



**HEALTH SHIELD EDUCATIONAL SERVICES
EMERGENCY MEDICAL SERVICE PROGRAM**

PO Box 674, Hallettsville Texas 77964

361.649.7567 Phone

"Helping you to help Others"

Dear Prospective EMS Program Student!

Thank you for your interest in the Health Shield Educational Services Emergency Medical Services Program. Currently, this program specializes in providing training for Emergency Care Attendant (ECA) and Emergency Medical Technician (EMT). These courses are provided by an approved Department of State Health Service (DSHS) training program and after completion, the student is then eligible to seek DSHS certification after taking and passing the National Registry of EMT examination.

Our EMT Class will start soon! The class is 164 hours with a 60 hour clinical. Clinical may be done at anytime after all required documentation is submitted. Inquire about course details.

In addition to the EMT lecture/lab sessions, a total of 60 hours will be scheduled in hospital/field experiences. Students are eligible to select the dates/times from a list of available shifts which includes weekdays, weekday evenings and throughout an entire weekend.

However, before you can begin the hospital/field experiences, you must submit the following items to DISA/CastleBranch:

- 1) Required immunizations; measles, mumps, & rubella (MMR), tetanus & diphtheria (DPT/Td), and Hepatitis B (HepB – complete series or positive titer)
- 2) Tuberculosis (TB) test results within the last year
- 3) Varicella (chickenpox) immunization or history of having the disease
- 4) Current copy of CPR certification (American Heart Association – Healthcare Provider, American Red Cross – American Red Cross, American Safety Health Institute - Basic Life Support.) All courses cover CPR for adult, child, and infant. Use of an AED.
- 5) Copy of High School diploma or GED.
- 6) Signed HIPAA policies.
- 7) Student insurance (www.hpsa.com).
- 8) Uniform and Appearance Clearance form.

You must also submit the following to DISA/CASTLEBRANCH, ***prior*** to the start of class:

- 1) Copy of Criminal Background results.
- 2) Urine drug screen (10 Panel).

Enclosed you will also find information concerning program admittance. Once completed you may return them to the office of the EMS Program. Seats are limited! Please complete the application and other documents and return as soon as possible. An interview must then be scheduled with the Program Director on a mutual date and time.

WELCOME TO AN EXCITING CAREER IN EMERGENCY MEDICAL SERVICES AND PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS.

Respectfully,

Chris Ramirez, Jr., LP

Health Shield Educational Services - EMS Program Director

Phone: 361.649.7567

Email: hsestdirector1@gmail.com

Facebook: Health Shield Educational Services EMS Program



Health Shield Educational Services Emergency Medical Service Program

PO Box 674
Hallettsville TX 77964
361.649.7567 Phone
www.healthshildededu.com

EMT Program Application

Class location to which you are applying: _____ Start Date: _____

Prospective Student Name (Print): _____

Current Address: _____
Street or PO Box City State Zip Code

Social Security Number: ____ - ____ - ____ DOB: ____ / ____ / ____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

EDUCATION

High School: _____
Name of High School *Address of High School*

Dates Attended: _____ Diploma Received In Progress GED

College Attended: _____
Name of College *Address of College*

Dates Attended: _____ Degree Earned: _____

College Attended: _____
Name of College *Address of College*

Dates Attended: _____ Degree Earned: _____

Technical Attended: _____
Name of Technical School *Address of Technical School*

Dates Attended: _____ Certificate Earned: _____

COURSE COORDINATOR USE ONLY:

DSHS Course Number: _____ Course Location: _____

Program Level: _____ Clinical Code: _____

CURRENT CERTIFICATIONS / LICENSES

List any EMS or Firefighting related certifications or licenses you currently possess.

Agency	Certification / License	Expiration Date

CURRENT EXPERIENCE

List any EMS Providers, First Responder Organizations, and Fire Departments for which you have worked or volunteered.

Agency	Location	Dates & Position Held

CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor (above a Class C)? No Yes
If Yes, please contact the Program Director to determine your eligibility for certification.

