

## EMT Prerequisite Checklist

**FINAL DEADLINE FOR THE FOLLOWING ITEMS IS DAY 1 OF THE PROGRAM. ENROLLMENT MAY BE IN JEOPARDY IF THE FOLLOWING ITEMS ARE NOT RECEIVED.**

You can send us this form and the following documents in two ways:

1. Email: [EMT@projectheartbeat.com](mailto:EMT@projectheartbeat.com)
2. Submit in person on the first day of your program (Anything past the first day must be emailed)

### Prerequisites:

- |   |  |
|---|--|
| <input type="checkbox"/> California Drivers License                                   | <input type="checkbox"/> Negative TB (within 1 year) |
| <input type="checkbox"/> BLS Certification (only AHA accepted)                        | <input type="checkbox"/> TDAP (within 10 years)      |
| <input type="checkbox"/> HS Diploma or GED  | <input type="checkbox"/> MMR                         |
| <input type="checkbox"/> Seasonal Influenza Shot (only for classes from Oct to March) | <input type="checkbox"/> Hepatitis B                 |
|   | <input type="checkbox"/> Varicella                   |

### Additional Required forms:

- |  |   |
|--|---|
| <input type="checkbox"/> Signed Enrollment Agreement   | <input type="checkbox"/> School Performance Fact Sheet      |
| <input type="checkbox"/> Disclaimer                    | <input type="checkbox"/> Promissory Form                    |
| <input type="checkbox"/> Release of Liability/COVID-19 | <input type="checkbox"/> Denial and Revocation Form         |
| <input type="checkbox"/> Photo Release                 | <input type="checkbox"/> Clinical Ridealong Form with Dates |

## PROJECT HEARTBEAT EMERGENCY MEDICAL TECHNICIAN (EMT) STUDENT ENROLLMENT AGREEMENT – 5 WEEK PROGRAM

Project Heartbeat – Oakland  
333 Hegenberger Rd, Suite 855  
Oakland, CA 94601

Project Heartbeat - Sacramento  
2033 Howe Ave, Suite 150  
Sacramento, CA 95825

Please Print Clearly or Type

**Applicant Full Legal Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ca Driver's Lic # \_\_\_\_\_

**Program Name: Emergency Medical Technician**

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Total Clock hours: \_\_\_\_184 hours\_\_\_\_ Total # of weeks: \_\_\_\_5 weeks\_\_\_\_

### **A: ITEMIZATION AND TOTAL TUITION FEES**

Registration fee (non refundable)	\$100
Tuition	\$1495
Insurance (non refundable)	\$200
Student Tuition Recovery Fund (non refundable)	\$0
Lab Supplies Fees and equipment (non refundable, pen light, BP cuff, stethoscope, trauma shears)	\$25
Uniform Tee Shirts (non refundable. 3 tee shirts only. boots, pants, and belt not included)	\$25
Textbook with access code (non refundable once code is activated)	\$350
<b>TOTAL TUITION AND CHARGES PAID TO PROJECT HEARTBEAT</b>	<b>\$2195</b>

<b>Estimated Additional Fees:</b>	
Live Scan and Drug Screen Fees	\$125
Immunizations	\$150
National Registry EMT Examination	\$90
Physical	\$75
County EMS Certification Fee (costs vary by county)	\$50
Tutoring (if needed)	\$40/hour
<b>ADDITIONAL FEES TOTAL</b>	<b>\$490</b>

(5,CCR §71800(e) through (f))

**ESTIMATED TOTAL FOR ENTIRE EDUCATIONAL PROGRAM: \$2685**

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$2685**

**TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$2195**

**Initials**

\_\_\_\_\_ I AM RESPONSIBLE FOR THIS AMOUNT AND AGREE TO THE TERMS OF THE TUITION AGREEMENT. IF I CHOOSE THE INSTALLMENT PAYMENT OPTION, I AM RESPONSIBLE FOR MAKING ALL PAYMENTS AS NOTED IN THE FINANCIAL AGREEMENT TO REMAIN IN SCHOOL.

\_\_\_\_\_ I have reviewed the EMT Program description and prerequisites. I agree to the terms of the Prerequisite Requirements and acknowledge understanding of the EMT Program Requirements

## B. CATALOG AND SCHOOL PERFORMANCE FACT SHEET

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.  
(CEC §94911(i)(1)(2))

\_\_\_\_\_ School Catalog  
initial

\_\_\_\_\_ School Performance Fact Sheet  
initial

### C. BINDING CONTRACT

I, \_\_\_\_\_, am enrolling in the Emergency Medical Technician Basic program provided by Project Heartbeat. I understand the course requirements set forth by Project Heartbeat and the procedures to obtain an EMT-B license through the NREMT and the State of California. I understand that this course is 184 hours, and that I must achieve an 80% on the Final Exam along with successfully completing all skills required by the state with a passing score in order to achieve course completion. I understand that only after receiving a course completion I am eligible to take the National Registry Exam, which I must successfully pass in order to apply for a County EMT-B License. This Enrollment Agreement is valid for a period from the first day of class **(Start date)** \_\_\_\_\_ through the last day of class **(End Date)** \_\_\_\_\_. (CEC §94911(d))

"I understand that this is a legally binding contract. My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the institutions cancellation and refund policies have been clearly explained to me."

(CEC §94911(k))

**Student Name** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Administrator Name:** \_\_\_\_\_

**School Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(CEC §94902(a))

## D. UNDERSTANDINGS

### Initials

1. **CATALOG:** Information about Project Heartbeat is published in a school catalog that contains a description of certain policies, procedures and other information about the school. Project Heartbeat reserves the right to change any provision of the catalog at any time. Notice of change will be communicated in a revised catalog, an addendum or supplement to the catalog or other written format. Students are expected to read school catalog, any revision, supplement, and attended to catalog, and with all school policies. By enrolling in Project Heartbeat's program, the student agrees to abide by the terms stated in the catalog all school policies.
2. **TRANSFERABILITY OF CREDITS:** The transferability of credits you earn at PROJECT HEARTBEAT is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the EMT PROGRAM COMPLETION *certificate* you earn in PROJECT HEARTBEAT is also at the complete discretion of the institution to which you may seek to transfer. If the EMT PROGRAM COMPLETION *certificate* that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending PROJECT HEARTBEAT to determine if your EMT PROGRAM COMPLETION *certificate* will transfer."  
Project Heartbeat is a private institution and has not entered into an articulation or transfer of credit agreement with any college or university. The course does not provide the student with any collage credits towards any degree. This includes any credit for prior "experiential learning". (CEC §94911(h) and §94909(a)(15))
3. **FINANCING:** The Student understands that if a separate party is financing his or her education, the Student and the Student alone is directly responsible for all payments and monies owed to the school listed on this agreement.
4. **LOAN:** If a Student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:
  - a. The federal or state government or a loan guarantee agency may take action against the student including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
  - b. The Student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.
5. **SCHEDULE CHANGES:** The School reserves the right to cancel or postpone a scheduled class. Students who do not wish to change start dates are eligible to receive a refund.
6. **ENGLISH AS A SECOND LANGUAGE:** Project Heartbeat does not offer English as a Second Language (ESL) courses. All programs of study are conducted in English.
7. **CONFIDENTIALITY:** During the course of study, students may come in contact with confidential information. You agree not to share, in any way, any personal information about a patient or client with any individual or group, including family, friends and coworkers, inside or outside of the establishment

