



UNIVERSITY OF MINNESOTA

Emergency Medical Services

Department of Emergency Management · 2221 University Avenue SE · Suite 140 · Minneapolis, MN 55414
Telephone 612-624-8905 / Fax 612-627-4770 · umems@umn.edu · http://www.dem.umn.edu/umems

Non-Credit Course Application

Please type or print all information neatly.

General Information

Form with fields: Last Name, First Name, M.I., X500 ID (if known), Today's Date, Local Address, City, State, Zip Code, Phone Number, Permanent Address, Cell Phone, Pager, Work Phone.

Certifications

Table with columns: Required, Expiration Date, Certificate Number. Rows: EMT or First Responder Certification, AHA CPR Healthcare Provider (N/A), Other.

Course Information

Form with fields: Which Course Are You Applying For:, Date(s) of Course:, Cost of Course:

If you are applying for an EMT or First Responder course, initial or refresher, you MUST fill out a contract as part of your application (see pages 2 and 3)

Signature or Typed Name: _____ Date: _____

Please return this completed application electronically by emailing it to umems@umn.edu

You may also return this completed application by mail or in person during regular business hours to the Department of Emergency Management, Suite 140, 2221 University Avenue SE, Minneapolis, MN 55414. Please call the office at (612) 625-8047 if you have any questions.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.



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Contract for Non-Credit Courses

Thank you for your interest in the University of Minnesota Department of Emergency Management's Emergency Medical Technician or First Responder Course. Please read these instructions completely before proceeding.

Academic Credit: This is a non-credit class. To request this class be considered for credit, please consult your academic advisor.

Refund Policy: The following refund policy applies to all classes taught by University of Minnesota Emergency Medical Services.

Cancellation prior to first class: 100% refund

Withdrawal after completion of first class: no refund except by extenuating circumstances and with DEM approval

All applicants must submit the entire tuition payment along with this application in the form of a check or money order payable to "The Department of Emergency Management." A returned check fee of \$20 will be assessed on all returned checks.

The undersigned applicant for enrollment to the University of Minnesota Department of Emergency Management's Emergency Medical Technician (EMT) or First Responder (FR) Course of instruction understands and agrees to all of the following terms and conditions without exception:

1. Course Size: Course size will be determined prior to the start of the class. If fewer than 5 completed applications and tuition payments are received by the close of business on or prior to the deadline date, the course will be cancelled and reimbursements will be distributed to all applicants. Students will be accepted on a first come, first served basis.

2. Application Deadline: Applications will be accepted until the course is full. Should the course be filled, you will be notified.

3. Tuition and Fees/Penalties: Cost includes tuition and textbook materials.

Table with 3 columns: Course Name, non-active/non-UMEMS members, active UMEMS members. Rows include EMT - Basic Initial, EMT - Basic Refresher, First Responder Initial, and First Responder Refresher.

Active status is defined under the UMEMS Accountability policy. Free courses are only available to ACTIVE members. If 10 or more applications are received prior to the deadline, the course will go ahead and the tuition may not be refundable in whole or in part. All funds are to be payable in U.S. dollars by check or money order payable to "The Department of Emergency Management" and must accompany the application. I agree to pay a \$20 fee should my check be returned.

4. Medical: I understand that as part of the course of instruction, I will be placed in close contact with other students and actual patients. Such contact may result in my contact with diseases and human blood or body fluids, and/or items contaminated with blood or body fluids. By my signature on this application, I hereby release and agree to hold harmless the University of Minnesota, the Department of Emergency Management, the Fairview University Medical Center, Hennepin County, and their respective employees and agents from any and all damages that might result from such contact. I further understand, that while it is not a requirement for admission to or participation in this course, all students are urged to seek out and obtain vaccinations against Hepatitis B prior to attending the course. I agree to provide proof of current negative tuberculosis status and proof of current vaccination against Measles, Mumps and Rubella. Further, I understand that as part of the course I will be performing strenuous physical activity, including, but not limited to, lifting weights in excess of 150 (one hundred fifty) pounds and that the course will also require the use of motor vehicles, medical equipment and power and hand tools. By my signature below, I hereby certify that I have consulted a physician and my physical condition will allow me to participate without risk to myself or others and I release and agree to hold harmless the University of Minnesota, the Department of Emergency Management, the Fairview University Medical Center, Hennepin County, and their respective employees and agents from any and all damages which might result from such activity or use.



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5. Successful Completion: I understand that in order to successfully complete the course I must attend all class sessions. In addition, to successfully complete the course I must pass both the overall course practical and clinical rotation. Completion of this course will make me eligible to become certified as a NREMT Emergency Medical Technician (upon successful completion of NREMT written exam), First Responder, recertified as a Minnesota Certified Emergency Medical Technician.

6. I certify that I am at least 18 years of age, and I have thoroughly reviewed this document and agree to the terms and conditions of this contract without reservation or purpose of evasion:

Signature or Typed Name: _____ **Date:** _____

Please return this application with a check or money order for the full amount of tuition.

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University of Minnesota – Twin Cities
Suite 140, 2221 University Avenue SE
Minneapolis, MN 55414

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