HEALTH STATUS

Have you ever been treated medically or surgically for any physical and/or mental conditions which would interfere with your ability to function as a trainee? No Yes
If Yes, please specify:

I hereby attest and declare that all information submitted on this form is true and correct. I understand that any false statement given or information on this student application, may be sufficient cause for dismissal from the EMS Program. Furthermore, it may be grounds for denial or loss of certification. I understand that all required paperwork must be submitted by myself to be accepted into the EMS Program.

Student Signature

Date

Student Printed Name



HEALTH SHIELD EDUCATIONAL SERVICES

P.O. Box 674, Hallettsville, Texas 77964

361.649.7567 Phone

"Helping you to help others"

Admission Requirements and Procedures for EMT Certification Checklist

Instructions: Please complete the following steps for admission into the Health Shield Educational Services EMS Program.

Items To be submitted for admission (BEFORE) the first day of class.

1. **COMPLETE THE STUDENT PROGRAM APPLICATION.** Take the time to fill out the Student Program Application completely and pay particular attention to all information that is requested. The application may be obtained by accessing healthshieldedu.com or requesting one to be emailed by contacting the Program Director at 361.649.7567 or hsestructor1@gmail.com. This document must be complete and have a signature of the student. The Student Program Application will be reviewed by the Admission's Coordinator and/or the EMS Program Director. All information must be TRUE AND CORRECT. Please review the attestation statement on the second page where a signature is required.
2. **IF REGISTERING LATE, SUBMIT THE STUDENT PROGRAM APPLICATION PRIOR TO THIRD CLASS MEETING.** The student must have completed and submitted the Student Program Application to the Admissions Coordinator and/or Program Director. The Student Program Application must be submitted NO LATER than the third-class meeting to be considered/accepted late into the EMT Program.
3. **SUBMIT EVIDENCE OF THE FOLLOWING TWO ITEMS:** Students will create a DISA Healthcare Technology account at <https://portal.castlebranch.com/DX73>, which is created by DISA specifically for Health Shield Educational Services. To create the account, the student will enter full name, date of birth, social security number, current address, phone number and email address. At the end of the online order process, although the student will be prompted to upload documents, he or she is not required to enter these when creating the account. They may skip this step and upload documents at a later date. [An app is available for smart phones for ease in uploading documents.] The student will then be placed in Health Shield Educational Services account compliance tracker. The following two (2) requirements will be submitted by the student before the first day of class. These are preadmission requirements - Background Check & 10 panel drug screen must be submitted into the DISA/CASTLEBRANCH BEFORE the first day of class.
4. **SCHEDULE AN INTERVIEW.** The prospective student, or Program Director may schedule an interview to discuss course and certification requirements.

5. **COMPLETE THE REGISTRATION PROCESS.** Once all required paperwork has been received and tuition/fees have been paid in full, or a payment plan is mutually agreed, is when the student has satisfied all admission requirements.

Items To be submitted/completed PRIOR to beginning clinicals.

6. **SUBMIT EVIDENCE OF EACH OF THE FOLLOWING, WHICH IS TO BE UPLOADED TO DISA/CASTLEBRANCH PRIOR TO ENTERING THE CLINICAL SETTING:**

- **Current MMR** (measles, mumps, rubella).
- **DPT/Td (tetanus-diphtheria) Tetanus** must be less than 10 years.
- **Varicella (chickenpox) immunity.** If students have had chickenpox, The student may complete and submit the "History of Illness – Varicella." Form. Contact the Program Director for obtaining this form.
- **Completion of the Hepatitis "B" immunization series** or serologic confirmation of immunity. If the student does not have the Hepatitis "B" immunization, contact the Admission's Coordinator about an accelerated series of the Hepatitis Series.
- **TB test** – one skin test is needed. A negative skin test result is needed. If a positive result is obtained, a chest x-ray report within one year showing no active tuberculosis.
- **Current CPR card** ("BLS Provider" – American Heart Association, "Healthcare Provider" – American Red Cross, or "Basic Life Support" – American Safety Health Institute).
- **Documentation of insurance** for clinicals. www.hpsso.com
- **Signed Health Shield Educational Services HIPAA policies** to verify training prior to beginning clinical.
- **Copy of High School diploma, transcript, or GED.** 17 year olds must submit a transcript to verify they are in progress in obtaining their GED or High School diploma.
- **Uniform and Appearance Clearance form.** This form is to be completed and uploaded after the student obtains all clinical items as part of the clinical uniform.

