



# Health Shield Educational Services Emergency Medical Service Program

PO Box 674  
Hallettsville TX 77964  
361.649.7567 Phone  
[www.healthshildededu.com](http://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  
EMERGENCY MEDICAL SERVICE PROGRAM**

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*"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 Spring 2025 EMT Class starts 1/6/25 and ends 5/19/25!** The class is 164 hours with a 60 hour clinical and will meet **Monday's and Wednesday's from 6:00pm – 10:00pm and will be conducted at the Detar Healthcare System North Classroom (The Grapevine), 110 Medical Drive, Victoria Texas. 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, we must have on file a copy of the following submitted to 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 (HPSO).
- 8) Uniform and Appearance Clearance form.

You must also submit to the Program Director, prior to start of class:

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

Enclosed you will also find information concerning tuition and fees and program admittance. Once completed you may return them to the office of the EMS Program. Seats are limited! Please complete the applications 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: hsesdirector1@gmail.com

Facebook: Health Shield Educational Services

# HEALTH SHIELD EDUCATIONAL SERVICES

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## Admission Requirements and Procedures for EMT Certification Checklist

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**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 requesting one to be mailed or emailed by contacting the Program Director at 361.649.7567 or hsesdirector1@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:** 1) A 10 panel urine drug screen with negative results. This can be done at a doctor's office or a private testing entity. 2) A criminal background check. This must be done with the Texas DPS website. The student must create an account and pay the \$3.00 fee.
4. **THE WEBSITE TO OBTAIN THE BACKGROUND IS:**  
<https://publicsite.dps.texas.gov/ConvictionNameSearch/>  
If the student has a criminal background the student must contact the EMS Program Director about certification eligibility. A student cannot be denied entry into the EMT Program based upon criminal history.
5. **EMAIL THE RESULTS.** The drug screen results and background check must be submitted to the EMS Program by emailing to: hsesdocuments@gmail.com **BEFORE** the first day of class.
6. **SCHEDULE AN INTERVIEW.** The prospective student, or Program Director may schedule an interview for course and certification requirements.

\*\*\*OVER\*\*\*

- 7. 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 begin clinicals.**

**8. SUBMIT EVIDENCE OF EACH OF THE FOLLOWING, WHICH IS TO BE UPLOADED TO 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](http://www.hpsso.com)
- Signed Health Shield Educational Services HIPAA policies to verify training prior to beginning clinical.
- Copy of GED or High School diploma. 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.
- Obtain all clinical items as part of the clinical uniform.

It is the responsibility of the student to create their 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 CASTLEBRANCH, points will be deducted from the clinical grade. The CASTLEBRANCH is set "Live" at the beginning of class by the Admission's Coordinator. A code is generated where the student may set up their account which the Admission's Coordinator will also email the students when the account is open.

***Please contact the Program Director at 361.649.7567 or by email at [hsestdirector1@gmail.com](mailto:hsestdirector1@gmail.com) or the Admission's Coordinator at 361.433.3410 or by email at [patriciarhses@gmail.com](mailto:patriciarhses@gmail.com) if you have any questions concerning the EMS Program.***

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## EMT COURSE AGREEMENT FORM

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**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.
  - Course Schedule.
  - Current copy of the "**STUDENT HANDBOOK**".
  - Current copy of the "**INFECTION CONTROL PLAYBOOK**" and instruction in reporting.
  - **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.
  - Submit current MMR (measles, mumps, rubella).
  - DPT/Td (tetanus-diphtheria), and varicella (chickenpox) immunity.
  - Completion of the Hepatitis "B" immunization series or serologic confirmation of immunity.
  - TB test. Skin test results or 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).
  - Submit documentation of insurance for clinicals.
  - Signed Health Shield Educational Services HIPAA policies to verify training prior to beginning clinical.
  - Submit a copy of GED or High School diploma.
  - Uniform and Appearance Clearance form.
  - Submit a Criminal Background check. DPS website. *THIS MUST BE SUBMITTED PRIOR TO FIRST CLASS MEETING!!*
  - Results of a 10 panel drug screen.
  - ***ALL DOCUMENTATION MUST BE SUBMITTED PRIOR TO BEGINNING CLINICALS AND UPLOADED TO CASTLEBRANCH, except Criminal Background Check and 10 Panel Drug Screen results. These two items must be submitted to the Program Director prior to first class meeting.***
- **SCHEDULE AN INTERVIEW.** The prospective student, or Program Director may schedule an interview for 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 of the grading and course/clinical guidelines.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Program Director Printed Name: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

