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**Vermont Emergency Medical Services
 108 Cherry St., Box 70
 Burlington, VT 05402
 802-863-7310 or 800-244-0911**

1995 Curriculum – First Responder Course Approval Form EMS District # _____

Course Coordinator

Course Medical Director

Name _____

Address _____

City/State _____

Phone (w) _____ (h) _____

Course Logistics Complete Schedule on reverse side of this form

Location _____ Town _____

Start Date _____ End Date _____ Estimated # Students _____

Student Fee _____ Does fee include the cost of the textbook? Yes No

Textbook (Title, Author, Edition) _____

Source(s) of Equipment _____

Student Prerequisites _____

Attendance and Make-up Policies _____

Local Commitment and Approval I agree to conduct this course in accordance with the laws, rules and policies of Vermont EMS. I also agree to assist in maintaining the security of the written examination. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Signature Course Coordinator _____ Date _____

The EMS District Board has approved this course

Signature District Chairperson _____ Date _____

For EMS Office Use Only

Date Received _____ Approved _____ Disapproved _____

VT EMS Signature _____ Course Number _____

Comments _____

Vermont EMS – 1995 National Standard Curriculum First Responder Course Schedule

Fill in the date of each 2-3 hour class. Lesson numbers correspond to the lessons in the National Standard Curriculum. The order of classes in the course should be close to the order of classes below.

Date Module 1 – Preparatory

- _____ 1-1 Introduction to EMS Systems, 1 hr.
- _____ 1-3 Legal and Ethical Issues, 1.5 hrs.
- _____ 1-2 Well-being of the First Responder, 1 hr.
- _____ 1-4 The Human Body, 1 hr.
- _____ 1-5 Lifting and Moving Patients, 1 hr.

Module 2 – Airway

- _____ 2-1 Airway, 3 hrs.
- _____ 2-2 Practical Lab – Airway, 3 hrs.
- _____ 2-3 Evaluation Modules 1&2, 2 hrs.

Module 3 – Patient Assessment

- _____ 3-1 Patient Assessment, 3 hrs.
- _____ 3-2 Practical Lab – Patient Assessment, 2 hrs.

Module 4 – Circulation

- _____ 4-1 Circulation, 2 hrs.
- _____ 4-2 Practical Lab – Circulation, 3 hrs.
- _____ *** AHA or ARC CPR, 3 hrs.

Date Module 5 – Illness & Injury

- _____ 5-1 Medical Emergencies, 1 hr.
- _____ 5-2 Bleeding, Soft Tissue Injuries, 1.5 hrs.
- _____ 5-3 Injuries to Muscles and Bones, 1.5 hrs.
- _____ 5-4 Practical Lab – Illness & Injury, 1.5 hrs.
- _____ 5-5 Evaluation Modules 4 & 5, 2 hrs.

Module 6 – Children and Childbirth

- _____ 6-1 Childbirth, 1 hr.
- _____ 6-3 Practical – Children & Childbirth, 1 hr.

Module 7 – EMS Operations

- _____ 7-1 EMS Operations, 2 hrs.
- _____ 7-2 Evaluation Modules 6 & 7, 2 hrs.

- _____ Situational Review and Final Exam
- _____ State First Responder-ECA Certification Exam

*** If all students are required to have current health care provider CPR cards as a prerequisite for the course, this lesson may be omitted.

State First Responder-ECA Certification Exam: You must submit an exam request form and Security Agreement signed by your designated exam proctor at least one month prior to your desired exam date. The course coordinator must identify an approved EMS district exam coordinator as the exam proctor. If you wish to change the date after you submit the form, contact the EMS Office.

Signature of FR-ECA Course Coordinator

Date

Signature of I/C who provided the 1995 curriculum orientation

Date