must show proof of either: A. One dose of mumps vaccine of or after their first birthday* OR B. Record of physician-diagnosed mumps OR C. Serologic test positive for mumps antibody		Date _____ Date _____ Date _____ Result _____	
Rubella Those born on or after January 1, 1957, must show proof of either: A. One dose of Rubella vaccine of or after their first birthday* OR B. Record of physician-diagnosed Rubella OR C. Serologic test positive for Rubella antibody		Date _____ Date _____ Date _____ Result _____	
Varicella (Chicken Pox) (SCOTT & WHITE SITES ONLY) Must show proof of either: A. Record of physician-diagnosed Varicella OR B. Serologic titer positive for Varicella antibody OR C. One does of Varicella vaccine		Date _____ Date _____ Result _____ Date _____	
Hepatitis B Vaccine: MANDATORY FOR PARAMEDIC/EMT STUDENTS. The student should be aware that there is potential of exposure to Hepatitis B during clinical assignments. Immunization schedule would include three vaccines over a period of six months. Initial vaccine should be started by time of admission to the program followed by 1 and 6 months vaccines respectively.		Date of first vaccine: _____ Date of second vaccine: _____ Date of third vaccine: _____	

* Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.

(Student) I verify that all of the above is true and complete to the best of my knowledge, under penalty as prescribed in student contract for falsification of records.

Student Signature

Date

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1334 Sharon Lane, Sulphur Springs, TX 75482
PHYSICIANS' RELEASE FORM

Student's Name: _____
(Please print)

Physician's Name: _____
(Please print)

Mailing Address: _____
(Street)

(City, zip)

Telephone Number: _____

I certify that _____ can participate in the six tasks described below in the Physical Ability Performance Descriptions.

Signature of physician

Date

**PHYSICAL ABILITY PERFORMANCE TASK
DESCRIPTIONS**

TASK I: EQUIPMENT CARRY AND STAIR CLIMB

Task Description: While wearing the fire equipment (helmet & coat) provided, the applicant will lift and carry on one shoulder 1-section of 3" hose bundled with a 2 ½ "nozzle attached, up to the third floor landing and return to the first floor landing while carrying a flashlight in the opposite hand. Applicants shall make each step on the stairway without skipping any steps. Time allowed: 60 seconds.

TASK II: LADDER CARRY

Task Description: The applicant will remove a roof ladder from a pumper and carry 50 feet, around obstacles, to a doorway, turn around and return to the pumper and place the ladder back on the apparatus. Time allowed: 70 seconds.

TASK III: DRY HOSE DRAG

Task Description: Three unconnected lengths of 3" dry hose will be placed on the ground. The applicant will move down the hose, coupling each section. The applicant will then drag the coupled hose 50 feet to pre-marked line, then turn around and re-drag the hose an additional 50 feet to a pre-marked line. Time allowed: 50 seconds.

TASK IV: 1 ¾" CHARGED HOSE ADVANCE

Task Description: The applicant will be required to advance a charged hose line forward 30 feet, then will make a 90 degree right turn around the marker, advance the charged hose to the next marker located approximately 15 feet from the first marker, then make a left turn around the second marker and advance the charged hose line and nozzle past the finish line located approximately 15 feet away from the second marker. Time allowed: 40 seconds

TASK V: MAZE

Task Description: The applicant will don protective clothing, SCBA and face piece; enter into an area with mask blacked out; and follow a rope to the exit. Time allowed: 60 seconds. **TASK VI: AREIAL LADDER CLIMB**

Task Description: The applicant will don a firefighting helmet, gloves and life belt and climb 70 feet on an aerial ladder at 70 degrees. The applicant will touch a flag and descend the ladder. Time allowed: 5 minutes

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EMT/EMR Training Program

PHOTO RELEASE FORM

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

I hereby authorize the Fire Training Program at Fire In Texas Academy to use my photograph or video image in publications and any other promotional media it may so choose.

Your Signature

Today's Date

FIRE IN TEXAS

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RELEASE OF INFORMATION

POLICY

In accordance with the "Family Education and Privacy Act of 1974", the student in the Fire Training Program must sign any of the selected items presented in the Release of Confidential Information.

PURPOSE: To provide a means for the control of what information the student wants the faculty or program to release to future employers, the student, other training programs, etc..

DOCUMENTATION: The following is presented and requires completion for each of the selected items. Please place a ✓ by the *Yes* or *No* and fill out the portion on social security, date, and sign.

1	RELEASE OF PERSONAL AND ACADEMIC INFORMATION	
My signature, social security number, and today's date for this section authorizes the faculty of the Fire Training Program to furnish any and all information on academic, discipline, attendance, (college) credit, address, and any other pertinent information regarding any enrollment in the Fire Training Program to prospective employers, selection committees, or myself when requested.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ Printed Name		
_____ Signature	_____ SSN	_____ Date
2	RELEASE OF PERSONAL IMMUNIZATION RECORDS	
My signature, social security number, and today's date for this section authorizes the faculty of the EMS Programs to furnish any and all information on immunizations while enrolled in the Fire Training Program to myself when requested.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ Printed Name		
_____ Signature	_____ SSN	_____ Date
3	RELEASE OF PRACTICUM REPORTS	
My signature, social security number, and today's date for this section authorizes the faculty of the Fire Training Program to furnish any and all information on classroom or skills to prospective employers, selection committees, other Fire Training Program or myself when requested.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ Printed Name		
_____ Signature	_____ SSN	_____ Date
4	REVIEW OF DEPARTMENTAL RECORDS	
My signature, social security number, and today's date for this section authorizes the faculty of the Fire Training Program to allow access of all of my departmental records to official site visitors for accreditation purposes. This access is for the determination of compliance with established guidelines for the administration of the program.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ Printed Name		
_____ Signature	_____ SSN	_____ Date

