

Wilderness Emergency Medical Technician Course Statement

Please return this document and prerequisites no later than 45 days prior to the course start date.

Submit copies of your prerequisite documentation to the NOLS Wilderness Medicine office via the following means:

Scan and email to: wilderness_medicine_wemt@nols.edu (Preferred)

Secure Fax: (307) 335-2355 (please email or call 866.831.9001 to ensure fax has been received)

Mail: WEMT Admissions
284 Lincoln St
Lander, WY 82520

Failure to pay your balance and submit your prerequisites 45 days prior to the course start date will result in forfeiture of your \$1,000 deposit and your position in the class. Review all enclosed information carefully. There are requirements that demand your immediate attention.

Personal Information

Student Name: _____ (For housing assignments) Gender: _____ Age: _____

Vegetarian: _____ Vegan: _____ Any questions about your special dietary needs? Notify us at (866) 831-9001.

WEMT Text

The urban EMT textbook for the course is Emergency Care, 13th edition, by Limmer and O'Keefe. You can purchase this book in paper or electronic forms from the retailer of your choice. **You should begin reading your EMT textbook at least 45 days before your course. For guidance, see the Reading Assignments document in the pre-course information.**

Travel – Check one:

I will have a vehicle throughout the course.

I will be dropped off at the course.

I will be flying and arranging my travel from the Riverton / Casper / Jackson (circle one) Airport.

(Only for Mt. Shasta, CA) I will be flying to the Medford Airport and taking the WMI Shuttle. Submit Shuttle form 30 days prior to course start date.

Prerequisites – Check all you have emailed, faxed, or mailed to the office. See the Course Description for details about each prerequisite:

Copy of Professional CPR certification

Copy of criminal background check at state and national levels

Copy of 10 panel drug screen results (Please see Course Description for specific drugs need to be screened)

Copy of negative TB/PPd test results within six months of the course end date

Copy of Hep B vaccination

Copy of two dose MMR vaccination series OR titers showing immunity

Copy of tetanus or Tdap shot

Copy of Chickenpox vaccination or documentation of history of the disease

Copy of flu shot (*Required* for courses between October and March. *Recommended* for all other courses.)