#### Summa Health EMS EMT Program Website: www.summa-ems.org Accreditation #324

Enclosed is the application packet for the Winter/Spring 2026 EMT Course which begins on **February 3, 2026** and will be held on the Akron City Hospital Campus. <u>Please note</u>: Class is limited to 15 students. A minimum of 8 students are required in order to hold a class.

**#1 PRETEST:** The fee for this exam is \$25 payable by check or money order to Summa Health EMS. NO CASH ACCEPTED. The fee can be mailed to the EMS Office or delivered in person by contacting the EMS Office (330-375-9514) to schedule time to submit this payment. All applicants are required to take the on-line pretest exam (unless you have already taken and passed the pretest and your scores are on file with the EMS office). After receiving your pretest payment, you will be e-mailed further information regarding the test.

**#2 NOTIFICATION:** You will be notified by e-mail the results of your pretest; those who receive a passing score will be invited to apply to the EMT Course. Class is limited to applicants who pass the pretest AND submit a completed application packet. *Incomplete application packets will be returned to the student.* 

All accepted applicants are required to take our BLS Course even if you presently hold a current BLS card.

If you are invited (<u>after</u> you pass the pretest) to apply to the EMT Course, the following will be due by Noon on **January 16<sup>th</sup>**:

- 1) completed EMT application form/packet
- 2) copies of the required documents
- 3) <u>full</u> tuition payment of \$825 by certified check or money order (see refund policy). NO CASH ACCEPTED.) Please note that financial aid is not available.

## Make tuition fee payable to: Summa Health EMS

<u>Mail</u> completed EMT application packet, required documents and tuition payment to:

Jerri Page/EMS Summa Health System – Akron Campus 141 N Forge Street PO Box 2090 Akron OH 44309

**Hand delivered** application packet paperwork will be accepted by appointment only (call ahead) from 7 a.m. - 2:30 p.m.

Further information will be sent to the <u>accepted</u> applicants regarding classroom location and parking. EMT course books will be distributed at class. However, all <u>accepted</u> applicants must pick up a BLS manual between January 27-29, 2026 from the Summa EMS office (call ahead). <u>Accepted</u> applicants are also required to complete a fingerprinting/ background check by our Protective Services. Protective Services is open 7 am-3 pm and closed for lunch 11:30 am-12:30 pm. You will need to show your driver's license and provide your vehicle information (license plate number, make/model/color of vehicle you plan to drive/park in a Summa lot).

If you have any questions, please contact Jerri Page at 330-375-9514 or e-mail: pagej@summahealth.org

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#### Dear EMT Applicant:

Thank you for requesting information regarding the career field of an Emergency Medical Technician. This letter is to provide you with general information concerning the education of an EMT. We hope this will assist you in your decision to pursue this as a professional career.

#### **Career Opportunities**

Opportunities to be hired on a private ambulance service or in a hospital setting are limited in the Akron area. However, the surrounding communities with volunteer fire departments do hire EMT. An EMT certification may assist you in being hired in some healthcare facilities or as a peace officer. The EMT certification is a prerequisite for the paramedic program.

#### **EMT Course Description**

The program is divided into two parts: Didactic and Clinical

**Part I** consists of 160 hours of classroom time, of which half of the hours are devoted to practical skills. (rev. 1/2022)

**Part II** is the clinical portion of the course. The Summa EMT Advisory Committee requires 28 hours of clinical time: 12 hours of field experience riding with a local ambulance (TBD by program director), 12 hours total at Akron City Hospital's emergency department and 4 hours at Akron Children's emergency department. During the clinical rotation the EMT student is required to complete a minimum of 10 adult patient assessments, 8 squad patient assessments, and 4 pediatric patient assessments. Summa requires the EMT student to complete the clinical portion of the curriculum before the National Registry Written Exam.

Summa Health System adheres to the Ohio approved EMS curriculum standards. The curriculum is designed to teach the EMT student how to treat a patient based on their physical assessment findings, and signs and symptoms. The EMT is trained to perform basic life support skills (BLS) in the prehospital setting.

Summa offers the EMT program twice a year. The course is approximately 4½ months in duration.

Classes are held on two (2) weekday evenings:
Akron City Hospital Campus
Tuesdays & Thursdays
6:00 – 10:00 p.m.

#### **Admission Requirements for EMS Training**

- 1. Are at least 18 years of age and are not attending high school, <u>except</u> those students who are 17 years old provided that the student is enrolled in the 12<sup>th</sup> and final grade in a secondary program. NOTE: Must be at least 18 years old in order to take National Registry testing.
- 2. Have not been convicted of, please guilty to, or had a judicial finding of guilt for any of the following:
  - Fraud or material deception in applying for, or obtaining, a certificate issued in accordance with the Ohio EMS Board
  - A felony
  - A misdemeanor involving moral turpitude
  - A violation of any federal, state, county or municipal narcotics law
  - Any act committed in another state that, if committed in Ohio, would constitute a violation
- 3. High school graduate or obtained a GED
- 4. Be physically fit, of good moral character, and motivated to serve
- 5. Pass a FIT test (to use any type of respirator, filter-mask, etc.)