It is the responsibility of the student to create their DISA/CastleBranch account and submit the appropriate documents. A student will not be allowed to enter the clinical setting until all documents are submitted and approved. The clinical begin date will be noted on the EMT Course schedule, which is typically 4-5 weeks after the course begins. If the student is not compliant with the DISA/CastleBranch requirements by the deadline, points will be deducted from the clinical grade. DISA/CastleBranch will be available to begin uploading documents before the beginning of class by notification from the Admissions Coordinator. The Admissions Coordinator will email a link to the student to set up their account when the Health Shield DISA/CastleBranch account becomes available.

Please contact the Program Director at 361.649.7567 or by email at hsestdirector1@gmail.com or the Admissions Coordinator at 361.433.3410 or by email at patriciarhses@gmail.com if you have any questions concerning the EMS Program.



HEALTH SHIELD EDUCATIONAL SERVICES

PO Box 674, Hallettsville Texas 77964

361.649.7567 Phone

Helping You to Help Others

EMT COURSE AGREEMENT FORM

Instructions: Please review the following steps for admission and course completion within the Health Shield Educational Services EMS Program.

- **COMPLETE PROGRAM APPLICATION.** I understand I must fill out the "***Student Program Application***" completely, and truthfully, and pay particular attention to all information that is requested.
- **PROGRAM INFORMATION:** I have received, and understand, the following information from the Program Director/Instructor:
 - Course Syllabi explaining all course grading criteria. (Attendance, Grading criteria, etc.)
 - Clinical Course Syllabi explaining clinical hour requirements, HIPAA policies, clinical uniform policies, grading criteria, etc.
 - EMT course schedule.
 - Current copy of the "**STUDENT HANDBOOK**".
 - Current copy of the "**INFECTION CONTROL PLAYBOOK**" and instruction in reporting an exposure.
- **COURSE TUITION:** All fees must be paid which also includes the outline of payments if a course tuition payment plan is utilized by the student.
- DISA-Submit current MMR (measles, mumps, rubella).
- DISA-DPT/Td (tetanus-diphtheria), and varicella (chickenpox) immunity.
- DISA-Completion of the Hepatitis "B" immunization series or serologic confirmation of immunity.
- DISA-TB test. Skin test results or chest x-ray report within one year showing no active tuberculosis.
- DISA-Current CPR card ("BLS Provider" – American Heart Association, "Healthcare Provider" – American Red Cross, or "Basic Life Support" – American Safety Health Institute).
- DISA-Submit documentation of insurance for clinicals. (www.hpso.com)
- Signed Health Shield Educational Services HIPAA policies to verify training prior to beginning clinical.
- DISA-Submit a copy of GED or High School diploma.
- DISA-Uniform and Appearance Clearance form.
- Submit a Criminal Background check into the DISA/CASTLEBRANCH. ***THIS MUST BE SUBMITTED PRIOR TO FIRST CLASS MEETING!!***
- Submit results of a 10 panel drug screen into the DISA/CASTLEBRANCH. ***THIS MUST BE SUBMITTED PRIOR TO FIRST CLASS MEETING!!***
- ***ALL DOCUMENTATION MUST BE SUBMITTED PRIOR TO BEGINNING CLINICALS AND UPLOADED TO DISA/CASTLEBRANCH, except Criminal Background Check and 10 Panel Drug Screen results. These two items must be submitted into the DISA/CASTLEBRANCH before the first class meeting.***