DSHS Course Number Enrolled In: DSHS #621909, Aransas Pass Texas

Semester: Spring 2025

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

# HEALTH SHIELD EDUCATIONAL SERVICES

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## CastleBranch Agreement Form

### PURPOSE

CastleBranch 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. CastleBranch 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 CastleBranch account at [www.castlebranch.com](http://www.castlebranch.com). The student will be prompted to enter a package code which is created by CastleBranch 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 pays \$45.00 to purchase this package. Student will then be placed in Health Shield Educational Services account compliance tracker.

The following documents will be required to be submitted, each with a due date in which the item must be uploaded and complete.

- **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 is in need of the Hepatitis "B" series, this can be given through an accelerated series which can be received over a matter of a few months so as to be able to begin clinical. PLEASE CONTACT HEALTH SHIELD EDUCATIONAL SERVICES administration for information in obtaining an accelerated series. A 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.



- **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](http://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 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 CastleBranch
- mailing it to CastleBranch
- faxing it to CastleBranch

After CastleBranch has received the document, it typically takes 3-5 days for CastleBranch 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 CastleBranch 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**

I, by my signature, understand and agree to truthfully complete/submit the paperwork as mentioned above to CastleBranch. I understand by not completing and submitting this information could cause me not to complete the EMT class.

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Student Signature/Date

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Program Director Signature/Date

## Documenting History of Illness: Varicella (Chickenpox)

*This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).*

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

### Proof of having had chickenpox disease can be proved by:

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

“This is to prove that \_\_\_\_\_ had chickenpox on or about  
(Name of student)  
\_\_\_\_\_ and does not need varicella vaccine.”  
(month / day / year)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Date)

Visit our website at:  
[www.immunizetexas.com](http://www.immunizetexas.com)



## Documentación del historial de enfermedad: Varicela (*Chickenpox*)

*Este formulario resume las "Excepciones al Requisito de Inmunización (Verificación de inmunidad/Historial de la enfermedad)" incorporadas en el Título 25, Servicios de Salud, Sección §97.65 del Código Administrativo de Texas (TAC).*

La Sección §97.65 del TAC estipula: "Una declaración firmada de uno de los padres (o tutor legal, o padre con la custodia principal), o la enfermera de la escuela o un médico, la cual dé fe de que el niño o estudiante tiene un historial positivo de enfermedad de la varicela (*chickenpox*), o tiene inmunidad a la varicela, es aceptable en lugar de un registro de la vacuna contra esta enfermedad (vea el formulario en <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>)." Las enfermeras de la escuela también pueden hacer una declaración por escrito para registrar los casos de varicela que vean. La escuela hará y guardará copias de cualquier informe que demuestre que se ha tenido la enfermedad de la varicela o de los resultados de cualquier análisis serológico que se hayan entregado como prueba de inmunidad. El original debe regresarse al padre o tutor. Si el padre o tutor no pueden proporcionar el historial de enfermedad, o no cuentan con evidencia serológica disponible, el requisito de vacunación contra la varicela debe cumplirse.

### Se puede probar que se ha tenido la enfermedad de la varicela mediante:

1. Confirmación serológica sanguínea de inmunidad a la varicela.
2. Un informe por escrito de un médico, enfermera de la escuela, o uno de los padres o tutor del niño o estudiante, que diga algo como lo siguiente:

"Por este medio demuestro que \_\_\_\_\_  
(Nombre del estudiante)

tuvo varicela en esta fecha o en una fecha aproximada \_\_\_\_\_ y no  
necesita la vacuna contra la varicela."  
(mes / día / año)

\_\_\_\_\_  
(Firma)

\_\_\_\_\_  
(Relación con el estudiante)

\_\_\_\_\_  
(Fecha)

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[www.immunizetexas.com](http://www.immunizetexas.com)



# Estimated Tuition and Fees

HEALTH SHIELD EDUCATIONAL SERVICES - EMS PROGRAM

Costs are for year 1/1/2023 - 12/31/2024, but are subject to change.