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The prospective student MUST submit a copy of the following:

- 1. High school diploma or GED
- 2. Valid Ohio's driver's license
- 3. Immunization records
  - Quantiferon blood test within 6 months of course start date to rule out TB. Note that TB skin testing not accepted.)
  - Current season flu immunization (starting after September 1, 2025)
  - Two (2) documented doses of MMR vaccine
  - History of Varicella or Varicella titer history of Varicella (Chicken Pox) —can be verbal history —or 2 vaccines or Varicella Titer.
  - Hepatitis B Vaccine series/ blood titers demonstrating immunity or declination statement
  - Tetanus Toxoid or Tetanus/Diphtheria within last 10 years
  - Urine 10-panel drug screen
  - COVID fully vaccinated (highly recommended but not currently required)

A good source of verification is your school immunization records. If you do not have the above documentation, you can obtain the required vaccinations from:

Center for Corporate Health 1860 State Road, Suite C Cuyahoga Falls OH 44223

Business hours: Monday-Friday 7:30 a.m.—4:30 p.m.

Telephone: 330-940-5770

**FEMALES:** If there is any possibility that you are pregnant, **DO NOT** receive the MMR vaccination. Have <u>three</u> blood titers (measles, mumps, rubella) drawn to determine your immunity status.

#### **Course Fees**

- 1. Tuition for the EMT Program is \$825 (see refund policy). Tuition fee includes an American Heart Association BLS Provider Course, all textbooks, and a background check. Tuition <u>must be paid in full</u> when you submit your application packet. We do not offer an installment plan for this program. Tuition payment alone does NOT reserve a place in the course. Payment can be made by certified check (no personal checks) or money order. For VISA or MasterCard payment contact Jerri Page in the EMS office to arrange payment. Under no circumstances will cash be accepted for payment. Note that financial aid is not available for this program.
- 2. You will be provided a stethoscope and a blood pressure cuff.
- 3. Plan ahead! The EMT student is responsible for the \$104 fee for the National Registry exam, which is required by the Ohio Board of EMS. The National Registry is a two-part exam, a practical skills exam and a computerized written exam. It is recommended that you pay your application fee at the time you complete your online application to take the written portion of the National Registry test. Fees to **retake** the National Registry exam are at the student's own expense.

#### **Refund Policy**

- 1. A 100% refund for applications being withdrawn by course application deadline.
- 2. A 50% refund for accepted applicants who withdraw after course deadline and/or during the first week of class.
- 3. NO REFUNDS AFTER THE FIRST WEEK OF CLASS.

### **Check Off List (for applicant's use only)**

I am at least 18 years of age or I am 17 years of age and enrolled in the  $12^{th}$  and final grade in a secondary program.

[] yes	Pick up BLS manual between January 27-29, 2026 from the Summa EMS office. During this time you will also need to get your ID badge and background check/fingerprinting done by Protective Services.
[ ] yes	Tuition fee of \$825 certified check or money order — no personal checks or cash accepted.
[] yes	FIT tested (in order to use any type of respirator, filter-mask, etc.)
[] yes	COVID vaccine (highly recommended but not currently required)
[] yes	Tetanus Toxoid or Tetanus/Diphtheria within last 10 years
[] yes	Urine 10-panel drug screen (send out test only -not rapid or instant test)
[] yes	Hepatitis B Vaccine series/blood titers demonstrating immunity or declination statement
[] yes	Documentation regarding history of Varicella (Chicken Pox) —can be verbal history— or 2 vaccines or Varicella Titer.
[] yes	Quantiferon blood test within $6$ months of course start date to rule out TB. Note that TB skin testing not accepted.)
[] yes	Documentation that you have received a current season flu immunization (starting <u>after September 1, 2025</u> ).
[] yes	Documentation that you have received two MMR vaccinations.
[] yes	A copy of a valid Ohio driver's license
[] yes	A copy of high school diploma or GED
√ [ ] yes	Completed Application Form

Tuition fee payable to: Summa Health EMS

Incomplete application packets will be returned to the student.

# SUMMA HEALTH EMS EMT PROGRAM CAAHEP #60011, OHIO #324 EMT Course Application Form

## Please print full **LEGAL** name middle initial last name maiden name DOB: \_\_\_\_\_ E-MAIL: \_\_\_\_ ADDRESS: \_\_\_\_\_ SS# \_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_ COUNTY: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) PLACE OF EMPLOYMENT: Classes will begin February 3, 2026 and will be held: **Summa Akron City Campus** 141 Forge Street, Akron **Tuesdays and Thursdays** 6:00 - 10:00 p.m. Have you ever been convicted of a felony? [ ] YES [ ] NO Qualifications for a certificate to practice as stated in section 4765-8-01 of the ORC: Section (3): Have not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any of the following: Fraud or material deception in applying for, or obtaining, a certificate issued in accordance with the Ohio EMS Board A felony A misdemeanor involving moral turpitude A violation of any federal, state, county or municipal narcotics law Any act committed in another state that, if committed in Ohio, would constitute a violation. If yes, explain: AUTHORIZATION AND RELEASE: As an applicant for admission into the educational program at Summa Health System, I hereby authorize Summa to fully and completely investigate my background generally, and, to that end, I further authorize and direct any and all of my past employers, physicians, schools, references and any and all other persons and organizations to answer all questions asked by Summa concerning, as the case may be, my ability, character, reputation, health, grades and previous employment record. I also understand that I will be fingerprinted by Summa's Protective Serves and said fingerprints will be submitted to the Bureau of Criminal Identification and/or the Federal Bureau of Investigation for evaluation. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to Summa Health System. \*If you are a minor, your parent must also sign\*. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent Signature: Date: