

Augusta County Fire-Rescue



Application Packet

ADVANCED EMT

Accredited by the Virginia Department of Health, Office of Emergency Medical Services

Augusta County Fire-Rescue Training Division

115 Dick Huff Lane

Verona, Virginia 24482

Phone 540-245-5624 • Fax 540-245-5171

www.co.augusta.va.us

Application Instructions/Check List

Advanced EMT Program – Spring-Summer 2022

IMPORTANT – READ CAREFULLY

APPLICANTS ARE NOT REGISTERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE AUGUSTA COUNTY FIRE-RESCUE TRAINING DIVISION

Step 1 – Complete Online Registration Form and Entrance Exam: The following items are required to apply to the Advanced EMT program. Deadline: February 4, 2022 at 5:00 PM.

- Review the Admission Policy and Enrollment Requirements (pages 3-9).
- Complete the online registration form at <https://www.co.augusta.va.us/government/departments-and-offices/fire-rescue/training>
Once registration is received, you will be provided instructions to complete the entrance exam within 2 business days.

Step 2 – Submit documentation: Submit the following items to the Augusta County Fire-Rescue Training Division. Deadline: February 18, 2022 at 5:00 PM.

- Complete and sign the Advanced EMT Course Application page in its entirety (page 11).
- Copies of the following:
 - a. Current Virginia EMS certification card.
 - b. Current CPR card (approved CPR programs listed on page 3).
 - c. General equivalency diploma OR high school diploma OR evidence of post-secondary education.
 - d. Driver's license or other government-issued identification showing your date of birth.
- Authorization for Release of Information form (page 14).
- Arrange for a **letter of recommendation** to be submitted to the ACFR Training Division by following the instructions on page 4.

The following item should be completed and submitted no later than the first class session.

- Complete the **Personal Health History Form** or submit copies of all information requested in lieu of the Personal Health History Form as directed by the instructions on the form (pages 12-13). This form is not required during the application process.

During the week of February 25, 2022, applicants to the Advanced EMT program will be notified if they have been accepted into the program. Candidates accepted into the program will be invoiced for the advertised tuition and associated fees, as applicable. Tuition is due no later than the first night of class. Emergency services agencies or other organizations will not be invoiced for the tuition. Students who do not remit payment by the deadline will not be eligible for enrollment in the program.

Advanced EMT Program Overview

The Advanced EMT program represents an entry level advanced care provider and can be used as either a terminal objective in itself or a transition to higher levels of education and/or certification at the Intermediate or Paramedic levels. The Advanced EMT's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients.

Blended Learning

Blended learning courses (also known as hybrid or mixed-mode courses) are classes where a portion of the traditional face-to-face instruction is replaced by web-based online learning. The AEMT program may present a small portion of the traditional face-to-face instruction using web-based education. Successful students are those who are self-motivated problem solvers—which happens to be a natural instinct for EMS professionals. Our educators are adept in their field of study and this approach to education will optimize the student's experience in the classroom.

Program Admission Policy

The Education Program will not discriminate in its admission policies on the basis of sex, race national origin, color, creed, disabling conditions, handicaps, age, religion or sexual preference. All candidates must meet the minimum requirements and provide documentation prior to entry into a Basic or Advanced Life Support program. Qualified program applicants may be subject to a selection process by the Advisory Committee should the number of qualified applicants exceed the number of spaces available in a program.

Admission Requirements

Applicants must provide documentation of minimum requirements prior to admission into either a Basic or Advanced Life Support program.

Application

Applicants to all programs must complete the designated application packet and submit by the prescribed deadline to be considered for admission to a program.

