Fayette County Fire & Emergency Services



Thank you for applying to the AEMT Program at Fayette County Fire & Emergency Services.

ProgramGoal: 'The goal of the AEMT program is to prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.'

Cost: \$1,800.00, non-refundable.

Cost includes: Textbook with on-line access, clinical uniform, NREMT testing x 1, GA license fees.

Minimum Application Requirements Include:

- 1. Completed EMT course currently Georgia licensed, National Registry Certification preferred
- **2.** High School Diploma or G.E.D.
- 3. Valid drivers license
- 4. Must be able to pass a criminal background check and drug test

Application Deadlines:

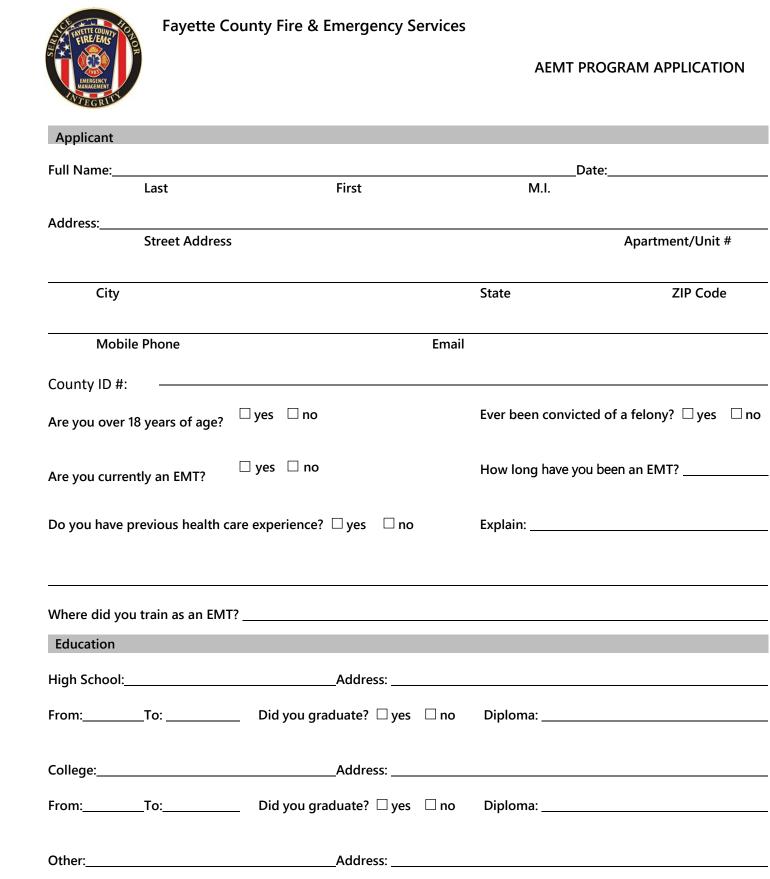
Program applications must be received via email by 4pm on the designated due date.

Program Start	Applications available	Applications Due	Documents/Payment Due	Program Completion
	Currently			

Applicants must submit the following documentation with the application. NO APPLICATION WILL BE ACCEPTED OR CONSIDERED UNLESS ALL APPLICATION MATERIALS ARE ON FILE. You may use the following as a checklist.

A completed program application.	
A photocopy of valid driver's license.	
EMT Card or equivalency credential (proof of current EMT certification).	
Copies of CPR/ACLS certifications.	
Copies of NIMS 100, 700, TIMS certificate, CAH and ETCO2 updates (if applicable).	

Completed applications and all supporting documentation should be emailed to **jaanderson@fayettecountyga.gov** as a single .pdf document.



From:	То:	Did you graduate? 🗌 yes 🛛 no	Diploma:



AEMT PROGRAM APPLICATION

Current Certifications		
Please list certifications below.		
CPR Expiration Date:	EMT or AEMT NR Certification #	TIMS (Date Passed)
AMLS Expiration Date:	NR Certification Expiration Date	GFSTC #
PHTLS Expiration Date:	EMT or AEMT GA License #	CAH (Date Completed)
EPC Expiration Date:	GA License Expiration Date	ETCO2 (Date Completed)
Other:		

EMS/Fire Department Affiliate Information-Employer/Sponsor

Affiliate Organization:	Phone:	
Address:	Supervisor:	
Job Title:		
Responsibilities:		
 From:To:	May we contact your supervisor for a reference? \Box yes \Box no	
Signature of Supervisor:	Date:	
Signature of Chief Officer:	Date:	
Military Service (leave blank if NA)		
Branch:	From:To:	
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
Disclaimer and Signature		
	complete to the best of my knowledge.	
If this application leads to employme interview may result in my release.	nt, I understand that false or misleading information in my application or	
Signature:	Date:	

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AEMT Program Disclaimers and Acknowledgments:

l, <u>above 70%</u> to remain in th Signature:	
	acknowledge attendance is mandatory, and I must attend at least <u>90%</u> of all % of scheduled clinical and capstone rotations.
Signature:	—
l, course credit is offered.	acknowledge that no part of the \$1,800.00 payment is refundable and no partial
Signature:	Date:



AEMT PROGRAM APPLICATION