8. **TECHNIQUES REQUIRING SUPERVISION:** Certain programs involve venipuncture, skin puncture, or other techniques that must be performed under the supervision of a licensed instructor. You agree to follow all directions of the instructor during skills practice.
9. **BOOKS/EQUIPMENT:** All supplies (not to include uniforms, unless stated in the Tuition and Fees Table) for the program selected will be provided by the School at the stated charge. Lost, modified, or stolen items will be replaced at the expense of the Student.
10. **EXTERNSHIP PLACEMENT:** Project Heartbeat guarantees that all students in good standing will be placed at a clinical site after the completion of their didactic completion. The School strives to place students in a location that is convenient to, and meets the needs of, the individual student; however, in some cases the appropriate assignment will be a significant commute (up to 100 miles) from campus. The school does not guarantee that student preference will be met. Externship placement priority is based on receiving all necessary documents including necessary immunizations and a cleared drug screening; the student must not be past due on any financial payment due to be eligible for externship.

Externships must start no later than 90 days from the student's last didactic course. If a student does not begin externship within this timeframe, they will be dropped from their program of study and will need to repeat their course in its entirety to receive a certificate of course completion. The student will be financially responsible for all fees and tuition associated with the new enrollment.

All students are expected to submit required documents and immunization records and complete a drug screen before they are assigned an externship. **Students will only be placed in the queue for externship placement after all required documents have been received and validated.**

Students will have up to 3 (three) months after the last day of didactic training to submit the documentation. Failure to provide these requirements within this time frame will result in the student being withdrawn from the course.

If, after being withdrawn, the student chooses to complete the program, he or she will be responsible for re-enrolling in the program and completing it again, in its entirety. The student will be responsible for the program tuition at the rate it is offered at the time of re-enrollment.

If a student requests an extension of the initial 3 (three) months due to extenuating circumstances, he or she must do so within the initial timeframe, and in writing. This extension must be approved by the Director of Operations. If the student is granted the extension, an additional three months will be given to produce the required documents.

If the student meets the document requirements within the extension, he or she must take the course written final examination and be successful with no less than 80% after turning all documentation, and before the commencement of the externship. Students who do not successfully pass the retake of the final written exam or skills will be officially withdrawn from the program. If, after being withdrawn, the student chooses

and completing it again and its entirety. The students will be responsible for the program tuition at the rate it is offered at the time of enrollment

11. **SATISFACTORY PROGRESS:** A student may be terminated from Project Heartbeat under the following conditions: failure to maintain passing grades; failure to abide by the rules and regulations of the institution, as enumerated in the school catalog; excessive absences as set forth by the institution; and/or failure to meet financial obligations to the school.

12. **GRADUATION:** You understand that you will be awarded a Certificate of Course Completion when you have completed all of the program requirements. You must have a 2.0 GPA, met the attendance requirement, and satisfied all financial obligations.

13. **CAREER RESOURCES:** As students complete training and begin looking for employment, Project Heartbeat provides career resources to help them get started. Please keep in mind that job placement is never guaranteed, and there may be a limit to the amount of time spent with any individual student. This service is free of charge. A variety of services exist including general resume and cover letter formatting assistance, common interview questions, and job search tips and leads.

14. **QUESTIONS:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), 888.370.7589 (phone), 916.263.1897 (fax).

15. **COMPLAINT:** A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling 888.370.7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web site, [www.bppe.ca.gov](http://www.bppe.ca.gov)

## E. ATTESTATIONS

### Initials

#### Attestation of Age Requirement (Student or Guardian Initials Required)

\_\_\_\_ I am 18 years old or have documentation that I am an emancipated minor -OR-

\_\_\_\_ I am the guardian of a minor who is 16-18 years old.

#### Attestation of Education Requirement (Student or Guardian Initials Required) **Documentation Presented)**

\_\_\_\_ **High School Graduate:** I am a graduate of a United States or US Territory High School -  
**OR-**

\_\_\_\_ **GED:** I have received a General Equivalency Diploma or General Education Diploma (GED) from the American Council on Education -**OR-**

\_\_\_\_ **Foreign High School/College:** I have provided foreign High School transcripts, evaluated by an approved agency-**OR-**



\_\_\_\_\_ **Admissions Representative MUST initial** - Student has provided documentation of current enrollment in a program of study which will produce either a High School Diploma or GED and such enrollment's expected graduation date does not extend beyond the expected graduation date of this agreement.

**Attestation of Education Requirement (Student or Guardian Initials Required - Documentation Not Presented)**

\_\_\_\_\_ I hereby confirm under penalty of perjury that I have successfully completed all requirements set forth by the US Department of Education AND have received a High School Diploma. I further confirm that I am in the process of producing a copy for the School record.

**Attestation of General Requirements (Student or Guardian Initials Required):**

\_\_\_\_\_ I affirm that I have not been convicted of any crime that is violent or sexual in nature. I understand that continued enrollment is contingent on a clear Background Check verifying this affirmation.

\_\_\_\_\_ I understand that if my program of enrollment provides a flash drive with the program curriculum, and I wish to have a hard copy of the materials, I must print it off of the flash drive I will be provided.

\_\_\_\_\_ I understand that I must maintain a minimum of 80% in my coursework and attend all scheduled courses to successfully complete my Program of Study. I further understand that the School will withdraw me if I fall below these requirements.

\_\_\_\_\_ I understand that if I am unsuccessful on a final exam, I will have only one opportunity to retake the final

\_\_\_\_\_ I understand that if I have to repeat the program, I am responsible for the program tuition at the rate it is offered at the time of enrollment

\_\_\_\_\_ I understand that the School may place me in an externship up to 100 miles from the School. I further understand that I will not be eligible for externship until all immunizations, clean drug screen and other requirements have been submitted to the School and verified. I may not find my own externship

\_\_\_\_\_ I understand that the School does not guarantee employment after graduation

**STUDENTS RIGHT TO CANCEL**

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. If you choose to cancel this agreement, Project Heartbeat will refund any money that you paid less specified non-refundable fees. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 50 percent or less of the scheduled days in the current payment period in your program through the last day of attendance. (CEC §94911(e)(1)(2)(3))



Cancellation shall occur when you give written notice of cancellation addressed to CE Program Director and sent by US certified mail, facsimile, or hand delivered. The written notice of cancellation is effective on the date received by Project Heartbeat. The refund will be issued within 45 days of the notice of cancellation.