## Emergency Medical Technician Tuition and Fees

Course Name	Course Hours	Tuition	Lab Fee	Insurance	Total
EMT (Lecture & Lab)	164	\$1,525.00	\$50.00	\$0.00	\$1,575.00
EMT (Clinical)	60	\$325.00	\$95.00	\$0.00	\$420.00
<b>Tuition &amp; Fee Total</b>					<b>\$1,995.00</b>

**\*\* Payment plans available - Contact the Program Director for Details.**

Estimated Cost of Textbooks and Course Materials	
One Clinical Uniform Shirt	Provided by the EMS Program. Extra shirts are approx. \$32.00
ID Badge	Provided by the EMS Program.
Clinical Handbook, Homework Assignments	Provided by the EMS Program.
PowerPoints	Provided by the EMS Program.
National Registry Skills Testing	Provided by the EMS Program.
Emergency Care 14th Ed. Textbook	Purchased by the student. Approx. \$115.00 - <a href="http://www.fireemsbooks.com">www.fireemsbooks.com</a> ISBN: 978-0-13-537913-4
CPR Certification Card (Adult, Child, Infant CPR & AED)	American Heart Association "BLS Provider", American Red Cross "BLS Provider" American Safety Health Institute "Basic Life Support"
Black or blue EMS pants.	Purchased by the student. Prices vary.
EMS Boots/Shoes	Purchased by the student. Prices vary.
Stethoscope, Penlight, Trauma Shears	Purchased by the student. Prices vary.
Student Insurance	Purchased by the student from <a href="http://www.hpsso.com">www.hpsso.com</a> . Approx. \$42.00
National Registry CBT - Computer Test	Purchased by the student and student must schedule the exam. \$104.00 per each attempt.
Department of State Health Services State Application	Purchased by the student. Approximately \$60.00
CastleBranch (Tracks Immunizations/Program documents)	Purchased by the student. \$42.00
Drug Screen (Elite Testing & Screening)	Purchased by the student \$45.00 (plus tax). Instructions and forms provided by the EMS Program.
FBI Background Check (For Program Admittance)	Purchased by the student. Texas DPS Website. \$3.00
FBI Fingerprint background for Texas Certification	Purchased by the student. Approximately \$42.00

To order textbook call 800.253.8183 and speak with John Preuer. Advise him you are attending the Health Shield EMT class.

\*\*\*Optional Online Test Materials: FISDAP, JB Learning. Contact the EMS Program Director for details.\*\*\*

# HEALTH SHIELD EDUCATIONAL SERVICES

## EMS Program

PO Box 674, Hallettsville Texas 77964

### EMERGENCY MEDICAL TECHNICIAN

### COURSE TUITION & FEES

**COURSE NAME:** Emergency Medical Technician **COURSE/CLINICAL HOURS:** 164 Hours/60 Hours

#### Required Tuition/Textbook/Items

**Course Tuition: \$1,995.00.**

**Items that the tuition will pay for:** includes a student clinical ID badge, one clinical uniform shirt (additional shirts may be ordered by the student at approximately \$32.00), and one Clinical Handbook. The tuition also pays for all paperwork for tests, quizzes, and homework assignments.

**Full payment** may be paid by the first class day. Payments may be made by cash, check, money order, or an invoice may be sent to a sponsoring organization with a 10-day term. Checks may be made out to: Health Shield Educational Services. There are fees associated with certification by the National Registry and the Texas Department of State Health Services which are the responsibility of the student.

**A payment plan** can be utilized by the student. **Payment Plan Policy:** A down payment of \$500.00 must be paid *before the first day of class* along with establishing a Promissory Note. After the initial payment is received, a Promissory Note will be generated with the remaining amount due at the 20<sup>th</sup> of each month. The student may pay anytime before the 20<sup>th</sup>. If the payment is not turned in to the instructor on or before the 20<sup>th</sup> a \$50.00 late fee will be attached to the late monthly payment. If the 20<sup>th</sup> occurs after a class, for example a Saturday, the payment may be made on the following class day with no late fee. Any missed payments will generate an email to the student stating their payment and a late fee is due. The student may pay after that to become current. If the student does not pay and waits until the next payment date, that payment is due along with the last payment and late fee. If the student misses two consecutive payments, this will result in a drop from the EMT Program. No partial payments will be accepted. Late payments may also jeopardize a student's course completion. If the payment plan is used by the student, the remaining balance must be paid in full by Test #4. If the remaining balance is not paid by Test #4, the student will be dropped from the EMT Program with no refund of monies paid towards tuition. Receipts are generated for any monies received.

