

MESA Education Institute Student Application

This application is to serve as a prospective student's request to take part in a MESA Education Institute and PA DOH approved certification program. By completing this application, students are not guaranteed acceptance into the requested program. Students are also not guaranteed certification by completing the course and they must successfully complete all required certification testing to obtain an NREMT and PA State EMS certification.

Certification Level Program Requested: EMR EMT AEMT

Student Information:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Emergency Contact Information: (at least one required)

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

For your safety, are there any medical conditions that we should be aware of which may present during or interfere with clinical or class time? (Optional)

YES NO If yes, please explain: _____

Blood Borne Pathogens Completion Date _____ Need BBP: _____

HIPPA Privacy Completion Date: _____

For AEMT Prospective Students Only:

How long have you been involved with EMS? _____

Approximately how many calls a year do you typically respond to? _____

Due to demand, we may have to limit the number of students in a particular AEMT program. For this reason, we ask that you submit the name and contact information for a reference. If you wish, you may also submit a letter of reference. Neither a reference or letter of reference is required, however if we would need to limit the number of students we may grant priority to those students with references.

Name of Reference: _____

Phone: _____

Relationship to student: _____

Email: _____

All Students:

I acknowledge that I understand and agree to abide by the following terms and conditions while in the role of a student enrolled in a MESA Education Institute certification program. Please initial where indicated and sign below:

___ 1. The student will arrive on time for all scheduled shifts and classes, or will provide notice of cancellation to the agency in which the student is scheduled to attend. Call off procedures for students at each agency will be provided upon the students meeting clinical requirements.

___ 2. Students will wear the MESA Education Institute approved clinical uniform while performing clinical shifts. This uniform will include:

- a. Plain blue uniform/work pants (not jeans or sweats).
- b. The MESA Education Institute provided uniform shirt.
- c. Sneakers or plain boots. No open toe shoes or heels allowed.
- d. No hats (aside from plain knit hats in cold weather) at to be worn.
- e. Jackets may be worn but should be plain without any logos or emblems.
- f. No articles of clothing with EMS/Fire/PD or other agency logos or identifiers may be worn.
- g. All clothing articles are to be clean and in good condition.
- h. Overall appearance will be professional.

i. Students will abide by each agencies policy regarding appearance.

___ 3. The student will report directly to the station for which they are assigned. The student will at all times remain in the presence of the crew to which they are assigned unless specifically directed otherwise by the crew or agency supervisor. At the end of the shift, the student will advise the crew of their departure or need to return to station.

___ 4. At all times, the student will defer to the direction of the crew to which they are assigned as well the supervisor(s) for the agency in which the student is completing their clinical shift at.

___ 5. The student is not to operate any emergency vehicle (ambulance, squad vehicle, etc...).

___ 6. All patient information including location, nature, and response outcomes are strictly confidential and may not be disclosed to any outside person or entity. Refer to Confidentiality and Non-Disclosure Agreement.

___ 7. The student understands that they knowingly and willingly will be exposed to real-life emergencies involving patient contact, severe injury, life-threatening conditions as well as other dangerous situations. Crew members have the right to restrict patient contact for safety reasons.

___ 8. The student understands that they may be exposed to toxins, allergens, or other potentially harmful substances. The student hereby relieves MESA and the MESA Education Institute of any and all legal liability in the event of injury or exposure during his/her clinical time.

___ 9. The student understands that clinical time at any agency does not constitute employment by/with that agency, nor is it part of the pre-employment process.

___ 10. The on-duty supervisor/shift leader reserves the right to end or revoke the clinical time if the above provisions are not adhered to, at all times, by the student.

___ 11. The student must be in good health. For purposes of this program, good health means that the student is able to safely climb several flights of stairs, walk on uneven surfaces, sit or stand for extended periods of time, tolerate loud noises, stressful conditions, changing weather conditions, etc.

___ 11. This form and all other required forms must be completed and signed by the student (and parent/legal guardian for minors) prior to the student participating in any non-classroom activities (clinical, lab, hands on training, etc.).

Signature of Student:

_____ Date: _____

Signature of Parent/Guardian (if student is a minor):

_____ Date: _____

Signature of MESA Education Institute Faculty:

_____ Date: _____