Written notice must be mailed or hand delivered to:

Allan Bulda  
333 Hegenberger Rd, Suite 855  
Oakland, CA 94621

Project Heartbeat follows refund guidelines set by the California Bureau for Private Postsecondary Education in accordance with 5 CCR 71750. You have the right to withdraw from a course of instruction at any time. If you withdraw from a course of instruction after the period allowed for cancellation of the agreement set forth above, Project Heartbeat will issue a pro rata refund based on the amount owed for the portion of the educational program provided subtracted from the amount paid by the student calculated as follows: total institutional charge divided by the number of hours in the program, multiplied by the number of days student attended, or was scheduled to attend prior to withdrawal, less the amount paid by the student. All amounts paid in excess of what is owed as calculated above shall be refunded within 45 days of the student's withdrawal or cancellation.

**The refund will be prorated if the student withdraws after the first class session, or the seventh day after enrollment, whichever is later.** If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

(CEC §94911(e)(1)(2)(3))

(CEC §94911(f))

#### **REFUND POLICY FOR WITHDRAWAL AFTER COURSE COMMENCES:**

Project Heartbeat calculates refunds according to BPPE guidelines. Refunds are calculated as follows:

Tuition divided by Program clock hours = Cost per Clock Hour  
Cost per clock hour x classroom hours scheduled = Cost of Instruction  
Total Tuition Costs - Cost of instruction = Total Refund Amount

#### **PROCEDURE**

Students who are eligible for a tuition refund must first notify the school in writing of their intent to cancel the agreement or withdraw from the program.

Notification shall be made in writing and must be signed by the enrolled student.

All requests shall be mailed by US certified mail to:

PROJECT HEARTBEAT  
333 Hegenberger Rd, Suite 855  
Oakland, CA 94621

(CEC §94911(e)(1)(2)(3))

#### **WITHDRAWAL**

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

The student notifies the institution of the student's withdrawal or as of the date of the student's withdrawal, whichever is later.

The institution terminates the student's enrollment for failure to maintain satisfactory academic progress; failure to abide by the rules and regulations of the institution; absences or tardiness in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the program.

The student has failed to attend class for more than 12 hours.

The student fails to return from a leave of absence.

For the purpose of determining the amount of the refund, the date of the student's withdrawal shall be deemed the last date of recorded attendance.

If the refund conditions are met, Project Heartbeat will refund the amount paid for institutional charges, less the Non-Refundable Registration Fee listed below. (CEC §94911(b))

**Project Heartbeat EMT Program Non-Refundable Registration Fee - \$100**

**Livescan Fee – \$125**

**Insurance – \$200**

**Textbook (If code is activated) - \$350**

**Uniforms - \$25**

**Lab supplies - \$25**

**Student Tuition Recovery Fee - \$0**

As of seven days prior to the start date of the program, Project Heartbeat shall not refund any portion of the amount paid for institutional charges.

If you are eligible for a refund under the conditions above, it will be granted to you within 45 days after the school receives your written Intent to Withdraw Notice.

### **STUDENT TUITION RECOVERY FUND**

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd, Suite 225, Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of

#### **STUDENT TUITION RECOVERY FUND (CONTINUED)**

the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.”

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, 94924 and 94925, Education Code.

(5,CCR §76215(a) and 5,CCR §76215(b))

#### **QUESTIONS AND COMPLAINTS**

Any questions a student may have regarding this Enrollment Agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at:

**Bureau for Private Postsecondary Education**  
**1747 N. Market Blvd, Suite 225, CA 95834**  
**PO box 980818, West Sacramento, CA 95798-0818**  
**Phone Number: (916) 574-8900**  
**Toll Free: (888) 370-7589**

## PROJECT HEARTBEAT

**333 HEGENBERGER RD, SUITE 855 | (510)452-1100 |**  
**[WWW.PROJECTHEARTBEAT.COM](http://WWW.PROJECTHEARTBEAT.COM)**

### SCHOOL PERFORMANCE FACT SHEET CALENDAR YEARS 2018 & 2019

#### EMERGENCY MEDICAL TECHNICIAN – 5 WEEKS

##### On-Time Completion Rates (Graduation Rates)

*Includes data for the two calendar years prior to reporting.*

This program is new. Therefore, the number of students who graduate, the number of students who are placed, or the starting salary you can earn after finishing the educational program are unknown at this time. Information regarding general salary and placement statistics may be available from government sources or from the institution, but is not equivalent to actual performance data. This program was approved by the Bureau on 03/27/2018. As of 03/27/2020, two full years of data for this program will be available.

Calendar Year	Number of Students Who Began the Program	Students Available for Graduation	Number of On-Time Graduates	On-Time Completion Rate
2018	14	14		14
2019	263	212		212

Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initial only after you have had sufficient time to read and understand the information.

**Job Placement Rates (includes data for the two calendar years prior to reporting)**

Calendar Year	Number of Students Who Began Program	Number of Graduates	Graduates Available for Employment	Graduates Employed in the Field	Placement Rate % Employed in the Field
2018	14	14	14	5	35%
2019	263	212	113	98	87%

You may obtain from the institution a list of the employment positions determined to be in the field for which a student received education and training. **(this information can be obtained by calling (510) 452-1100)**

**Gainfully Employed Categories (includes data for the two calendar years prior to reporting)**

**Part-Time vs. Full-Time Employment**

Calendar Year	Graduate Employed in the Field 20-29 Hours Per Week	Graduates Employed in the Field at Least 30 Hours Per Week	Total Graduates Employed in the Field
2018	0	5	5
2019	0	98	98

**Single Position vs. Concurrent Aggregated Position**

Calendar Year	Graduates Employed in the Field in a Single Position	Graduates Employed in the Field in Concurrent Aggregated Positions	Total Graduates Employed in the Field
2018	5	0	5
2019	98	0	98



**Self-Employed / Freelance Positions**

Calendar Year	Graduates Employed who are Self-Employed or Working Freelance	Total Graduates Employed in the Field
2018	0	0
2019	0	0

**Institutional Employment**

Calendar Year	Graduates Employed in the Field who are Employed by the Institution, an Employer Owned by the Institution, or an Employer who Shares Ownership with the Institution.	Total Graduates Employed in the Field
2018	0	0
2019	0	0

**Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial only after you have had sufficient time to read and understand the information.**

This program may result in freelance or self-employment.