#### **REQUIRED ITEMS PURCHASED BY THE STUDENT:**

##### **Textbook:**

Title: "Emergency Care" 14<sup>th</sup> Edition. By Limmer and O'Keefe.  
ISBN: 978-0-13-537913-4

The textbook may be rented, purchased new, or an electronic version may be purchased. The textbook may be purchased from websites such as AMAZON, Chegg's, www.fireemsbooks.com, etc. A workbook is available for this textbook but is not required. There are websites that are available for testing preparation. *Contact the EMS Program Director if you have any questions.*

**\*\*OVER\*\***

**Criminal background check:** This must be submitted *before the first class day*. Texas DPS website \$3.00. After the search results are obtained the results may be emailed to [hsedocuments@gmail.com](mailto:hsedocuments@gmail.com) for submission in the student folder.

<https://publicsite.dps.texas.gov/ConvictionNameSearch/>

**10 panel Drug Screen:** This must be submitted *before the first class day*. The testing may be obtained at a private physician office, testing laboratory, etc. with negative results. Once the results are obtained the results may be emailed to [hsedocuments@gmail.com](mailto:hsedocuments@gmail.com) for submission in the student folder.

**Clinical Liability Insurance:** Health Shield Educational Services only accepts Student Liability Insurance from HPSO. The student must set up an account with [www.HPSO.com](http://www.HPSO.com) and purchase liability insurance which must be in the students file prior to performing clinical and the "Certificate of Insurance" must be submitted to CASTLEBRANCH. Approximate cost is \$42.00. Health Shield Educational Services does not offer Medical/Injury insurance for students. If a student is injured in clinical they are not covered by HPSO insurance.

**Clinical Items to be purchased by the student:**

- Stethoscope. Prices vary.
- One pair of trauma shears. Prices vary.
- One penlight. Prices vary.
- EMT Pants. Must be black. Prices vary.
- Black belt. Prices vary.
- EMS Shoes/Boots. Steel-toed not required but must be black. Prices vary.

*Costs are for year 1/1/25 through 12/30/26, but are subject to change.*

Please feel free to contact our offices with any questions you may have.

Admissions Coordinator:

**Patricia Ramirez**

Mail: PO Box 674, Hallettsville Texas 77964

Email: [patriciarhses@gmail.com](mailto:patriciarhses@gmail.com)

Cell: 361.433.3410

I have received and understand the Emergency Medical Technician Course Tuition & Fees document.

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Student Name Printed

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Student Signature

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Date

# HEALTH SHIELD EDUCATIONAL SERVICES

Emergency Medical Service Program

## EMT Course

Course Location: Victoria - 110 Medical Drive, Victoria, Texas - DSHS# 621818 - Spring 2025

