

5055 Santa Teresa Blvd Gilroy, CA 95020 (408) 848-4732

Dear Student: Welcome and thank you for your interest in our upcoming Emergency Medical Technician(EMT)

Program. Program dates and information are as follows

Classes will be held on the Hollister campus: 505 Fairview Road Hollister, CA 95023

> January 24, 2026- May 17, 2026 Saturdays & Sundays 9:00am to 3:30pm

Included in this informational packet are the following documents:

- Program Summary
- Registration Form with Cancellation Policy
- Gavilan College provides educational services and access for eligible students with verified disabilities who intend to pursue coursework at Gavilan College
- Student support program website link hhttps://www.gavilan.edu/student/aec/index.php

For updates and information, please:

Visit our website: www.community.gavilan.edu

• Email us: mgalvez@gavilan.edu

Call our offices: (408) 848-4732

Thank you,

Gavilan College Community Education

Gavilan College Emergency Medical Technician (EMT)Training Program

Program Summary: Prepare for a rewarding and fast-paced career in emergency medical services! Our EMT course is designed to equip students with the fundamental knowledge and hands-on skills required to provide life-saving care in critical situations. This course meets the national requirements for EMT training and is the first step toward a career in emergency response.

Course Highlights:

- Trauma and medical emergency response training
- CPR and basic life support (BLS) certification
- Patient assessment and emergency care skills
- Ambulance operations and emergency scene management
- Preparation for the NREMT (National Registry of Emergency Medical Technicians) certification exam

Who Should Enroll:

Ideal for individuals interested in healthcare, public safety, or those pursuing careers as paramedics, firefighters, or in hospital emergency departments.

Requirements:

- Must be at least 18 years old
- High School diploma or equivalent
- Current CPR/BLS certification (or completion during course)

Physical Requirements:

- Students enrolling in the Emergency Medical Technician (EMT) course must meet the following physical demands to ensure safety and readiness for emergency situations:
- Lift and carry up to 125 pounds, occasionally up to 250 pounds with assistance
- Stoop, bend, kneel, squat, and crawl in various emergency environments
- · Stand and walk for extended periods during clinical and field training
- Use fine motor skills for tasks such as IV insertion, airway management, and operating medical equipment.
- Have sufficient vision and hearing to assess patients and respond to audible emergency cues
- Communicate clearly and effectively in high-pressure scenarios
- Tolerate physical and emotional stress in a fast-paced, unpredictable setting
 These requirements ensure students are capable of performing the essential duties of an EMT safely and effectively. If you have concerns about meeting these physical standards, please contact our department for guidance and possible accommodations.

Course Pre-requisites:

- Copy of your CA driver's license (or other government issued ID)
- Copy of front and back of your current Medical Insurance Card
- Basic Life Support for the Healthcare Provider Card (must be valid through the end
 of the course) We will ONLY accept the following:
- * American Heart Association (BLS Provider Course Completion Card)

Test/vaccination record/results for:

- Tuberculosis (TB) skin test (current within six months prior to the start of class)
- Current Tdap (current within 10 years)
- Current MMR (Measles, Mumps and Rubella) vaccination (current two doses in lifetime)
- Current Hepatitis B vaccination (current three doses in lifetime or begin series prior to the start of class)
- Current aricella vaccination (current two doses in lifetime)
- Flu shot (prior to start of class and only for winter courses that fall in November March)

If vaccination records are unavailable, a Positive Titer can be substituted for the MMR, Hep B, Tdap and aricella.



Program Schedule

1/24/2026-05/17/2026

Saturday's & Sundays

9:00am-3:30pm 18 weeks

Program Meets

Hollister Campus

505 Fairview Road Hollister, CA 95023

For Additional Program Information

Online Info.: www.community.gavilance.edu

Call for Info.: (408) 848-4732

Walk-in Info.: Gavilan College Community

5055 Santa Teresa Blvd Gilroy, CA 95020

To register in this program: Students must submit either a <u>completed and signed</u> registration form

