



Emergency Medical Technician Program

You will receive a complete orientation on the first day of class, but in the meanwhile, there are a few prerequisites that need to be prepared for prior to the first day.

1. Please become familiar with the requirements for placement in the National Registry of Emergency Medical Technicians. Your instructor will also be available to answer questions about the certification process.

<https://www.nremt.org/rwd/public/document/emt>

2. Please complete the three FEMA classes listed below before the first day of class. Go to <https://cdp.dhs.gov/femasid/register> to register for a FEMA Student Identification (SID) Number. Once you have been assigned a FEMA SID number, navigate to training.fema.gov/nims. Find your course and click on it to study. Take the final exam and within one business day you will receive an email response with your score and link to print your certificate.

ICS 100 [FEMA - Emergency Management Institute \(EMI\) Course | IS-100.C: Introduction to the Incident Command System, ICS 100](#)

ICS 700 [FEMA - Emergency Management Institute \(EMI\) Course | IS-700.B: An Introduction to the National Incident Management System](#)

IS-5.A [FEMA - Emergency Management Institute \(EMI\) Course | IS-5.A: An Introduction to Hazardous Materials](#)

3. Immunizations: These are required for your internship. Please bring documentation of the following immunizations: TB, MMR & Hepatitis B. If you elect not to receive these immunizations a waiver form must be completed prior to your internship. See page 2 for the immunization and waiver form.

Emergency Medical Technician Immunization Record

Name _____
Last Name First Name Middle Name Phone Number

Permanent Address _____
Street City State Zip Code

To be completed and signed by your health care provider or please attach official immunization record.

REQUIRED:

Hepatitis B (Three doses of vaccine or a positive Hepatitis surface antibody)

Immunization

a. Dose #1 ___/___ b. Dose #2 ___/___ c. Dose #3 ___/___ or
M Y M Y M Y

b. Hepatitis B surface antibody (titer should only be drawn after vaccine series or exposure)

Date ___/___ Result Reactive _____ Non-reactive _____
M Y

Tuberculosis Skin Test, within the last 12 months: Date: ___/___/___ Result: _____

(Example: PPD, tine)

If positive PPD, when was your Chest X-ray? Date: ___/___/___ Result: _____

RECOMMENDED:

Tetanus-Diphtheria (Primary series with DTaP or DTP and booster with Td in the last ten years) 1.

Primary series of four doses with DtaP or DTP:

#1 ___/___ #2 ___/___ #3 ___/___ #4 ___/___
M Y M Y M Y M Y

Tetanus-Diphtheria (Td) booster within the last ten years ___/___
M Y

Measles, Mumps, Rubella: Two MMR vaccinations, or adequate immune titer:

Immunization

a. Dose #1 ___/___ b. Dose #2 ___/___
M Y M Y

b. MMR Titer (antibody titer test to check for immunity to Measles/Rubeola, Mumps, and Rubella)

Titer Date ___/___ Titer Result _____
M Y

Health Care Provider

Name _____ Address _____

Signature _____ Phone _____

Immunization Waiver

Due to medical, religious, or personal reasons, I choose to decline immunization.

Student name (printed) _____

Student signature: _____ Date: _____

Please return form to:

NIC Workforce Training Center
525 S. Clearwater Loop, Post Falls, Idaho 83854
Fax (208) 769-3224
Phone (208) 769-3214