KCEAA CCT Course

Kanawha County Emergency Ambulance Authority will be sponsoring a Critical Care Transport Class beginning Thursday, March 5th, 2009 to run for 12 consecutive weeks with the exception of April 9th (there will be no class that day) and will end on Thursday, May 21st, 2009. We cordially invite anyone interested in taking this challenging class to read the information provided and contact us if you should have any questions. Classes will be conducted every Thursday at KCEAA in our auditorium located at 601 Brooks Street. Final testing will be on Thursday, May 21st, 2009. Information about the course can be found on our website at www.kceaa.org. If you or anyone in your organization would be interested in enrolling for this course please submit the application and course fee to:

KCEAA
P.O. Box 292
Charleston, WV
25321
Attn: Kim Johnson

KCEAA must have a minimum of 25 students registered by Thursday, February 19th, 2009 to sponsor the class. If we do not have enough students enrolled it will be cancelled. All money would be reimbursed.

Once we have received payment for 25 students the money will be nonrefundable.

The Critical Care Transport Course was designed for the EMT-Paramedic and Registered Nurse. Students will obtain the knowledge and skills necessary to manage the critical patient during transfers between hospitals, specialty referral centers and extended care facilities. Individuals interested in CCT Training should contact the KCEAA Training Division at (304) 345-2312, ext. 119. Seating is limited and will be on a first come, first serve basis. Interested applicants must send their application **with** payment no later than February 19th, 2008. You will not be guaranteed a spot until payment is received.

Tuition for the CCT course will be $750.00 to be made payable to KCEAA. The program is affiliated with Marshall Community and Technical College and will offer 5 hours of 200 level undergraduate college credit.

The course fee will cover the MU CTC tuition, one clinical shirt, a student photo I.D., course materials and handouts; skills station supplies, and other miscellaneous items.

For more information contact the KCEAA Training Division by e-mail or by phone at (304) 345-2312

Kim Johnson, ext. 119   kimjohnson@kceaa.org

Mark Kerns, ext. 141   markkerns@kceaa.org

Paramedic/Nurse Requirements to register for this class:

Current certifications in the following:

- ACLS
- BTLS/PHTLS or TNCC
- PALS or PEPP

This course is **very** challenging and requires a commitment from the student. It is strongly recommended that each participant report to class on time. In addition to the classroom sessions, each student is required to complete the following prior to completion of the class:

- 24 hours of ride time on a CCT truck
- Clinical Time
  - 4 hours in PICU
  - 4 hours in Labor and Delivery
  - 8 hours in CCU
  - 24 hours in MSICU

ALL **clinical rotations and CCT ride time** *MUST* **be completed by May 13th, 2009 and all forms must be completed and turned in to Kim Johnson no later than May 14th, 2009 at 0800. Failure to do so will make the candidate ineligible for testing and would result in failure of the course. It is strongly encouraged and recommended that each student begin clinical rotations and CCT ride time as quickly as possible to meet this requirement. Do not wait until the last minute.**

KCEAA Critical Care Transport Course Application

Name: _____ Clinical Shirt Size: _____

SS#: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Work Phone # : _____

Cell Phone #: _____ Pager #: _____

Email Address: _____

Employer/Sponsoring Agency: _____

Address: _____

City, State, Zip Code: _____

Agency Contact Person: _____

Agency Contact #: _____

EMT-P #: _____ WVOEMSA/EMSP #: _____

Driver's License: _____ WVNA Nursing License # : _____

Years of emergency EMS/Critical Care Experience: _____

Please mark all that apply:

☐ ACLS **(Required)**   ☐ BTLS/PHTLS/TNCC **(Required)**
☐ CPR   ☐ EVOC
☐ NRP   ☐ PALS/PEPP **(Required)**

I certify that I have a valid/current certification in each of the required courses and a copy of the cards will accompany this application.

Method of Payment:

☐ VISA   ☐ Check   Card #: _____

☐ Master charge ☐ Money Order   Exp. Date: _____

Do you have prehospital experience   Yes_____   No _____

Do you have ER experience?   Yes _____   No _____

Do you have ICU experience   Yes _____   No _____