- The work available to graduates of this program is usually for freelance or self-employment.
- This type of work may not be consistent.
- The period of employment can range from one day to weeks to several months.
- Hours worked in a day or week may be more or less than the traditional 8 hour work day or 40 hour work week.
- You can expect to spend unpaid time expanding your networks, advertising, promoting your services, or honing your skills.
- Once graduates begin to work freelance or are self-employed, they will be asked to provide documentation that they are employed as such so that they may be counted as placed for our job placement records.
- Students initialing this disclosure understand that either a majority or all of this school's graduates are employed in this manner and understand what comprises this work style.

**Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial only after you have had sufficient time to read and understand the information**

**License Examination Passage Rates (includes data for the two calendar years prior to reporting)**

First Available Exam Date	Date Exam Results Announced	Number of Graduates in Calendar Year	Number of Graduates Taking Exam	Number Who Passed Exam	Number Who Failed Exam	Passage Rate
Oct 2018	Oct 2018	14	8	5	3	63%
Nov 2018	Nov 2018					
Jan 2019	Jan 2019					
Feb 2019	Feb 2019					
Q1 2019	April 2019	31	13	9	4	69%
Q2 2019	July 2019	25	24	20	4	83%
Q3 2019	Oct 2019	95	35	34	1	97%
Q4 2019	Jan 2020	61	41	35	6	85%

Licensure examination passage data is not available from the state agency administering the examination. We are unable to collect data from # graduates.

**Student's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initial only after you have had sufficient time to read and understand the information**

**Salary and Wage Information (includes data for the two calendar years prior to reporting)**  
**Annual salary and wages reported for graduates employed in the field.**

Calendar Year	Graduates Available for Employment	Graduates Employed in Field	\$20,001 - \$25,000	\$35,001 - \$40,000	\$40,001 - \$45,000	\$45,001 - \$50,000	No Salary Information Reported
2018	5	5			5		
2019	113	98			98		

A list of sources used to substantiate salary disclosures is available from the school. **(Students can obtain this information by calling (510) 452-1100, ext 310 )**

**Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial only after you have had sufficient time to read and understand the information**

**Cost of Educational Program**

Total charges for the program for students completing on-time in 2018: \$4,164. Additional charges may be incurred if the program is not completed on-time.

**Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial only after you have had sufficient time to read and understand the information**



**PROJECT HEARTBEAT**  
**333 HEGENBERGER RD, SUITE 855 | (510)452-1100 |**  
**[WWW.PROJECTHEARTBEAT.COM](http://WWW.PROJECTHEARTBEAT.COM)**

**PROJECT HEARTBEAT DOES NOT PARTICIPATE IN FEDERAL FINANCIAL AID PROGRAMS:**

Students at **Project Heartbeat** are not eligible for federal student loans. This institution does not meet the U.S. Department of Education criteria that would allow its students to participate in federal student aid programs.

**Student's Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial only after you have had sufficient time to read and understand the information**

This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, [www.bppe.ca.gov](http://www.bppe.ca.gov), toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

\_\_\_\_\_  
Student Name - Print

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

This program is new. Therefore, the number of students who graduate, the number of students who are placed, or the starting salary you can earn after finishing the educational program are unknown at this time. Information regarding general salary and placement statistics may be available from government sources or from the institution, but is not equivalent to actual performance data. This program was approved by the Bureau on **3/27/2018**. As of **3/27/2020**, two full years of data for this program will be available.

### **Definitions**

- “Number of Students Who Began the Program” means the number of students who began a program who were scheduled to complete the program within 100% of the published program length within the reporting calendar year and excludes all students who cancelled during the cancellation period.
- “Students Available for Graduation” is the number of students who began the program minus the number of students who have died, been incarcerated, or been called to active military duty.
- “Number of On-time Graduates” is the number of students who completed the program within 100% of the published program length within the reporting calendar year.
- “On-time Completion Rate” is the number of on-time graduates divided by the number of students available for graduation.
- “150% Graduates” is the number of students who completed the program within 150% of the program length (includes on-time graduates).
- “150% Completion Rate” is the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation.
- “Graduates Available for Employment” means the number of graduates minus the number of graduates unavailable for employment.
- “Graduates Unavailable for Employment” means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.
- “Graduates Employed in the Field” means graduates who beginning within six months after a student completes the applicable educational program are gainfully employed, whose employment has been reported, and for whom the institution has documented verification of employment. For occupations for which the state requires passing an examination, the six months period begins after the announcement of the examination results for the first examination available after a student completes an applicable educational program.
- “Placement Rate Employed in the Field” is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.

“Number of Graduates Taking Exam” is the number of graduates who took the first available exam in the reported calendar year.



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- “First Available Exam Date” is the date for the first available exam after a student completed a program.
- “Passage Rate” is calculated by dividing the number of graduates who passed the exam by the number of graduates who took the reported licensing exam.
- “Number Who Passed First Available Exam” is the number of graduates who took and passed the first available licensing exam after completing the program.
- “Salary” is as reported by graduate or graduate’s employer.
- “No Salary Information Reported” is the number of graduates for whom, after making reasonable attempts, the school was not able to obtain salary information.





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### **STUDENT'S RIGHT TO CANCEL**

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. If you choose to cancel this agreement, Project Heartbeat will refund any money that you paid less specified non-refundable fees. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 50 percent or less of the scheduled days in the current payment period in your program through the last day of attendance.

(CEC §94911(e)(1)(2)(3))

Cancellation shall occur when you give written notice of cancellation addressed to CE Program Director and sent by US certified mail, facsimile, or hand delivered. The written notice of cancellation is effective on the date received by Project Heartbeat. The refund will be issued within 45 days of the notice of cancellation.

Written notice must be mailed or hand delivered to:

Allan Bulda  
333 Hegenberger Rd, Suite 855  
Oakland, CA 94621

Project Heartbeat follows refund guidelines set by the California Bureau for Private Postsecondary Education in accordance with 5 CCR 71750. You have the right to withdraw from a course of instruction at any time. If you withdraw from a course of instruction after the period allowed for cancellation of the agreement set forth above, Project Heartbeat will issue a pro rata refund based on the amount owed for the portion of the educational program provided subtracted from the amount paid by the student calculated as follows: total institutional charge divided by the number of days in the program, multiplied by the number of days student attended, or was scheduled to attend prior to withdrawal, less the amount paid by the student. All amounts paid in excess of what is owed as calculated above shall be refunded within 45 days of the student's withdrawal or cancellation.