6:00 pm - 9:50 pm				6:00 pm - 9:50 pm					
Day	Date	Lecture Topic	Text Chapter & Pages	Instructor	Day	Date	Skills Lab	Text Chapter & Pages	Instructor(S)
Mon	1/6/25	Introductions		Gomez	Wed	1/8/25	The Well-Being of the EMT-Basic	EC Chp.2 (22-52)	Gomez
		Course Overview & Completion Requirements	Course Syllabus				Lifting and Moving Patients	EC Chp. 3 (53-77)	
		DSHS/NREMT Certification Requirements	Handout				Medical Terminology	EC Chp. 5 (102-112)	
		Introduction to Emergency Medical Care	EC Chp.1 (2-20)						
Mon	1/13/25	Medical/Legal- Ethical Issues	EC Chp.4 (78-99)	Gomez	Wed	1/15/25	Anatomy & Physiology	EC Chp. 6 (111-149)	Gomez
		HIPAA Training	Video/Exam/Policies				Principles of Pathophysiology	EC Chp. 7 (157-181)	
		Jurisprudence Assignment	Exam						
Mon	1/20/25	Lifespan Development	EC Chp. 8 (174-188)	Gomez	Wed	1/22/25	<b>SKILLS PRACTICE (As Listed Below)</b>	NREMT Skill Sheet	Gomez
		Airway Management	EC Chp. 9 (200-234)				<i>Opening the Airway/Bag Valve Mask</i>	NREMT Skill Sheet	
		Respiration and Artificial Ventilation	EC Chp. 10 (236-285)				<i>Airway Adjuncts/Mouth to Mask</i>	NREMT Skill Sheet	
Mon	1/27/25	Scene Size Up	EC Chp. 11 (288-309)	Gomez	Wed	1/29/25	<b>SKILLS PRACTICE (As Listed Below)</b>		Gomez
		The Primary Assessment	EC Chp. 12 (312-335)				<i>Vital Signs and SAMPLE Hx Practice</i>	NREMT Skill Sheet	
		Vital Signs and Monitoring Devices	EC Chp. 13 (338-365)				<i>Glucometers, Pulse Oximetry Practice</i>	NREMT Skill Sheet	
Mon	2/3/25	<b>WRITTEN TEST #1</b>	EC Chps. 1-13	Gomez	Wed	2/5/25	<b>SKILLS VERIFICATIONS (As Listed Below)</b>		Gomez
		<b>Review Test</b>					<i>Upper Airway, Mouth to Mask, O2 Admin., BVM</i>	NREMT Skill Sheet	
		<i>*Clinical Scheduling For Eligible Students*</i>	Clinical Handbook				<i>*Clinical Scheduling For Eligible Students*</i>	Clinical Handbook	
Mon	2/10/25	Principles of Assessment	EC Chp. 14 (368-401)	Gomez	Wed	2/12/25	Communication and Documentation	EC Chp. 17 (462-449)	Gomez
		Secondary Assessment	EC Chp. 15 (403-418)				<b>SKILLS PRACTICE (As Listed Below)</b>		
		Reassessment	EC Chp. 16 (453-459)				<i>Patient Assessment (Physical Survey) Practice</i>	HSES Skill Sheet	
Mon	2/17/25	General Pharmacology	EC Chp. 18 (494-514)	Gomez	Wed	2/19/25	<b>SKILLS PRACTICE (As Listed Below)</b>		Gomez
		Respiratory Emergencies	EC Chp. 19 (420-552)				<i>Adm. of Bronchodilators via MDI &amp; SVN</i>	HSES Skill Sheet	
		Cardiovascular Emergencies	EC Chp. 20 (553-577)				<i>Adm. of Nitroglycerin and Aspirin</i>	HSES Skill Sheet	
Mon	2/24/25	Resuscitation	EC Chp. 21 (583-616)	Gomez	Wed	2/26/25	Infection Diseases and Sepsis	EC Chp. 24 (669-692)	Gomez
		Diabetic Emergencies and Altered Mental Status	EC Chp. 22 (619-647)				<b>SKILLS PRACTICE (As Listed Below)</b>		
		Allergic Reaction	EC Chp. 23 (650-667)				<i>Glucometer &amp; Admin. Oral Glucose</i>	Skills Review	
Mon	3/3/25	Poisoning and Overdose Emergencies	EC Chp. 25 (574-600)	Gomez	Wed	3/5/25	<i>Epinephrine Auto Injector Practice</i>	HSES Skill Sheet	Gomez
		Abdominal Emergencies	EC Chp. 26 (601-618)				Hematologic and Renal Emergencies	EC Chp. 28 (635-650)	
		Behavioral & Psychiatric Emergencies & Suicide	EC Chp. 27 (619-634)				<b>SKILLS VERIFICATIONS (As Listed Below)</b>		
Mon	3/10/25	<b>WRITTEN TEST #2</b>	Chps. 14 - 28	Gomez	Wed	3/12/25	<b>SKILLS VERIFICATIONS (As Listed Below)</b>		Gomez
		<b>Review Test</b>					<i>Epi Pen, Glucometer &amp; Adm. Oral Glucose, Naloxone</i>	HSES Skill Sheet	
							<i>Adm. of Bronchodilators via MDI &amp; SVN</i>	HSES Skill Sheet	
							<i>Adm. of Nitroglycerin and Aspirin</i>	HSES Skill Sheet	
							<i>Adm. Of CPAP/AED Practice/Lead Placement</i>	HSES Skills Review	

6:00 pm - 7:50 pm					8:00 pm - 9:50 pm				
Day	Date	Lecture Topic	Text Chapter & Pages	Instructor	Day	Date	Skills Lab	Text Chapter & Pages	Instructor(S)
Mon	3/17/25	Bleeding and Shock	EC Chp. 29 (782-820)	Gomez	Wed	3/19/25	Chest and Abdominal Trauma	EC Chp. 31 (867-890)	Gomez
		Soft-Tissue Trauma	EC Chp. 30 (823-864)				<b>SKILLS PRACTICE (As Listed Below)</b>		
							<i>Bleeding Control &amp; Shock Management</i>	NREMT Skill Sheets	
Mon	3/24/25	Musculoskeletal Trauma	EC Chp. 32 (892-944)	Gomez	Wed	3/26/25	<b>SKILLS PRACTICE (As Listed Below)</b>		Gomez
		Trauma to the Head, Neck, and Spine	EC Chp. 33 (947-994)				<i>SI Seated, SI Supine</i>	NREMT Skill Sheets	
		Multisystem Trauma	EC Chp. 34 (997-1009)				<i>Joint Injury, Long Bone Injury</i>	NREMT Skill Sheets	
							<i>Traction Splint</i>	NREMT Skill Sheets	
Mon	3/31/25	Environmental Emergencies	EC Chp. 35 (1012-1047)	Gomez	Wed	4/2/25	<b>SKILLS PRACTICE (As Listed Below)</b>		Gomez
		Obstetric and Gynecological Emergencies	EC Chp. 36 (1050-1095)				Normal Childbirth & Care for the Neonate	Scenarios	
Mon	4/7/25	Emergencies for Patients w/Special Challenges	EC Chp. 37 (1101-1136)	Gomez	Wed	4/9/25	<b>SKILLS PRACTICE (As Listed Below)</b>		Gomez
		Pediatric Emergencies					Child SI	HSES Skills Review	
		Geriatric Emergencies					Football Helmet Removal	HSES Skills Review	
Mon	4/14/25	<b>WRITTEN TEST #3</b>	EC Chps. 29-37	Gomez	Wed	4/16/25	EMS Operations	EC Chp. 38 (1141-1174)	
		<b>Review Test</b>					Hazardous Materials, MCI's, and	EC Chp. 39 (1176-1210)	
							Incident Management		
Sat.	4/19/25	<b>SKILLS VERIFICATIONS (As Listed Below)</b>	HSES/NREMT Skill Sheets	Gomez	Sat.	4/19/25	<b>SKILLS VERIFICATIONS (As Listed Below)</b>	HSES/NREMT Skill Sheets	Gomez
		<i>Bleeding Control, Joint Injury, Long Bone Injury,</i>	PHI Tour				<i>Bleeding Control, Joint Injury, Long Bone Injury,</i>	PHI Tour	
		<i>Traction Splint, SI (Seated &amp; Supine)</i>					<i>Traction Splint, SI (Seated &amp; Supine)</i>		
Mon	4/21/25	Highway Safety and Vehicle Extrication	EC Chp. 40 (1243-1241)	Gomez	Wed	4/23/25	<b>WRITTEN TEST #4</b>		Gomez
		EMS Safe Vehicle Operation					<i>Review Test/Complete any skills testing</i>	HSES/NREMT Skill Sheets	
		EMS Response to Terrorism	EC Chp. 41 (1243-1279)				Medical & Trauma Scenario Practice		
Mon.	4/28/25	<b>Medical &amp; Trauma Scenario Practice</b>	NREMT Skill Sheets	Gomez	Wed	4/30/25	<b>Medical &amp; Trauma Scenario Examinations</b>	NREMT Skill Sheets	Gomez
Mon	5/5/25	<b>Review For Comprehensive Final</b>	All Exams	Gomez	Wed	5/7/25	<b>Review For Comprehensive Final</b>	All Exams	Gomez
Mon	5/12/25	<b>COMPREHENSIVE FINAL</b>	Review Final	Gomez	Wed	5/14/25	NREMT Examination Preparation	NREMT Skills Sheets	Gomez
Mon.	5/19/25	NREMT Examination Preparation	NREMT Skills Sheets	Gomez	Wed	5/21/25	<b>Graduation</b>	NREMT Skills Sheets	Gomez

**\*\*\*\*CLINICALS DUE 4/23/25\*\*\*\***

**REQUIRED Course References:**

Emergency Care, 14th Edition by Limmer & O'Keefe - Brady (EC)  
 NREMT/HSES Skills Verification Packet  
 HSES Student Clinical Handbook

**Course Coordinator:**

Chris Ramirez, Jr., LP  
 Phone: 361.649.7567  
 email: hsesdirector1@gmail.com  
**Clinical Coordinator:**  
 Rosemary Bazan, LP  
 Phone: 361.894.3998  
 email: rbazanhses@gmail.com

**Medical Director:**

John L. McNeill, LP, DO

**Lead Instructor:**

Joel Gomez, EMT-P  
 Phone: 361.649.8233  
 email: jgomezhses@gmail.com