Submit Your Application

By E-mail: mgalvez@gavilan.edu

By Mail: Gavilan College, 5055 Santa Teresa Blvd., Gilroy, CA 9520

Emergency Medical Technician (EMT)Training Program

Gavilan College Community Education (408) 848-4732

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Student Name:						
Address:						
City:		State:		Zip:		
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Day Phone: ()		Evening Phone (\)		
Email Address:		ever taken an English	as a Second Lang	uage (FSL)		
Birth Date:	class?	ever taken an English	as a secona Lang	uuge (101)	Yes	No
Preferred Language Other:			uage other than Englis	sh? Yes	S	No
Other.						
Start Date/Time		Title of	Course			Fee
Saturday & St 9:00 am – 4:00pm +		Emergency Medical	Technician (EM	T)Training Pr	ogram	\$2,500
Payment Options					Total	\$2500
Cash (exact change)	Check Mo	oney Order Cr	edit Card			Paying Full Amount \$2,500
Payment Option Plan throu Gavilan College Community Education. 7 \$500.00 plus a \$100.00 Payment Plan Fe then be due throughout the duration of	The Class Fee Payment Place. These payments are d	an option will be broken int ue to the Gavilan C.E. office	o an initial non-refund e upon registration. 4	dable deposit of equal payments of	of \$475.00 w	rill
Make checks or m	oney orders payab	<u>le to: Gavilan College</u>	e (\$ 20 charge fo	r all returned	l checks)	
MO #	Check#	Name on Che	ck			
Cuadit Candlus \(\square\) \(\frac{1}{2} \)				C 11 - C	1.	
<u>Credit Card Info</u> Visa Card #	MasterCard	Expires	/	_Security Cod	ie	
Cardholder Name						
Authorized Signature						
taking part in the part in the Class F	e Class Fee Payment Plan Fee Payment Plan who ca	Cancellation Policy , so please choose careful will forfeit their deposit oncel, drop, or are dropped to the control outstanding look.	of $$500.00$ plus the $$$ after the first day of c	100.00 Payment lass are	Plan Fee. St	
		No exceptions to cancella	ation policy!			
To complete registration, students mu policy. Please note that students are i Education (not registered in this prog		hey have read and un ct confirmation via er	mail from the Gav		
				/_		/
Student Name		Student Signature			Date	



Emergency Medical Technician (EMT)Training Program Payment Plan								
Instructor Name	Semester	Total Cost	Start Date	End Date				
Gabe Santos	Spring 2026	<i>\$26</i> 00.00	1/24/2026	5/17/2026				
Payment Deadlines	Amount	Office Use						
1st pmt - At time of registration	\$500.00 + \$100 = \$600.00							
2nd pmt - Wednesday, 2/4/2026	\$475.00							
3rd pmt - Wednesday, 3/4/2026	\$475.00							
4th pmt - Wednesday, 4/1/2026	\$475.00							
5 th pmt - Wednesday, 5/6/2026	\$475.00							

Terms and Conditions The Gavilan College Community Education Department has implemented a payment plan option for students enrolling in our fee- based, not for college credit Certified Phlebotomist Training Program. This plan requires that full payment of the program fees be paid in 5 installments. A deposit of \$500.00 + \$100.00 payment plan fee = \$600 is due upon registration (see schedule Initial: above). The balance is then paid over 4 more installments. <u>Payments may only be made through the Community Education office</u>. There is no penalty for early payment. Students who have not completed each installment by each due date will not be allowed to continue in the class and will be ineligible to receive their certificate. Students will not receive any refund of previous payments if they are not allowed to complete the training program for non-payment. A \$25 NSF Fee will be charged to the student every time the C.C. # is not Initial: _valid, not working or NSF. Payment will be deducted automatically on specified dates. AutoPay. Payment will be automatically processed every month by due date. Initial: This course is not eligible for Federal or State student aid programs because these are not college credit-bearing courses. I have read, understand and agree to the conditions of this Class Fee Payment Plan. I further understand that it is my responsibility to make each payment on or before the due date and I promise to do so. Failure to do so may result in my being ineligible to complete the training

this obligation. All unpaid outstanding balances will be forwarded to

Initial:

collections.

program. I have received a copy of this Payment Plan form. Failure to successfully complete this training program does not release me from

Student Signature Community Education Signature Date Date Not Valid Unless All Information is Provided Student Name: Student Full Address: Student Cell Phone/Home Phone: Student Social Security Number: Student Email: Student Date of Birth: **Reference Information** Reference Person Name: Reference Person Daytime Phone: Reference Person Address: Reference Person Email: City: State: Zip: