



6661 Dixie Highway Ste 4 #346
Louisville KY 40258
(502) 640-8263
www.know-how-inc.com

KNOW-HOW Inc., in cooperation with the *Kentucky Board of EMS*, will conduct an Emergency Medical Technician-Basic (EMT-B) Course. The course is 132 hours in length and takes approximately 4 months to complete.

Enclosed are the class application, general class guidelines, and payment agreement. The course contains classroom lecture, skill activities, and 10 hours of observation in an EMS unit. The lead instructor will arrange the location for the EMS observation. These classes will be occupied by the first paid applicants meeting KBEMS guidelines (902 KAR 13:02E).

- Be 18 years of age or older by completion of program.
- Not convicted of a felony, misdemeanor, or other crime directly related to ability to perform the duties of an EMT
- Not be a person compulsively and habitually uses drugs, controlled substances, or alcohol to the extent that it may affect his/her ability to perform the duties of an Emergency Medical Technician.
- Hold at least a High School diploma or GED
- Understand and be able to read, speak, and write the English language on at least a High School Level.

Initial additional fees of the EMT training program (fees levied by NREMT and KBEMS):

- \$10 paid to KBEMS for Initial Application Fee- Money Order or Certified Check only
- \$25 to the Kentucky State Police for Student Background Check

At the end of the course, the following fees apply:

- \$70 paid to the National Registry of EMTs for computer based final written testing.
- \$30 will be paid to KBEMS for State Certification Fee
- \$50 will be paid to Know How Inc. for the Final Skills Testing

KNOW-HOW Inc. does not discriminate based on race, color, national origin, religion, marital status, sex, or handicap in any training program offered. **KNOW-HOW Inc.** is responsible for providing the EMT Instructor, classroom location, supplies and necessary equipment. Questions related to eligibility, certification and recertification are the responsibility of the Kentucky Board of EMS.

Know-How, Inc. Emergency Medical Technicians Basic Training programs includes these essential elements:

- Physician Medical Control
- Experienced Lead Instructors with 'real-world experience'.
- Over 200 years of combined EMS and prehospital experience in our instructors

Kentucky utilizes the National Registry EMT-B examination for Written & Skill Certification Testing

- Instructors are experienced in scenario based education (Current Kentucky EMT-B Training Format)
- Instructors, and Assistant Instructors are themselves National Registered EMT-Basic Or EMT-Paramedic

To secure enrollment in an upcoming EMT-B training program the applicants should:

- Fully complete and return all enclosed documents along with required registration payment of \$100.00 **Or**
- Contact Know-How, Inc. for location, date, and time for open enrollment.

Return all enrollment documents to, KNOW-HOW Inc. 6661 Dixie Highway Ste 4 #346, Louisville KY 40258
Please feel free to contact Know How at (502) 640-8263 for additional class information.



Return application to:
KNOW-HOW INC.
 6661 Dixie Highway Ste 4 #346
 Louisville, KY 40258

Application for Emergency Medical Technician-Basic

Name	Social Security No.
Address	DOB
City, State, Zip Code	Male ____ Female ____
Telephone: Home or cell	Email
Have you been fined or convicted for a violation of any law or now under charges for a violation of any law? Yes _____ No _____	Description:
Name and Address of Employer	Brief Job Description:
	Have you trained with Know How before?
Are you currently employed by an EMS service or volunteer?	Length of employment or volunteer activity, Part time or Full time
Name of service or agency	
Address	How did you learn about Know How?
Briefly describe any previous medical training	

Additional fees are charged by NREMT and KBEMS for certification and registration. Classes are filled on a first come, first serve basis with students meeting the Kentucky EMS Board Guidelines. Class size is limited to 28 students. The program may be extended due to unforeseen circumstances beyond instructor's control. I have read and understood the attached Know How Inc. Privacy Disclosure. **No refund of tuition can be made.** To the best of my knowledge, the above information is correct.

Applicant's Signature _____ **Date** ____/____/____

Date applicant registered into class: / /		Amount received \$	Rev 7/7/09
Payment made by: Check Money Order	Check or MO No :		
Check Maker:	Source: Ad	Referral: PS	
Assigned to:	Date confirmed ____/____/____	Confirmed by :	Phone ____ Letter ____