Cardiopulmonary Resuscitation Requirements

Applicants shall hold current certification in CPR credentials as a prerequisite for enrollment in all education programs. Additionally, candidates for certification testing shall hold current CPR credentials. A current CPR card or an official course roster is acceptable to verify CPR certification. Completion of an approved course which tests the following skills is required:

- One and Two Rescuer CPR - ADULT and CHILD
- Infant Resuscitation
- Complete Airway Obstruction - Unconscious Victim
- Complete Airway Obstruction - Conscious Victim
- Complete Airway Obstruction - Unconscious Infant
- Complete Airway Obstruction - Conscious/Choking Infant

Professional Liability Insurance – Advanced Life Support Programs

The applicant shall be covered by professional liability insurance with coverage amounts not less than the maximum amount recoverable from a health care provider for any injury to, or death of, a patient resulting from a malpractice action as specified under Section 8.01-581.15 of the 1950 Code of Virginia, as amended, or any successor statute thereto per occurrence and three (3) times the maximum amount set forth above in the aggregate. Any expenses associated with supplemental coverage shall be the responsibility of the student.

Letter of Recommendation

One (1) letter of recommendation is required to apply for the Advanced EMT program. The recommender should be familiar with your character, motivation, work habits and capabilities as an EMS provider. Once you have identified your recommender, send them the text in italics below and ask them to submit their letter no later than the advertised due date for all application documents listed under Step 2 at the beginning of this packet. Letters received after the application deadline will not be considered.

Please write a letter addressing your thoughts on the applicant's promise as a graduate student. Give views on such matters as previous accomplishments; intellectual independence; capacity for analytical thinking; ability to work with others; motivation; and ability to organize and express ideas clearly, both orally and in writing. Please send your letter by email (agillispie@co.augusta.va.us), fax (540-245-5171) or mail to:

Adam Gillispie, EMS Training Specialist
Augusta County Fire Rescue
P.O. Box 590
Verona, Virginia 24482

Criminal History

The candidate must give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the Augusta County Fire-Rescue Training Division.

Enrollment Priorities

When enrollments must be limited for any curriculum, first priority will be given to all qualified students who are residents of Augusta County, provided such students apply for admission to the program by the scheduled deadline. The priority list is as follows:

- A. Residents of Augusta County including the Cities of Staunton and Waynesboro.
- B. Other Virginia residents,
- C. Out-of-state and resident alien students.

EMS Personnel Requirements and Standard of Conduct – All Programs

EMS personnel shall meet and maintain compliance with the following general requirements:

- A. Be clean and neat in appearance;
- B. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
- C. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and

communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:

- A. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.
- B. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.
- C. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.
- D. Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.
- E. Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

- A. Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.
- B. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later.
 - 1. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).
 - 2. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.
 - 3. Any other crime involving sexual misconduct.
- C. Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

Source: *Virginia EMS Regulations, 12VAC5-31-900, 12VAC5-31-910 (October 10, 2012)*

Basic Life Support Course Student Requirements – General

The enrolled student, certification candidate, or EMS provider must comply with the following:

- A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
- B. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, the student must provide the EMT instructor or the EMS educational coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course.
- C. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments.
- D. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.
- E. If in a bridge certification program, the student must hold current Virginia certification at the EMS First Responder level through completion of the certification examination process.

Source: Virginia EMS Regulations, 12VAC5-31-1503 (October 10, 2012)

Advanced Life Support Course Student Requirements – General

An enrolled student in an ALS certification program shall comply with the following:

- A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.
- B. Be a minimum of 18 years of age at the beginning date of the certification program.
- C. Certification as an EMT or higher EMS certification level.
- D. Possess a high school or general equivalency diploma for Advanced EMT.
- E. Possess a high school diploma for Intermediate or Paramedic.
- F. Have no physical or mental impairment that would render the student or provider unable to perform all practical skill required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments, and treatments.
- G. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.

Source: Virginia EMS Regulations, 12VAC5-31-1521 (October 10, 2012)

Admission Testing (Cognitive Exam) – Advanced EMT

The applicant shall complete an examination and achieve a satisfactory score. The exam will cover the entire spectrum of EMS care including, but not limited to, airway, respiration, ventilation, cardiology, resuscitation, trauma, medical, obstetrics, and EMS Operations. Items related to patient care are focused on adult, geriatric and pediatric patients. The breadth and depth of the examination is based on the applicant's current certification level.

Health Care Provider Statement

All students are required to submit a Personal Health History form. The document is to be completed by the student and their health care provider. All documents must be legible and dated in order to be accepted. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to the form.