**The refund will be prorated if the student withdraws after the first class session, or the seventh day after enrollment, whichever is later.** If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

(CEC §94911(e)(1)(2)(3))

(CEC §94911(f))

## DISCLAIMER

I \_\_\_\_\_, understand that as a student of Project Heartbeat, LLC - EMS Division, Emergency Medical Technician Basic Training Program, I will be exposed to potentially disturbing medical images, sights, simulated smells, psychomotor skill tests, which simulate real life scenarios. I understand that these simulations are designed to simulate real work experiences, which will better prepare me as a student to become an Emergency Medical Technician. I may be exposed to low-level lighting conditions, wet or raining conditions, or seasonally hot conditions.

I further understand that I will be exposed to physical exertion aerobic exercises and/or occasional lifting activities. I will need to utilize proper lifting mechanics in order to facilitate simulated patient movement using a variety of patient movement devices such as gurneys, scoop stretchers, stair chairs, c-spine boards, etc. I understand that if I have a preexisting medical condition that limits or restricts my ability to participate, it is my duty to inform my instructor on the first day of class and/or any of my skills instructors prior to participating in these exercises. I understand that I do not have to participate in these movements. However, by not participating, I may not be able to complete the required assignments in class, which may result in my inability to complete the EMT training program.

I do hereby hold harmless Project Heartbeat, LLC, its agents, successors, contractors, assigns, subareas subsidiaries and/or affiliates from liability as a student.

Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

\_\_\_\_\_  
DIRECTOR SIGNATURE

## **RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE.**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATE YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

WHEREAS, \_\_\_\_\_ (clearly print Individual's name) hereinafter referred to as the "Individual" has requested to be allowed to travel as passenger in a Project Heartbeat, LLC ("PHB") vehicle;

AND WHEREAS, ALTHOUGH THE INDIVIDUAL IS NOT ENCOURAGED TO DO SO, PHB is allowing the Individual to be a passenger in a PHB vehicle,

NOW, THEREFORE, in consideration for allowing the Individual to ride as a passenger in a PHB vehicle, the undersigned agrees and represents as follows;

IT IS SPECIFICALLY UNDERSTOOD BY ME THAT WORKING WITH SHARPS/NEEDLES IS AN INHERENTLY DANGEROUS ACTIVITY. I PERSONALLY ASSUME ALL RISK IN CONNECTION THEREWITH, WHICH MAY ARISE, REGARDLESS OF THE NATURE OF THE RISK AND/OR HOW I BECAME INVOLVED OR WHO DIRECTED ME INTO SUCH HAZARDOUS OR DANGEROUS SITUATIONS. This assumption of risk includes, but is not limited to, routine blood draw activities involving sharps/needles.

I HEREBY RELEASE PROJECT HEARTBEAT, LLC, ("PHB") ITS OFFICERS, AGENTS, EMPLOYEES, AND ASSIGNS AND ALL AFFILIATE BUSINESSES INCLUDING BY NOT LIMITED TO PROJECT HEARTBEAT, LLC ("PHB") FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, COST, CLAIMS AND/OR CAUSES OF ACTION, INCLUDING BUT NOT LIMITED TO ALL BODILY INJURIES AND PROPERTY DAMAGE SUSTAINED BY THE INDIVIDUAL AS A RESULT OF BEING A STUDENT AT PROJECT HEARTBEAT. THIS RELEASE INCLUDES BUT IS NOT LIMITED TO ALL INJURIES AND DAMAGES SUSTAINED WHILE IN BUILDING PREMISES, INCLUDING THE PARKING LOT AND EXTERNSHIPS. The Individual makes this general release freely and with the full opportunity to seek the benefit of independent legal advice is fully aware of the provisions of Civil Code section 1542. which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS, WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM/HER MUST HAVE MATERIALY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

The Individual hereby waives the provisions of section 1542 of the California civil code and the provisions of any similar laws of any other state or country.

The Individual acknowledges that the training program involves potential activities that MAY RESULT IN BODILY INJURY, DEATH, AND/OR EXPOSURE TO AIRBORNE OR BLOOD BORNE PATHOGENS. Exposure to airborne or blood borne pathogens may result in the transmission of AIDS, hepatitis, tuberculosis, or other infectious diseases. The Individual agrees that they will follow all precautionary measures and instructions given by PHB employees. The Individual agrees that THEY WILL OBEY UNIVERSAL PRECAUTIONS AT ALL TIMES even if not verbally instructed to do so.

THE INDIVIDUAL AGREES TO INDEMNIFY PHB FOR ANY AND ALL LOSS, DAMAGE, COSTS OR LIABILITY, CONTINGENT OR DIRECT, which PHB may sustain as a consequence of the acts or conduct of the Individual or breach of this agreement. I agree that if any provisions of this agreement are subsequently held to be illegal, unenforceable or void, this agreement shall continue in full force and effect without said provision or portion of provision.

In consideration of said promises, PHB agrees to permit the Individual to participate in training activities so long as it is reasonably feasible to do so and so long as it does not endanger the health, safety or welfare of the Individual or a third party. These determinations shall be entirely within the discretion of PHB. The permissions granted by PHB in this agreement may be revoked at any time by any agent of PHB. The Individual agrees that the Individual's promises contained within this document will survive any revocation or termination by PHB of this agreement. THIS RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OR RISK AGREEMENT SHALL BE BINDING ON THE INDIVIDUAL, HIS OR HER HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.

I, the undersigned, have read and understand this agreement. I hereby acknowledge, warrant and represent that I am at least 18 years of age and legally competent to enter into this agreement and that I have signed this release as my own free act with the full understanding and knowledge of its significance.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL SIGNATURE: \_\_\_\_\_

## **COVID-19 (Corona Virus)**

### **RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE.**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATE YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

WHEREAS, \_\_\_\_\_ (clearly print Individual's name) hereinafter referred to as the "Individual" has requested to continue training in a Project Heartbeat, LLC ("PHB") classroom understanding the risks involved with COVID 19;

AND WHEREAS, ALTHOUGH THE INDIVIDUAL IS NOT ENCOURAGED TO DO SO, PHB is allowing the Individual to attend class,

NOW, THEREFORE, in consideration for allowing the Individual to attend class in a PHB classroom facility, the undersigned agrees and represents as follows;

IT IS SPECIFICALLY UNDERSTOOD BY ME THAT EXPOSURE TO COVID 19 IN A CLASSROOM ENVIRONMENT HAS POTENTIAL RISKS. I AM AWARE OF THE GOVERNMENTAL RESTRICTIONS IN PLACE TO COMBAT THE SPREAD OF COVID 19. I AM AWARE THAT PROJECT HEARTBEAT HAS TAKEN NECESSARY PRECAUTIONS TO COMBAT THE SPREAD OF COVID 19, INCLUDING BUT NOT LIMITED TO: SOCIAL DISTANCING, ADDITIONAL DISINFECTING, AND OFFERING DISTANT LEARNING OPTIONS. I PERSONALLY ASSUME ALL RISK IN CONNECTION THEREWITH, WHICH MAY ARISE, REGARDLESS OF THE NATURE OF THE RISK AND/OR HOW I BECAME INVOLVED OR WHO DIRECTED ME INTO SUCH HAZARDOUS OR DANGEROUS SITUATIONS.

