



City of Niles Fire Department

Emergency Medical Technician

WHAT: This Michigan Department of Health and Human Services-approved course, taught by Instructor Coordinators from Niles Fire Department, will provide fundamental working knowledge for the Emergency Medical Technician. Topics covered include: Med-legal aspects, basic anatomy, patient assessment, basic life support, pre-hospital care of medical emergencies and trauma, extrication, and more. Persons successfully completing this course will be eligible for National Registry Exam & State licensing.

PREREQUISITES:

1. 18 years of age (or be 18 prior to licensing exam)
2. Current CPR Certification
3. First Aid training desirable
4. Negative TB skin test or chest x-ray with in one (1) year of ending date of class
5. Proof of Hepatitis B vaccination or signed declination form

COST: Books and Tuition for EMS, Police, Fire, or Military- \$1000
Books and Tuition for Non-EMS, Police, Fire, or Military- \$1350

INSTRUCTORS: Dan Tackett, Paramedic I/C
Bill McAllister, Paramedic I/C

WHERE: Niles Fire Department
1345 E. Main St.
Niles, Mi 49120

WHEN: See Attached Schedule

DATES: 11/2/2021 to 3/31/2022 T/W/T 1800-2200

REGISTRATION: Your application must be received no later than October 25th, and adequate enrollment must be insured in order to conduct the course. Admission is on first-come, first-serve basis. You may assume you are enrolled in the class unless you are notified to the contrary. Payment is due no later than October 30th. (Payment plans are available on request.)

QUESTIONS: Daniel Tackett at (269)591-0966 or Bill McAllister at (269)591-1702.



City of Niles Fire Department

APPLICANT INFORMATION

Name _____
Last First Middle

Permanent Address _____

City _____

Zip Code _____

DOB ____/____/____

Home Phone ____-____-____ Cell Phone ____-____-____

Cell Phone Provider _____

Email Address _____

Fill in the blanks AND attach LEGIBLE documentation of all of the following:

Hepatitis B (First Dose Required)

Dose 1 Date _____ (Required)

Dose 2 Date _____

Dose 3 Date _____

MMR: Measles / Mumps / Rubella (Both doses required)

Dose 1 Date _____

Dose 2 Date _____

Chicken Pox (Vaccination Required)

Dose 1 Date _____

Dose 2 Date _____

Current TB test (Within 6 months of Clinical)

Test Date _____

Influenza Vaccination

Dose 1 Date _____

Have you ever been convicted in any court of a felony or other criminal offense, or do you have any criminal offense pending? _____ (If yes, attach an explanation)

I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I understand that willfully supplying false information is sufficient cause for rejection of my application or removal from the course.

Signature _____ Date _____

Serving the Niles Area since 1859.
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