- **SCHEDULE AN INTERVIEW.** The prospective student, or Program Director may schedule an interview to discuss course and certification requirements.
- **COMPLETE THE REGISTRATION PROCESS.** I understand that once all required paperwork has been received and tuition/fees have been paid in full, or a signed Promissory Note is utilized, is when the student has satisfied all admission requirements.
- **COURSE COMPLETION:** I understand that I must have all of the following completed to receive a Course Completion Certificate from Health Shield Educational Services:
 - Complete all course grading requirements as outlined for the current Course and Clinical Syllabi which reflects passing scores.
 - Have submitted all documentation to begin clinicals.
 - Have completed, and passed, all skills and have submitted a completed course skills packet PRIOR to the Comprehensive Course Final.
 - Submit all clinical documentation prior to the deadline for a final passing grade for clinicals.
 - I understand that there are no extension on deadlines in regards to clinical.

By my signature below, I have received, and understand, the information as listed in this agreement.
 I also understand all the grading and course/clinical guidelines.

Student Printed Name: _____

Student Signature: _____

Program Director Printed Name: _____

Program Director Signature: _____

DSHS Course Number Enrolled In: DSHS# _____

Semester: _____

Please contact the Program Director at 361.649.7567 if you have any questions concerning the EMS Program.



HEALTH SHIELD EDUCATIONAL SERVICES

EMS Program

PO Box 674

Hallettsville Texas 77964

Helping you to help others

DISA/CastleBranch Agreement Form

PURPOSE

DISA Healthcare Technology is utilized by the EMS Program to streamline and track submission of required paperwork by the EMS Program student. It is a secure web system for entering documentation by the student while enrolled in the EMT Program. Essentially, this is a compliance tracker. It is the responsibility of the student to upload/submit the paperwork as outlined in the course syllabi/course schedule. DISA Healthcare Technology will keep the student advised of their progress of their paperwork submitted. Attempts will be made by the Health Shield Educational Services Administration/Program Director to keep the student advised of their progress as well.

INSTRUCTIONS

Students will create a DISA Healthcare Technology account at <https://portal.castlebranch.com/DX73>, which is created by DISA specifically for Health Shield Educational Services. To create the account, the student will enter full name, date of birth, social security number, current address, phone number and email address. At the end of the online order process, although student will be prompted to upload documents, he or she is not required to enter these when creating the account. They may skip this step and upload documents at a later date. [An app is available for smart phones for ease in uploading documents.] Student will then be placed in Health Shield Educational Services account compliance tracker.

The following two (2) requirements will be submitted by the student *before* the first day of class. These are ***preadmission requirements***.

1. Background Check - \$64.00
2. Drug Test – \$40.07

The following documents will be required to be submitted, each with a due date in which the item must be uploaded and complete. Student pays approximately \$53.00 to purchase this package.

- **Tetanus, Diphtheria and Pertussis (Tdap)** - Documentation of a single Tdap dose as an adolescent or adult within the last 10 years. Renewal with a Tdap will be set for 10 years from the last administered dose date.
- **Tuberculosis (TB) screening results** - This consists of one skin test. After the skin test is completed, it will need to be “read” by the persons who administered the skin test. If positive results are given to the student, they must provide a “clear” chest X-Ray report following the last positive test report, administered within the past 12 months.
- **Hepatitis “B” Series** - One of the following is required: Documentation of a completed series (3 vaccines/injections). The injections may have been given over 6 months. If the student needs the Hepatitis “B” series, this can be given through an accelerated series which can be received over a matter of approximately four weeks, to be able to begin clinical. PLEASE CONTACT HEALTH SHIELD EDUCATIONAL SERVICES administration for information in obtaining an accelerated series. A positive antibody titer may be submitted (lab report or physician verification of results is required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer.