I HEREBY RELEASE PROJECT HEARTBEAT, LLC, ("PHB") ITS OFFICERS, AGENTS, EMPLOYEES, AND ASSIGNS AND ALL AFFILIATE BUSINESSES INCLUDING BY NOT LIMITED TO PROJECT HEARTBEAT, LLC ("PHB") FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, COST, CLAIMS AND/OR CAUSES OF ACTION, INCLUDING BUT NOT LIMITED TO ALL BODILY INJURIES AND PROPERTY DAMAGE SUSTAINED BY THE INDIVIDUAL AS A RESULT OF BEING A STUDENT AT PROJECT HEARTBEAT. THIS RELEASE INCLUDES BUT IS NOT LIMITED TO ALL INJURIES AND DAMAGES SUSTAINED WHILE IN BUILDING PREMISES, INCLUDING THE PARKING LOT AND EXTERNSHIPS. The Individual makes this general release freely and with the full opportunity to seek the benefit of independent legal advice is fully aware of the provisions of Civil Code section 1542. which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS, WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM/HER MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

The Individual hereby waives the provisions of section 1542 of the California civil code and the provisions of any similar laws of any other state or country.

The Individual acknowledges that the training program involves potential activities that MAY RESULT IN BODILY INJURY, DEATH, AND/OR EXPOSURE TO AIRBORNE, CONTACT OR BLOOD BORNE PATHOGENS. Exposure to airborne, contact or blood borne pathogens may result in the transmission of AIDS, hepatitis, tuberculosis, COVID 19 or other infectious diseases. The Individual agrees that they will follow all precautionary measures and instructions given by PHB employees. The Individual agrees that THEY WILL OBEY UNIVERSAL PRECAUTIONS AT ALL TIMES even if not verbally instructed to do so.

THE INDIVIDUAL AGREES TO INDEMNIFY PHB FOR ANY AND ALL LOSS, DAMAGE, COSTS OR LIABILITY, CONTINGENT OR DIRECT, which PHB may sustain as a consequence of the acts or conduct of the Individual or breach of this agreement. I agree that if any provisions of this agreement are subsequently held to be illegal, unenforceable or void, this agreement shall continue in full force and effect without said provision or portion of provision.

In consideration of said promises, PHB agrees to permit the Individual to participate in training activities so long as it is reasonably feasible to do so and so long as it does not endanger the health, safety or welfare of the Individual or a third party. These determinations shall be entirely within the discretion of PHB. The permissions granted by PHB in this agreement may be revoked at any time by any agent of PHB. The Individual agrees that the Individual's promises contained within this document will survive any revocation or termination by PHB of this agreement. THIS RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OR RISK AGREEMENT SHALL BE BINDING ON THE INDIVIDUAL, HIS OR HER HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.

I, the undersigned, have read and understand this agreement. I hereby acknowledge, warrant and represent that I am at least 18 years of age and legally competent to enter into this agreement and that I have signed this release as my own free act with the full understanding and knowledge of its significance. I have also received full disclosures and information on COVID 19. Full up to date information can be obtained at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL SIGNATURE: \_\_\_\_\_



## Photo Release & Consent Form

I do hereby authorize Project Heartbeat, LLC - EMS Training Division, its agents, successors, assigns, subareas, subsidiaries and/or affiliates to use my photographs supplied to said organization (s) for use in Flyers, Brochures, Power Points, Educational Lectures, Websites, Social Media Sites, etc. without reservation.

Said picture(s), photograph(s) or information shall be and remain the property of Project Heartbeat, LLC, and may be used with or without using my name. I agree that I am donating this material, and that I will not be compensated. I do not expect, or require, approval of the layout or designed use of said items prior to publication.

I agree that there is no cost for me for having the(se) picture(s) submitted for possible publishing. I agree that there will be no cost to me for publication of the(se) picture(s) if, in fact, the(se) picture(s) are published.

I also agree to hold harmless, Project Heartbeat, LLC, its agents, successors, assigns, subsidiaries, subareas, and/or affiliates in the event that my pictures are not returned to me.

I hereby represent and warrant that I have not given any person or firm the exclusive right to use my name, picture or any other information. There is no other agreement between us.

Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

## PROMISSORY AGREEMENT

### (DO NOT FILL OUT BY YOURSELF – WAIT FOR INSTRUCTIONS)

STUDENT NAME: \_\_\_\_\_

By signing this Agreement, I acknowledge and affirm my outstanding debt pertaining to fee of  
\$ \_\_\_\_\_ with Project Heartbeat, LLC as of \_\_\_\_\_.  
*(Total Cost of Course)* *(First Day of Course)*

By signing this Agreement, I agree to pay my outstanding debt according to the following  
schedule, terms, and conditions:

1. I agree and accept to pay an initial fee of \$ \_\_\_\_\_. Payment due on  
\_\_\_\_\_.  
*(First Day of Course)*
2. I agree and accept responsibility for paying the remainder of the balance on my account of  
\$ \_\_\_\_\_. Payment due before \_\_\_\_\_.  
*(Last Day of Course)*
3. If I am unable to pay the remainder of my balance before my graduation date, I will inform  
Project Heartbeat, LLC to arrange a payment plan prior to my graduation.
4. I understand all payments are to be made payable to Project Heartbeat, LLC and mailed to:  
  
Project Heartbeat, LLC  
333 Hegenberger Road, Suite 855  
Oakland, CA 94621
5. I understand it is my responsibility to notify Project Heartbeat, LLC of any address, phone, name or email  
changes. Notification must be promptly made to Eric Kim at [eric@projectheartbeat.com](mailto:eric@projectheartbeat.com), phone  
510.452.1100 or by mail to Project Heartbeat, LLC, 333 Hegenberger Road, Suite 855, Oakland, CA 94621
6. I understand any payment returned by my banking institution for "insufficient funds", "stop payment",  
"account closed" or any other reason will immediately cause the account to become delinquent and  
thereafter placed in a collections status which may include referral to a collection agency.

