Life-savers Inc.
Your Health & Safety Training Resource

Dear Applicant,

Life-Savers, Inc., in cooperation with the Kentucky Board of EMS, will conduct a course in Emergency Medical Technician Training. The course is 174 hours in length and will be completed in approximately 9 weeks.

Enclosed are student application, general class guidelines, payment options sheet and CPR data sheet. The course contains classroom lecture, skill activities, and 24 hours of observation in an EMS unit. The lead instructor will arrange the location and times for the observations.

Life-Savers will fill this class by the first paid applicants which meet the Kentucky Board of EMS Guidelines: (902 KAR 13:02E)

- Be 18 years of age or older by the end of class.
- Not be convicted of a felony conviction, a guilty plea entered to a felony charge, an Alford Plea entered to a felony charge, or a completed felony diversion program
- Not be a person who compulsively and habitually uses drugs, controlled substances, or alcohol to the extent that it may affect his/her ability to perform the duties of an Emergency Medical Technician.
- Must be a Citizen of the United States and must show proof of Citizenship by providing a copy of Birth Certificate, or Social Security card.
- Hold at least a High School diploma or GED or be presently enrolled in grade 9-12, with a 2.0 GPA or better.
- Understand and be able to read, speak, and write the English language on at least a High School level.
- Must be physically and mentally capable of carrying out the duties and requirements of an Emergency Medical Technician-Basic.

Tuition is $1,275.00 per student Includes textbook and workbook. Upon successful completion of the course, certification testing is computer-based and administered by NREMT for an initial fee.

Life-Savers, Inc. does not discriminate on the basis of race, color, national origin, religion, marital status, sex, or handicap in any training program offered. **Life-Savers, Inc.** is a member in good standing with each of the following agencies and organizations:

- Kentucky Board of EMS
- American Heart Association
- National Registry of EMTs
- Kentucky Safety & Health Network
- National Association of EMS Educators

Life-Savers, Inc. is responsible for providing the EMT instructor, classroom location, supplies and necessary equipment. Questions related to eligibility, certification and re-certification are the responsibility of the Kentucky Board of EMS.

Life-Savers, Inc. Emergency Medical Technician Basic Training programs include these essential elements:

- Physician Medical Control
- Lead instructors are experienced in coordinating written and skills testing involving the National Registry.
- Instructors are experienced in scenario-based education (Current Kentucky EMT-B training format).
- Instructors and assistant instructors are a minimum of National Registry EMT-Basic.

To secure enrollment in an upcoming EMT-B training program the applicants should:

- Fully complete and return enclosed documents pages 2-5 along with the required non-refundable registration payment of $300.00 without CPR or $350.00 with CPR or payment in full of $1275.00 without CPR, $1,310.00 with CPR, (if selecting payment option #1 and paying in full before May 1, 2027 deduct $25 from the price of the class (page 4).

Return all enrollment documents to the address listed below.

Please feel free to contact me at (502) 961-6329 for additional class information

Sincerely Yours

Joe Welsh

Joseph Welsh, President
Life-Savers, Inc.

Email lifesavers@twc.com
www.life-savers.org
P.O. Box 197334
Louisville, KY 40259
Phone: (502) 961-6329
Cell: (502) 996-0791
Fax: (502) 961-6998

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Emergency Medical Technician Training Program
General Class Information

1. **Class attendance:** Only two absences are permitted one of these must be made up (Cannot be an EMT examination). Student must be present on the first night of class.

2. **Attendance Sheet:** Student must be in classroom and sign in on daily class roster by the start time of each class.

3. **Attire:** Appropriate comfortable casual clothing. Persons wearing offensive or inappropriate clothing could be asked to leave and change clothing.

4. **Tobacco usage:** Will be permitted in accordance with building owner's policies.

5. **Food and Drink:** Will be permitted in accordance with building owner's policies.

6. **Cell phones and Audible pagers:** will not be allowed to be turned on in the classroom or other skill practices.

7. **No student** that is on call will be allowed to participate in class lectures/skills.

8. **Equipment abuse:** Will result in immediate dismissal from class.

9. All equipment must be properly stored before class is dismissed.

10. Classroom must be cleaned, and desk/chairs placed in alignment before class is dismissed.

11. Successfully passing the written portion of the program:
    A written evaluation class average of **{70% true score}** in order to be recommended for **Final Written Testing. NREMT-B CBT examination will be utilized:**

12. Successfully passing the skill performance portion of the program:
    In order to be recommended for Final Skill Evaluation the student must:
    *** Successfully Complete 100%** of all classroom skill sheets and assignments.

13. EMS observation per Kentucky Board of EMS requirements will be arranged by program lead instructor.

14. Life-Savers, Inc., Program lead instructor or program assistant instructors will not be held liable for injuries resulting from inappropriate classroom or clinical activities.

Student Signature_____ **Date**_____

Student understands by signing this document he/she agrees to abide by the rules set forth on this sheet.