Students who do not provide a Personal Health History form will not be permitted to participate clinical or laboratory sessions until the information has been provided.

Health Insurance – Advanced Life Support Programs

The student is required to have health insurance adequate to cover any illnesses or injuries sustained by the student going to, volunteering at, or coming from the Education Program or any clinical/field affiliates or that the student will assume financial responsibility for health care, as students will not be covered by the Education Program insurance. This specifically includes any injuries or illnesses sustained while providing direct patient care.

Required Immunizations and Medical Records

Documentation of all immunizations must be submitted to the Augusta County Fire-Rescue Training Division on a date specified in the course advertising. **All health records are to be submitted in a sealed envelope to the Augusta County Fire-Rescue Training Division, Attention: Designated Infection Control Officer, 18 Government Center Lane Verona, VA 24482.**

- A. Proof of **full COVID-19 immunization**. [Full immunization constitutes a minimum of two doses of the Moderna or Pfizer vaccination, or one dose of Johnson & Johnson] Booster vaccinations are not required.
- B. Proof of immunization or results of **rubella** (German measles) titer. *[Required.]*
- C. Proof of immunization or results of **mumps** titer. *[Required.]*
- D. Proof of immunization or results of **rubeola** (measles) titer. *[Required.]*
- E. Proof of **flu** vaccination. *[Strongly recommended. Students who do not receive the flu vaccination will be required to wear a mask at all times during clinical rotations.]*
- F. Proof of immunization for **polio**. *[Recommended.]*
- G. Proof of immunization for **diphtheria, tetanus and pertussis** (DTaP). *[Recommended. People who have not had Tdap vaccine since age 11 should get a dose of Tdap followed by Td booster doses every 10 years.]*
- H. Hepatitis B vaccine status. *[Recommended. If vaccination is declined, a declination form must be supplied or completed.]*
- I. Proof of immunization (two doses, 4-8 weeks apart) or results of **varicella** titer, if there is no history of chicken pox. *[Recommended. If vaccination is declined, a declination form must be supplied or completed.]*
- J. Results of tuberculin skin test (TST). Certain clinical sites require two-step TST. Two-step TST is required if you do not have a documented negative TST result during the preceding 12 months. If you have a documented negative TST result during the preceding 12 months, you need only complete one-step TST. A TB blood test (QuantIFERON®-TB Gold Test) may be substituted for the tuberculin skin test.
- K. Results of chest x-ray if TB testing is positive. *[A negative chest x-ray may be submitted in lieu of the tuberculin skin test.]*

Most immunizations are offered at no charge through local health departments. Call the Health Department in the County in which you reside, or call your private physician for information. Students should maintain the originals of all documents in a personal portfolio for future reference. Students are required to copy their records. No copies will be made by the Course Coordinator.

Drug Testing

A negative drug screen is required as a condition of acceptance into an education program. Applicants accepted into a program will be provided information on drug testing procedures. Drug tests must be completed by the prescribed deadline and prior to the first day of a program.

Entrance into an EMS program is conditional on a negative drug test. Failure to complete drug testing by the indicated deadline will disqualify the applicant from admission to a program of study.

Co-requisites to Program of Study

The following programs of study are co-requisites to the program of study. Certificates of completion must be presented to the course coordinator as a condition of eligibility for field and clinical internship. The due date will be specified in course documentation. Any fees associated with the training shall be the responsibility of the student.

- IS-700.a – [National Incident Management System \(NIMS\) An Introduction](#)
- IS-800.b – [National Response Framework, An Introduction](#)
- IS-100.b – [Introduction to Incident Command System, ICS-100](#)
- IS-200.b – [ICS for Single Resources and Initial Action Incidents](#)
- AWR160 – [Terrorism Awareness for Emergency First Responders](#)
- IS-5.a – [Introduction to Hazardous Materials](#)
- Virginia Department of Social Services Adult Abuse and Neglect Mandated Reporter Training
- Virginia Department of Social Services Child Abuse and Neglect Mandated Reporter Training

Tuition and Fees

The following table summarize the tuition and fees associated with the program.