7. I understand that I may make additional payments beyond the agreed monthly payments at any time; however, I am still responsible for continuing to make the minimum weekly/monthly payments;
8. **I understand that I will not be able to take the NREMT exam or receive my certificate of completion until this debt is paid in full.**
9. I further understand and agree that if I do not follow through with any portions of the above -stated schedule of payments, terms, and conditions, and/or if any installment is delinquent below ten (10) days, this account may be the sole option of Project Heartbeat, LLC, may declare immediately due and payable in full. I promise to pay all attorney fees and other reasonable collection cost and charges necessary for the collection of any amount not paid when due. I understand that, if my account is referred to a collection agency, the collection fee is ordinarily thirty-three and one-third percent (33 1/3%) of the total outstanding balance due, for which I will be responsible in addition to the principal debt due and payable.

I have carefully and completely read this agreement and fully understand the purpose, intent and effect of this agreement. I have voluntarily executed the agreement by action of my own free will.

Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
(LEGAL SIGNATURE)

## DENIAL AND REVOCATION OF EMT CERTIFICATE

Dear Student

Please be advised that as a Emergency Medical Technician, a high degree of public trust will be placed on you. Because of this unique position, I must conduct myself with a high degree of responsibility and have a clean background. By signing the below listed document, I acknowledge receipt and understanding of Title 22 Section 100214.3 which encompasses Denial, Revocation of Certificate.

Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

§ 100214.3. Denial or Revocation of a Certificate

(a) A certifying entity, that is not a LEMSA, shall advise a certification or recertification applicant whose conduct indicates a potential for disciplinary cause, based on an investigation by the certifying entity prompt by a DOJ and/or FBI CORI, pursuant to Section 100210(a) of this Chapter, to apply to a LEMSA for certification or recertification.

(b) The medical director may deny or revoke any EMT or Advanced EMT certificate for disciplinary cause that have been investigated and verified by application of this Chapter.

(c) The medical director shall deny or revoke an EMT or Advance EMT certificate if any of the following apply to the applicant:

- (1) Has committed any sexually related offenses specified under Section 290 of the Penal Code.
- (2) Has been convicted of murder, attempted murder, or murder for hire.
- (3) Has been convicted of two (2) or more felonies.
- (4) Is on parole or probation for any felony.
- (5) Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
- (6) Has been convicted and release from incarceration for said offense during the preceding ten 10 years for any offense punishable as a felony.
- (7) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs.
- (8) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.
- (9) Has been convicted within the preceding five (5) years of any theft related misdemeanor.

(d) The medical director may deny or revoke an EMT or Advanced EMT certificate if any of the following apply to the applicant:

(1) Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.

(2) Is required to register pursuant to Section 11590 of the Health and Safety Code.

(e) Subsection (a) and (b) shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/certificate holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offense listed in (c) and (d). As used in this Section, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.

(f) This Section shall not apply to those EMT's or EMT-ITs who obtain their California certificate prior to the effective date of this Section; unless:

(1) The certificate holder is convicted of any misdemeanor or felony after the effective date of this Section.

(2) The certificate holder committed any sexually related offense specified under Section 290 of the Penal Code.

(3) The certificate holder failed to disclose to the certifying entity any prior convictions when completing his/her applications for EMT or Advanced EMT certification or certifications renewal.

(g) Nothing in this Section shall negate an individuals' right to appeal a denial of an EMT or Advanced EMT certificate pursuant to this Chapter:

(h) Certification action by a medical director shall be valid statewide and honored by all certifying entities for a period of a least twelve (12) months from the effective date of the certification action. An EMT or Advance EMT whose application was denied or an EMT or Advance EMT whose certification was revoked by a medical director shall not be eligible for EMT or Advanced EMT application by any other certifying entity for a period of twelve (12) months from the effective date of the certification action. EMT's or Advanced EMT's whose certification is placed on probation must complete their probationary requirements with the LEMSA that imposed the probation.

NOTE: Authority cited: Section 1797.107, 1797.176, 1797.184 and 1798.204, Health and Safety Code; and Section 11522, Government Code. Reference: Sections 1797.61, 1797.62, 1797.118, 1797.176, 1797.202, 1798, 1798.200 and 1798.204, Health and Safety Code.



## Clinical Ride-Along and Externship

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### CLINICAL RIDE-ALONG AND EXTERNSHIP REQUIREMENT

All students must complete 24 hours of Clinical Field Training (Ride-Along). Without fulfillment of the Clinical Ride-Along Requirement, the student will not be eligible for the NREMT exam.

To fulfill the Clinical Ride-Along/Externship Requirement, students must:

1. Attend two pre-approved 12-hour or three 8-hour ride-alongs
2. Complete all corresponding documentation

### CLINICAL RIDE-ALONG AND EXTERNSHIP ATTENDANCE POLICY

**Absences:** Any problems with scheduling are to be addressed to the Director of Operations and Lead Instructor immediately. Students are expected to attend all scheduled clinical rotations. If a scheduled clinical is missed without notification 24 hours prior to the scheduled rotation, the student will be counted absent.

**Excused absences:** Illness, family, or employment emergencies must be explained in writing to the Director of Operations and Lead Instructor within 72 hours of the missed clinical. A decision will be made concerning the excused absence and reported to the student.

**Unexcused absence:** Students must adhere to assigned ride-along dates, which are scheduled in accordance with the students' Ride-Along Availability Form. Students are required to arrive at least 15 minutes early to Ride-Along, or risk being left behind. Missed Ride-Along count as 12 hours of absence.

**Leaving:** Leaving the clinical site without prior notification to the preceptor will result in an unexcused absence resulting in probation.

**Lack of Concern for Training:** The student who demonstrates a lack of appropriate concern for training may be sent home by the preceptor with an unexcused absence. This includes, but is not limited to sleeping in class/clinical or showing up to class/clinical unprepared.

## CLINICAL RIDE-ALONG AND EXTERNSHIP DOCUMENTATION

Project Heartbeat will provide the students with ride-along, pending completion of required documentation:

1. Ride-Along Availability Form *(included within this Enrollment Agreement)*
2. Applicable Ambulance Waivers *(included within this Enrollment Agreement & assigned hereafter)*

The Ride-Along are not considered complete without the following documents, to be provided to the EMT Instructor no more than 72 hours after each Ride-Along:

1. Preceptor Continued Education (CE) Form
2. Field Internship Evaluation Form All documents must be filled out clearly and thoroughly in order to get credit.

I agree to the terms of the above Clinical Ride-Along Requirements:

Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

## **EXTERNSHIP EXPECTATIONS**

Congratulations on completing Project Heartbeat's EMT program! Listed below are guidelines to prepare you for your EMT externships.

Once you have completed the course and have turned everything in, Project Heartbeat will be contacting you by email to set up your externships. Please be patient. Project Heartbeat strives to place students in their externships as soon as possible, but based on ambulance company availabilities, it may take a few weeks to set up your externships.