- **Measles, Mumps and Rubella (MMR)** – Student must show evidence of a completed MMR. One of the following is required: 2 vaccines or antibody titer for all 3 components (lab report or physician verification required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer.
- **Varicella (Chickenpox)** - One of the following is required: 1 vaccine or positive antibody titer (lab report or physician verification of results is required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer. OR a completed “*Documenting History of Illness: Varicella*” (*Chickenpox*) form. This form is applicable if the student has had the chickenpox. Contact Health Shield Educational Services Administration so this form may be emailed to you.
- **CPR Certification** – Health Shield Educational Services accepts one of the following: American Heart Association – “BLS Provider”, American Red Cross – “Healthcare Provider”, or American Safety Health Institute – “Basic Life Support”. Online certification cards will not be accepted. This certification can be obtained anywhere.
- **Proof of Insurance** – This insurance is to be purchased from the student which must be in place prior to entering clinical. This is not medical insurance. If a student is injured in clinical, they assume all costs. The insurance must be purchased through www.HPSO.com. For instructions to obtain this insurance, contact Health Shield Educational Services Administration.
- ***HIPAA** – *This training will be provided in class.* The signed policies must be submitted to the CastleBranch.
- **Evidence of High School Diploma or GED**
- ***Uniform & Appearance Clearance Form** – *This form will be provided in class and will be completed prior to the beginning of clinical rotation.*

The student will submit the above documents by one of the following:

- taking a photo of the document and uploading it to DISA Healthcare Technology
- mailing it to DISA Healthcare Technology
- faxing it to DISA Healthcare Technology

After DISA has received the document, it typically takes 3-5 days for DISA to make a determination if the document is acceptable as per HSES parameters. During this time period, the status of the document is “**Pending**”. If it is acceptable, it will then receive the status of “**Complete**”. If it is not acceptable, it will receive the status of “**Rejected**”. The student, as well as the Program Director or Program Administration, can view the explanation as to why the document was rejected and the measures that the student should take to become compliant. The student will receive an alert via email as the deadline for the requirements nears if it has not yet been uploaded. If a student is found to be not in compliance after the deadline, they will receive an alert via email from DISA and the status online will change to “**Overdue**”. At any time, the student as well as the Program Administration/Program Director can view the status of the account requirements. The uploaded documents can also be viewed directly by clicking a link. These documents can also be printed.

Student Agreement

By my signature, I understand and agree to truthfully complete/submit the paperwork as mentioned above to DISA Healthcare Tecnology. I understand by not completing and submitting this information could cause me not to complete the EMT class. I understand that I will not be allowed in clinical until all items are showing a “Complete” status.

Student Signature/Date

Program Director Signature



HEALTH SHIELD EDUCATIONAL SERVICES
PO Box 674, Hallettsville, Texas
Helping You to Help Others

EMT COURSE SUPPLY LIST

Our program wants to adequately prepare our students to succeed! In doing so, we are providing this list of supplies that may be purchased by the student. Some items will be provided by the EMS Program as noted below. Please contact the Course Coordinator if you have any questions.

Recommended Classroom Materials

Recommended Number of Items	Item Description	Purpose
3	#2 Pencils	These items are used to fill in scantrons that are used to answer questions on major exams. Scantrons are provided for the exams by the Program.
3	Black Ink Pens	These items are used to fill out course materials. Black ink is better seen on scanned documents.
1	2 or 3 Inch Three Ring Binder	This is used to organize all course materials/paperwork that is provided by the Program.
1 Pack	Index cards	These cards are for the Signs and Symptom assignment within the course.
1	Legal Pad or Spiral notebook	This is used for note taking within the course.
1	Laptop/iPad/Tablet	This is used for note taking within the course. Wi-Fi may be used at the facility where the course is conducted by personal "Hotspots".
1 Pack	Colored Highlighters	To emphasize course book work.
1	Blanket or Jacket	In case the room temperature is too cool.

NOTE: The EMS Program will supply the following items:

- Classroom cleaning material/supplies.
- Coffee maker/Coffee (Students may bring their own cups and condiments)
- Three hole punch/Scantrons/Stapler/Pencil Sharpener