	Standard Tuition
Advanced EMT	\$810

Tuition Refunds

Students shall be eligible for a full refund of fees for classes dropped during the specified add/drop periods as listed in this application packet.

It is the student's responsibility to know the appropriate refund dates. There will be NO REFUNDS after the add/drop period has passed, unless written documentation is submitted to support the existence of one of the following special circumstances:

- Unanticipated medical emergency, resulting in extended incapacitation/hospitalization of the student.
- Extreme, sudden and unforeseen financial hardship.
- Death of an immediate family member.
- Institutional errors by Education Program personnel that cause the delay of administrative processes related to registration or withdrawal. The request for refund in these instances must be initiated through the Education Program office responsible for the error.
- A national emergency or mobilization declared by the President of the United States and in accordance with Section 23-9.6.2 of the Code of Virginia.

Fees

The following table summarizes other fees associated with the Advanced EMT program.

Description	Fee
NREMT Application Fee – Advanced EMT <ul style="list-style-type: none"> Fee charged by the NREMT for registration and computer-based testing. The fee is due at the end of the course, payable by the candidate directly to the NREMT. 	\$115
Textbook – (\$220) <ul style="list-style-type: none"> Advanced EMT: A Clinical-Reasoning Approach by Melissa Alexander, Richard Belle, ISBN-13: 978-0-13-503043-1 	Included in Tuition
Platinum Education Learning Management System Access (\$125) Test administration, NREMT computer adaptive test preparation, and Clinical Scheduler service. The student is responsible for fee when creating account.	Included in Tuition
Professional Liability Insurance (ALS level programs) <ul style="list-style-type: none"> If the student is not affiliated with an EMS agency or is affiliated with an EMS agency that does not provide professional liability insurance, the students will be required to obtain a personal policy to supplement the coverage provided by Augusta County Fire-Rescue. 	\$75-\$150
Drug Screening (\$45 value) <ul style="list-style-type: none"> Required drug screening for applicants accepted into advanced life support programs. 	Included in tuition.
National Registry Psychomotor Examination Fee (\$195 value) <ul style="list-style-type: none"> Psychomotor examination fee for advanced life support candidates. 	Included in tuition.
Criminal Background Check (\$20 value)	Included in tuition.
Clinical Polo Shirt (\$20 value)	Included in tuition.
Learning Management System Access (\$10) <ul style="list-style-type: none"> The Learning Management System provides access to support material throughout the program. 	Included in tuition.
Printing and Office Expenses (\$25)	Included in tuition.
Disposable Equipment (\$150)	Included in tuition.
<i>Value of fees included in the tuition is over \$800!</i>	

Class Add/Drop Periods for Tuition Refund

Students shall be eligible for a full refund of tuition and fees if written request to withdraw from the program is provided to the Augusta County Fire-Rescue Training Division by **March 21, 2022 at 5:00 PM.**

Entrance Examinations

Applicants to the Advanced EMT program are required to take an entrance examination. Contact the Augusta County Fire-Rescue Training Division to schedule an entrance exam.

Course Schedule

March '22						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April '22						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May '22						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June '22						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July '22						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Class times will be from 09:00-17:00



Course Application: *Advanced EMT*

Section-1: APPLICANT INFORMATION

First Name	MI	Last Name	Certification Number	Expires
Street Address			Social Security Number	
City/Town	State	Zip Code	Phone 1	
E-mail address			Phone 2	
EMS Agency Affiliation			Date of Birth	

Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY

First Name	MI	Last Name	Relationship
Street Address			Phone 1
City/Town	State	Zip Code	Phone 2

Section-3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of Augusta County Fire-Rescue and the Virginia Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature	Date
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Personal Health History

Every student entering an advanced life support program at the Augusta County Fire-Rescue Training Center is required to return this record, properly completed, to: **Augusta County Fire-Rescue Training Division, Attention: Designated Infection Control Officer, P.O. Box 590, Verona, Virginia 24482.** If you have any physical or emotional impairment that may require accommodations at the Augusta County Fire-Rescue Training Center, please indicate these under the Pertinent Health Information section below so that we may make plans to meet your needs.