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EMT - BASIC TRAINING PROGRAM GENERAL CLASS INFORMATION

1. **Attendance:** Only one excused absence is permitted. (This **cannot** be an EMT examination.)
2. **Attendance sheet:** Student must be in classroom and sign in on class roster by the start of each class.
3. **Attire:** Wash and wear clothing (dress appropriately for clinical EMT skill activities).
4. **Tobacco usage:** Only be permitted as per the building rules.
5. **Food and Drink:** Only be permitted as per the building rules.
6. Audible pagers (beepers or cell phones) will not be allowed in the classroom or other skill practices.
7. **No student** that is **on call** will be allowed to participate in class lectures/skills.
8. **Equipment abuse** will result in **immediate dismissal** from class.
9. All equipment must be properly stored before class is dismissed.
10. Classroom must be cleaned and desk/chairs placed in alignment before class is dismissed.
11. Successfully passing the written portion of the program:
A written class average of **(75% true score)** in order to be recommended for **Final Written Testing.**
Final written testing is the NREMT-B test.
12. Successfully passing the skill performance portion of the program:
In order to be recommended for Final Skill Evaluation the student must:
In order to successfully pass the skill portion of the Kentucky Final Skill Evaluation the student must:
*** Successfully Complete 100% of all NREMT-B Final Skill Sheets at the Final Skill Testing.**
13. EMS Observation & Clinical Rotation per KBEMS requirements will be arranged by Lead Instructor.
14. Know How Inc., its Program Instructors, Directors, Contractors, or fellow students will not be liable for injuries resulting from inappropriate classroom or clinical activities.

Student Signature _____ **Date** _____



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Emergency Medical Technician-Basic Payment Options

KNOW-HOW Inc. is happy to assist students in meeting the financial obligations in pursuing higher education. Outlined below are three payment options offered to each prospective student.

Program Fee \$470.00

OPTION 1.	Payment of \$470.00 includes tuition, textbook, registration, and American Heart Association Health Care Provider 9.0 Hour Program. Payment to be submitted upon return of application.
OPTION 2.	Payment of \$100 with application, fees applied to tuition, textbook, registration, and American Heart Association Health Care Provider CPR/AED Program. Payment of \$370.00 to be submitted on or before the first class meeting.
OPTION 3.	Payment of \$100.00 with application, fees applied to tuition, textbook, registration, and American Heart Association Health Care Provider 9.0 Hour Program. Balance Due \$370.00 Payment Due On First Class: >Payment #1 \$185 payable on date of first class >Payment #2 \$185 payable on first date of class, which will be held in escrow for 30 days after the start of the program date. This payment will not draft from your bank until 30 day into the program.
	I agree to pay the tuition fee noted in section #3 should the identified enrolling student fail to meet their financial obligation.
	Signature _____ Date _____
	Phone # () _____
	Address _____
	City _____ State _____
	Zip code _____

Rev7/7/09

I agree to pay KNOW-HOW Inc. by the following Payment Option # _____. I fully understand that regardless of which payment option I select, I will be obligated to pay in full, to KNOW-HOW Inc. the non-refundable tuition of \$470.00, regardless of attendance. I also understand, I will be obligated to pay the \$100.00 registration fee. A \$35.00 fee will be charged on all returned checks

Student Signature _____ Date ____/____/____

Witnessed Signature _____ Date ____/____/____

Witnessed Signature _____ Date ____/____/____

Know How Inc. Privacy Disclosure

Overview

Know How Inc. Corporation, its affiliates and employees, are dedicated to protecting the privacy of your nonpublic personal information. We maintain information about you in order to provide you with the most effective and convenient access to our broad range of products and services. We want you to understand what information we collect, and how we use and protect it. This notice serves as a standard for all Know How Inc. employees for collection, use, retention and security of nonpublic personal consumer information.

Information we collect

“Nonpublic personal information” is information about you that we obtain in connection with providing a product or service. Such information includes for example, name, address, phone numbers, social security numbers, and other information necessary for our programs.

We may collect nonpublic personal information about you from the following sources: Information that you provide to us, such as on applications or other forms, information about your transactions with us, our affiliates or others, or information from others, such as KBEMS, NREMT, or employers.

Our security procedures

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards to guard information.

Information we disclose

Know How Inc. may disclose nonpublic personal information about you to organizations deemed necessary by know How, including, but not limited to, the Kentucky Board of EMS (KBEMS), National Registry of EMTs (NREMT). Disclosure of nonpublic personal information may also be permitted by federal law, specifically Title V of the Gramm-Leach-Bliley Act of 1999. The confidentiality of your nonpublic personal information will continue to be maintained consistent with this privacy notice even if you decide to close your account(s), your account becomes inactive, or when you otherwise cease to do business with us.

Know How Inc. works with a variety of third parties to bring you educational services. We disclose information about you as necessary to fulfill these services. For example, we may disclose information about you to third parties that assist us in providing education or services. We may also disclose information about you to governmental entities, such as sending annual income statements to the IRS, and to other third parties such as credit bureaus, or in response to subpoenas.

Fair Credit Reporting Act disclosure

Know How Inc. does not share financial information, about you with any affiliate. However, Know How may be permitted to share certain information by law, such as information related solely to our experiences or transactions with you, for example, information that may be used to collect a debt.

Effective date and changes

The effective date of this Privacy Notice is provided below. Any updates or changes to the Notice will be posted on this web site. Consumers who are Know How Inc. customers will be notified of updates and changes in accordance with federal law. Revised 8/2007.