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STUDENT INFORMATION FORM EMR/EMT

Please Print All Information

(Last) (First) (M.I.)
LEGAL NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____
City State Zip Code

CELL PHONE: _____

BIRTHDATE: _____

DRIVER'S LICENSE #: _____ State: _____

SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

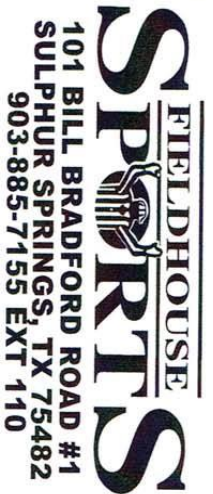
NAME: _____

EMERGENCY PHONE/S: _____

RELATION: _____

FIRE IN TEXAS

1334 Sharon Lane
Sulphur Springs, TX 75482
903-438-0300, Fax -1-888-817-3108



DATE _____

STUDENT NAME _____
ADDRESS _____

PHONE _____ **CLASS START DATE** _____

STYLE #	DESCRIPTION	S	M	L	XL	2X	3X	QUANTITY	PRICE	AMOUNT				
SP24	SHORT SLEEVE BUTTON UP								20.00					
29M	NAVY PRINTED TSHIRT								8.50					
SP14	LONG SLEEVE BUTTON UP								21.00					
PT20	PANTS-CIRCLE WAIST	28	29	30	31	32	33	34	36	38	40	42		
	WRITE IN LENGTH-28-36 INCHES													
PT20	QUANTITY													20.00

ORDERS MAY BE PLACED IN STORE OR ONLINE AT :

<https://fieldhousesports.itemorder.com/>

***SALE CODE: TEXASFIRE16

**All orders must be paid in full the day you order. **

THANK YOU FOR YOUR BUSINESS!
FIELDHOUSE SPORTS
Student Signature _____

CASH CHECK CHG
AMOUNT PAID _____

Subtotal
TAX
FREIGHT (IF BEING SHIPPED)
TOTAL 15.00

FIRE IN TEXAS

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Sulphur Springs, TX 75482
903-438-0300, Fax -1-888-817-3108

AFFIDAVIT

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me who, being by me duly sworn, upon oath deposes and states that he/she is over the age of eighteen (18) years of age, that he/she is fully competent to make this release, indemnity, and hold harmless agreement, that he/she has personal knowledge of the statements contained in the above, that the statements contained in the above instrument are true and correct, and that he/she executed the above instrument for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO before me and given under my hand and seal of office this _____ day of _____, 20____.

Notary Public,

Signature _____

State of _____

My commission expires _____



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Background, Drug Screen & ImmuniTrax Instructions

Before Starting:

- A valid email is **REQUIRED**
(if you do not have an email account you can establish a free account at Yahoo.com)
- Have your credit card (Visa/MasterCard/American Express/Discover) information ready in order to process payment. Your credit card will be charged \$114.00 for the service.

Getting Started:

1. Log onto our website at www.VerifyStudents.com and click Start Here
2. Use this special promotional code: **FIRE9CED**
3. Complete profile & e-sign forms as they appear.

After completing online process:

1. Drug testing: go to collection site listed on ePassport
- Bring authorization form & government photo ID, e.g. – driver's license

PLEASE NOTE THE DRUG SCREEN MUST BE COMPLETED
BY 3-1-2014 6:00:00 PM PST

Authorization Form
REGISTRATION NUMBER: 12140492

Order Expiration Date Time: 3-1-2014 6:00:00 PM PST Authorization Number: 12140492

Employer/Contractor Information	Medical Review Officer Assigned Service Provider
ORGANIZATION: 0123456789 ADDRESS: 123456789012 CITY: ABCD, TX 12345 Phone: (214) 1234-5678	DR: 12345678901234 MEDICAL REVIEW OFFICE: 12345678901234 PHONE: 1234567890

Student Information

Student Information	Test Details
Name: TESTED ID: 123456789 Date of Birth: 01/01/2000 Your Name: ABCD	Reason For Test: Pre-Registration Amount: \$114.00

Services to be Performed

Service	Labwork	Labwork Fee
1234567890	1234567890	\$114.00

Collection Site Information

LAB: 1234567890
12345678901234567890
MARTINEZ, CA 94501
Phone: (925) 123-4567

Please bring your government-issued photo ID for identification at the collection facility.
You must bring this authorization form to the collection facility.

NOTE: A unique login will be emailed to you. This will allow you to log back into www.VerifyStudents.com and retrieve a copy of your report.

Please note that this information is for the sole purpose of background screening for this school only. Unauthorized use of our service is prohibited