Students will not be permitted to participate in field or clinical internship until this information has been completed and submitted to the education program.

Completely fill out all information below.

First Name MI Last Name

Street Address City State Zip Code

Phone Number

E-mail address

Program of Study

Pertinent Health Information

Please list any disabilities, special needs, allergies or required medication that you would like the ACFR Training Division to be aware of:

The information given on this form is correct to the best of my knowledge. I authorize the Augusta County Fire-Rescue Training Division to contact the health professional for verification or clarification of information contained on this form.

Student Signature

Date

Print Name

***** OVER *** OVER *** OVER *****



Student Immunization Record

Students are required to submit documentation of immunizations. Two options may be used to submit records:

- 1) Submit this immunization record that is completed by a health care professional (i.e. primary care physician).
- 2) Submit copies of immunization records or titer results in place of this form.

PERSONAL DATA (PLEASE PRINT)

Student Name (Last, First)	Date of Birth (Month/Day/Year)	Telephone Number
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IMMUNIZATION HISTORY (PLEASE PRINT)

List the MONTH, DAY AND YEAR the person received each of the following immunizations.					
TYPE OF VACCINE	First Dose (MM/YY)	Second Dose (MM/YY)	Third Dose (MM/YY)	Fourth Dose (MM/YY)	Fifth Dose (MM/YY)
Diphtheria-Tetanus-Pertussis ¹					
Influenza ²					
Polio					
Hepatitis B					
Varicella (chickenpox)			OR →	Varicella Titer Result	
Measles-Mumps-Rubella (MMR) or,					
Rubeola (measles)			OR →	Rubeola Titer Date	Rubeola Titer Result
Mumps			OR →	Mumps Titer Date	Mumps Titer Result
Rubella (German measles)			OR →	Rubella Titer Date	Rubella Titer Result
Tuberculin skin test (TST) ³ or,	Step 1 Date	Step 1 Result	Step 2 Date	Step 2 Result	
TB blood test	Date	Result			
Chest X-Ray result, if TB test is positive	Date	Result			

¹ People who have not had Tdap vaccine since age 11 should get a dose of Tdap followed by Td booster doses every 10 years.

² Students who do not receive a flu vaccination will be required to wear a mask at all times during flu season at clinical sites.

³ Two-step TST is required if you do not have a documented negative TST result during the preceding 12 months. If you have a documented negative TST result during the preceding 12 months, you need only complete one-step TST.

I certify that the immunization records documented on this form are correct.

Name of Physician/NP/PA/RN	Signature	Date
Address	City, State Zip	Phone Number

Return the form to:

Augusta County Fire-Rescue Training Division, Attention: Designated Infection Control Officer
P.O. Box 590, Verona, Virginia 24482



Authorization for Release of Information

I have applied for emergency medical services certification with the Augusta County Fire-Rescue Training Division. It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. I understand that any history which adversely reflects on my qualifications for certification may be cause for disqualification from further consideration for certification with the Augusta County Fire-Rescue Training Division.

I hereby give the Augusta County Fire-Rescue Training Division and its agents the authority to conduct a comprehensive investigation of my background that may be relevant for certification purposes. I also authorize a review and full disclosure of all pertinent records including my juvenile criminal history, maintained by past and present employers, law enforcement agencies, educational institutions, and medical institutions, local, state and federal agencies. Any inquiry into records concerning medical and mental health treatment must be relevant to my EMS certification.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though the copy does not have my original signature. I hereby release the Augusta County Fire-Rescue Training Division and their agents and anyone who gives written information about me to the Augusta County Fire-Rescue Training Division from any claims of liability or damages which may occur as a result of the background investigation except where false information is given with malicious intent.

I understand that I may revoke this authorization at any time, by sending written notice to the Augusta County Fire-Rescue Training Division and by relinquishing my enrollment in the EMS training program. I understand that I may refuse to sign this Authorization. I also understand that the Augusta County Fire-Rescue Training Division may refuse to admit me to the training program if I do not sign this Authorization.

Signature

Date