Return completed application (pages 2-5) to:
Life-Savers, Inc.
P.O. Box 197334,
Louisville, KY 40259

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P.O. Box 197334 Office (502) 961-6329 Fax (502) 961-6998
Louisville, KY 40259 lifesavers@twc.com www.life-savers.org

Application for Emergency Medical Technician
174 Hour Basic Program

Name	**Social Security No.**
Address	**DOB**
City, State, Zip Code	**Male**_____ **Female** _____
Telephone Numbers **Home** **Business** **email**	
Have you been fined or convicted for a violation of any law or now under charges for a violation of any law? Yes_____ **No**_____ **Give description:**	
Name and Address of Employer	
Brief Job Description	
Are you currently employed by a Fire or EMS service paid or volunteer?	**Length of employment** **Part Time**_____ **Full Time**_____
Name of service or agency	
Address	**City, State, Zip Code**
Briefly describe previous medical training	

Cost of class $1275.00 per student (Education Segment, textbooks included)
Day Class : 9:00 am – 3:00 pm Fixed schedule 3 days per week Mondays, Wednesdays, and Fridays
Location: Fern Creek FD, 7308 Fegenbush Ln. Louisville, KY 40228
Class starting date: May 24, 2027 Class ending date: August 4, 2027

Classes are filled on a first come, first serve basis with students meeting the Kentucky Board of EMS guidelines. Class size is limited. The program may be extended, or class meeting dates may change due to unforeseen circumstances beyond the instructor's control.

In accordance with the payment policy of Life-Savers Inc.
No refund of tuition shall be made unless cancellation is made to Life-Savers, Inc.
(15) fifteen days prior to the scheduled start date of class.

To the best of my knowledge, the above information is correct.

Applicant's Signature_____ **Date**_____/_____/_____

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P.O. Box 197334 Office (502) 961-6329
Louisville, KY 40259 lifesavers@twc.com www.life-savers.org

Emergency Medical Technician
Class Payment Options

Life-Savers, Inc. is dedicated to meeting the training needs of every organization and individual. Outlined below are several choices of payment options offered to each prospective student.

Program Fee $1,275.00

Option 1	**$1275 payment ($25 discount if paid prior to May 1, 2027 total $1,250.00)** on tuition, registration, books, barrier device and complimentary stethoscope. Payment to be submitted upon return of application.
Option 2	Payment of $300.00 which covers tuition, registration, books, and barrier device upon return of application. Tuition balance of $975.00 due on or before the first-class meeting, $350 if you will be taking the CPR class
IMPORTANT PLEASE READ!	***** In Accordance with the Rules set forth by the Kentucky Board of EMS, All students must be currently certified in AHA HealthCare Provider or American Red Cross Professional Rescuer CPR. The expiration date on the card must expire after August 31, 2027. If not, the student MUST also sign up for the CPR course below.**
American Heart Association Healthcare Provider CPR course.	**If you do not have a valid CPR card an additional fee of $50.00 must be added to your first payment upon return of application. This class will be a 4-hour course meeting on Wednesday, May 19, 2027, from 9:00 am – 1:00 pm. This class will be held at Fern Creek FD, 7308 Fegenbush Ln. Louisville, KY 40228**
Credit Card Authorization	**I authorize the following amount to be charged on my credit card $_____.** **Credit card type: Visa _____ Master Card _____ Discover Card _____** **Credit card number: _____** **Cardholder's Name: _____** **Cardholder's Address: _____** **Expiration Date: _____ 3-digit card verification code_____** **Cardholder's Signature: _____**

I agree to pay Life-Savers, Inc. by the following option #_____ listed above. I fully understand that regardless of which payment option I select, I will be obligated to pay in full, to Life-Savers, Inc. the non-refundable deposit of $300, (without CPR class) or $350.00 (with CPR class), & the balance of tuition of $975.0.00 regardless of attendance unless registration is cancelled 15 days prior to the start of the class start date.

A $25.00 fee will be charged on all returned checks.

Student Signature _____ Date_____/_____/_____

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lifesavers@twc.com www.life-savers.org

Emergency Medical Technician Course
CPR Card Verification Form

If you have a current **American Heart Association Healthcare Provider** card or an **American Red Cross Professional Rescuer** CPR card with an expiration date of August 31, 2027 or greater you must show proof. Please send a photocopy of your card front and back with legible signatures and expiration dates and return with your application. If you do not have one of these cards with an expiration date of at least August 31, 2027 you must sign up for the CPR course listed on page 4 for an additional cost of $50.00 for the class.

Please select and check which option applies to you:

_____ I do have an American Heart Association HealthCare Provider Card or an American Red Cross Professional Rescuer CPR card with an expiration date of August 31, 2027 or greater and I am including a photocopy of the front and back of the card with this application.

_____ I do not have either of these cards or my card will expire before August 31, 2027 and I am including the cost of $50.00 added to the $1,275.00 cost of the EMT-Basic course for a total of $1,310.00 ($1285.00 paid prior to May 1, 2027) for the 4 hour CPR class meeting on Wednesday, May 19, 2027 from 9am – 1pm, to be held at Fern Creek FD, 7308 Fegenbush Ln.. Louisville, KY 40228.

Student Signature _____ Date_____/_____/_____