## **CLEARED FOR EXTERNSHIPS**

In order to be cleared for your externships, the following items must be completed within 30 days from the last day of class:

- Successfully completed the entire Project Heartbeat EMT program
- No past due payments on account
- Proof of all required immunizations and physical have been turned into Project Heartbeat
- Drug screen has been done

## **HOW ARE EXTERNSHIPS ASSIGNED**

Ambulance Companies: Ride-along placement is based on student grades, professionalism, personal interests of the student, and instructor recommendations.

## **HOW LONG ARE EXTERNSHIPS**

- Ride-Along: One ride-along is required and will be 8-12 hours. Be advised that ambulance crews may be held over their scheduled time. If this occurs, you will have to remain with the crew until their shift is complete.

## **ARRIVAL TIME**

- In case you get lost or if there is traffic, plan on being at your externship site 30 minutes prior to your scheduled externship time. **DO NOT BE LATE!**
- Look up directions prior to your scheduled externship date

## WHAT TO BRING

- The same rules and requirements regarding uniform and appearance that were enforced while you were in class at Project Heartbeat apply to your externships.
- Wear your Project Heartbeat EMT uniform (uniform must be clean and ironed): Light blue shirt with Project Heartbeat patch, Navy blue cargo pants, Navy blue t-shirt, Name tag, Project Heartbeat badge, Black basket weave belt, Black safety boots that are clean and polished. A plain (no large logos or graphics) blue or black hoodless jacket may be worn, Arm tattoos must be covered
- If you have shoulder length hair, it must be put in a pony tail
- No facial hair (shave the morning before your externship/no stubble)
- Pack a meal and snacks for your ride-alongs (you may not have time to stop for food/drinks)
- You may want to bring some cash in case you need to buy food/drinks
- Equipment:
  1. P100 mask: If you are doing your ride-along with Paramedics Plus or King American, Project Heartbeat will contact you prior to your ride-along to schedule you for a fit testing for your P100 mask.
  2. Pen light
  3. Stethoscope
  4. Blood pressure cuff
  5. Blue or black pen
  6. Something to write on
  7. Paperwork/PCRs
  8. Evaluation forms

## WHAT TO EXPECT

Externships are a great time to learn and ask questions (when appropriate) so make sure you are prepared by reviewing your text book and be sure to practice your assessments. Also be prepared to take vitals.

### **Ride-Along (Ambulance)**

When you arrive at the ambulance company, you will be assigned to an ambulance crew. Depending on the ambulance company, you may be assigned to a Paramedic and an EMT, two Paramedics, or two EMTs.

Possible tasks you may be given:

- Vitals
- Placing the patient on O2
- CPR
- Assist with the patient assessment
- Assist with moving the patient
- Assist with cleaning the ambulance and equipment

### **Externship Dos and Don'ts**

Dos:

- Do... hand washing, hand washing, hand washing!!!!
- Do... ask questions when appropriate
- Do... help out with cleaning
- Do.... have a positive attitude
- Do.... smile
- Do.... enjoy your externships
- Do.... think about safety

Don't s:

- Don't... be late
- Don't... sit around, there is always something to do
- Don't... watch TV if you are at the fire station
- Don't... sit on the lazy boy chairs at the fire station

## REQUIRED PAPERWORK

Be sure that you complete all required paper work and don't forget to get the required names and signatures for all applicable forms.

List of required forms:

- Externship Requirements Checklist
- Externship Time Log

Ambulance Ride-Along:

- Ride-Along Student Agreement
- Field Patient Contact Log (be sure to log all of your contacts)
- Patient Care Report (PCRs for the ride along are required)
- Evaluation Form of Student
- Evaluation Form of Clinical and Field Experience

☛ There is a minimum of 10 patient contacts for your externships, so be sure to list all of your patient contacts on the Patient Contact Logs.

## WHAT TO DO AFTER YOU HAVE COMPLETED YOUR EXTERNSHIP

Once you have completed all of your externships, complete all of the required forms and email [EMT@projectheartbeat.com](mailto:EMT@projectheartbeat.com). Turn in all of your externship paperwork together. Original copies of the completed forms may also be physically mailed to Project Heartbeat. Always make copies of all paperwork; you are responsible for any forms lost in the mail.

After all of your paper work has been submitted, it will be reviewed to verify it is complete.

Once verified that your paperwork is complete and you have passed the JB Learning Test Prep Final Examination with a minimum score of 85%, you will be cleared to take the NREMT written exam. This process may take 1-2 weeks from the date the paper work was submitted to Project Heartbeat.

## RESCHEDULING AND QUESTIONS

If you have any questions regarding your externships or have to reschedule an externship, please contact the Director of Operations at Project Heartbeat. DO NOT contact the externship site. If you need to reschedule an externship, please give at least a 48 business hour notice. Failure to reschedule with Project Heartbeat prior to your externship may result in additional fees to retake the externship hours.

## PROJECT HEARTBEAT EXTERNSHIP CONTACT LIST

Eric Kim  
Director of Operations  
[Eric@projectheartbeat.com](mailto:Eric@projectheartbeat.com)  
[EMT@projectheartbeat.com](mailto:EMT@projectheartbeat.com)  
510-452-1100 ext. 0

### Ambulance Companies:

Falcon  
3508 San Pablo Dam Rd  
El Sobrante, CA 94803

Royal  
14472 Wicks Blvd  
San Leandro, CA 94577

United  
3530 Breakwater Ct  
Hayward, CA 94545

Alpha One  
10461 Old Placerville Rd #110  
Sacramento, CA 95827

America West  
9090 Union Park Way #117  
Elk Grove, CA 95624

Eagle  
3251 Franklin Canyon Rd 2nd floor  
Rodeo, CA 94572

Medic Ambulance  
506 Couch St  
Vallejo, CA 94590



## RIDE ALONG AVAILABILITY FORM

Students are required to complete a minimum of 24 clinical hours, which will be fulfilled through two or three 8-12 hour ride-along shifts with 10 patient contacts. This form is to assist students with scheduling clinical opportunities during the EMT Program. The signee agrees to maintain the scheduling agreement in accordance with the program's attendance policy.

Please Note:

- **Availability dates must be adhered to (no rescheduling).**
- **NO WEEKENDS. Only Monday through Friday.**
- **Must be within 1 month after your program ends.**

**Provide six dates of availability for 8-12 hour ride alongs following the guidelines listed above. If you have open availability or are free certain days of the week, please state below.**

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#4: \_\_\_\_\_

#5: \_\_\_\_\_

#6: \_\_\_\_\_

**City or County you reside in:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_