

## IV Approval Application Packet

HealthONE EMS is committed to your success and ongoing career development in the emergency medical services field. We have endeavored to make this application process as easy as possible. If you have questions or get stuck along the way, we are ready to assist you. There is an application coordinator dedicated to assist you with your questions. The IV Approval course application coordinator can be contacted at:

HealthONE EMS  
Attn: IV Approval Course Application Coordinator  
333 West Hampden Avenue, Suite 200  
Englewood CO 80110  
Phone: 303-788-5681  
Fax: 303-788-7656

### Course Overview:

HealthONE EMS, in partnership with Arapahoe Community College, offers the IV Approval course. Students certified as EMT-Basics in the State of Colorado are permitted to perform intravenous insertion under medical direction following successful completion of the course. The class includes 24 hours classroom and practical education and 8 to 16 hours of clinical experience. Internet access will be necessary to download initial course materials.

| Course of Instruction: | Hours |
|------------------------|-------|
| Didactic Instruction   |       |
| Classroom              | 12    |
| Skills lab             | 12    |
| Clinical Instruction   |       |
| Emergency Department   | 8-16  |

Two semester credit hours will be awarded to all eligible Colorado residents upon successful completion of the course. Students who do not meet Colorado residency status should pay tuition directly to HealthONE EMS and will not be eligible for college credit.

### Course Location:

HealthONE EMS  
333 West Hampden Avenue, Suite 200  
Englewood CO 80110  
303-788-6317

**Faculty:**

Classes are taught by experienced paramedics, emergency physicians, nurses, and other specialists. All faculty members possess in-depth knowledge of prehospital medicine and have extensive experience in prehospital care.

**Prerequisites:**

Applicants to the IV Approval course must be at least 18 years of age and be an EMT-basic.

- Copy of your current Colorado EMT-B certification

- Proof of the hepatitis B series (all 3 shots), chickenpox, tetanus, and MMR vaccinations. Contact your family doctor or local health department for information about how to obtain a vaccination. If records for vaccines cannot be located, a titre can be drawn for hepatitis B, MMR, and chickenpox. A copy of the titre results will suffice.

- Two (2) written employer references

Employers may use official company employment verification forms or write a reference letter on company letterhead. If applicant does not have employment history, he or she must provide two (2) letters of recommendation. The Employer Reference form included in this packet may be used to obtain references.

- Criminal Background Investigation (CBI) report (within 90 days of the class start date)

There are two ways to obtain a copy of the CBI report:

1. Complete the online request for a CBI record. The cost for the online request is \$6.85 (subject to change). This method requires that you use a VISA or MasterCard credit card for payment. Access the CBI website using the following URL:  
<https://www.cbirecordscheck.com>
2. Go to the Colorado Bureau of Investigation office at 690 Kipling Street #3000, Denver, CO 80215-5825 to request a CBI report using the window service. Window service is open 8 AM to 5 PM, Monday through Friday. Contact the Colorado Bureau of Investigation at 303-239-4300 if you need further assistance. Processing your request may take up to two weeks.

## IV Approval Course Application Checklist

1. \_\_\_\_\_ Completed application packet with course dates
2. \_\_\_\_\_ Copy of current Colorado EMT-B certification
3. \_\_\_\_\_ Proof of hepatitis B vaccination series (all three shots), chickenpox, tetanus, and MMR vaccines
4. \_\_\_\_\_ Two (2) written employer references
5. \_\_\_\_\_ Copy of Criminal Background Investigation report (within 90 days of the class start date)
6. \_\_\_\_\_ \$30.00 application processing fee

Complete application and copies of all prerequisites should be delivered to HealthONE EMS office via mail, fax, or in-person. The EMS office is located at 333 West Hampden Ave, Suite 200, Englewood CO 80110. Fax # 303-788-7656.

**Incomplete applications will be pending. Please make personal copies of all documents submitted. Due to the rolling admission process, classes are filled on a first come first served basis. You will be notified by mail within two weeks of receipt of completed application of registration status.**

### IV Approval Course Application

|  |  |                          |                            |                   |
|--|--|--------------------------|----------------------------|-------------------|
| <b>The course date in which you are applying</b>   |  |                          |                            |                   |
| <b>Name</b> Last First MI  |  |                          | <b>Phone</b>               | <b>Work Phone</b> |
| <b>Address</b>   |  |                          | <b>Alternate Phone</b>     | <b>Age</b>        |
| <b>City</b>  |  | <b>Sate</b>              | <b>Zip</b>                 | <b>SSN</b>        |
| <b>Email</b>   |  | <b>Emergency Contact</b> |                            | <b>Phone</b>      |
| <b>Employment History:</b> Record two places of employment (full or part-time), listing present and/or most recent first.  |  |                          |                            |                   |
| <b>Employer Name (1)</b>   |  |                          |                            |                   |
| <b>Employer Address</b>  |  |                          | <b>Employer Phone</b>      |                   |
| <b>Supervisor's Name</b>   |  |                          | <b>Dates of Employment</b> |                   |
| <b>Position</b>  |  |                          | <b>Reason for Leaving</b>  |                   |
| <b>Employer Name (2)</b>   |  |                          |                            |                   |
| <b>Employer Address</b>  |  |                          | <b>Employer Phone</b>      |                   |
| <b>Supervisor's Name</b>   |  |                          | <b>Dates of Employment</b> |                   |
| <b>Position</b>  |  |                          | <b>Reason for Leaving</b>  |                   |
| <b>If you are currently active in the field of emergency medical care, please complete the following:</b>  |  |                          |                            |                   |
| <b>Supervisor</b>  |  |                          | <b>Organization</b>        |                   |
| How did you hear about this course?  |  |                          |                            |                   |
| <b>Signature</b> <span style="float: right;"><b>Date</b></span>  |  |                          |                            |                   |
| <b>Complete and return the application and prerequisites to HealthONE EMS, 333 W. Hampden Avenue Suite 200, Englewood, CO 80110. You will be notified by mail within two weeks of receipt of completed application of registration status.</b> |  |                          |                            |                   |

| OFFICE USE ONLY   |                  |          |            |         |
|-------------------|------------------|----------|------------|---------|
| App. Fee Received | Current EMT Cert | CBI      | MMR #1     | MMR #2  |
|                   |                  |          |            |         |
| Hep B #1          | Hep B #2         | Hep B #3 | Chickenpox | Tetanus |
|                   |                  |          |            |         |
| Reference #1      | Reference #2     | ACC Paid |            |         |
|                   |                  |          |            |         |

### Statement Regarding Chickenpox (Varicella)

I had chickenpox (varicella) in approximately: \_\_\_\_\_  
month/year

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Employer Reference #1

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Social Security Number

I hereby authorize the release of the requested information. The provided information will remain confidential to satisfaction of verification purpose only.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

|  |  |
|--|--|
| <b>Employee Name</b>                         | <b>Job Title</b>   |
| <b>Dates of Employment</b>                   | <b>Presently Employed:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Employer Name</b>                         | <b>Employer Phone</b>  |
| <b>Employer Address</b>                      |  |
| <b>Summary of Job Performance/Competency</b> |  |
|  |  |
| <b>Employer's Signature</b>                  | <b>Date</b>  |
|  |  |
| <b>Print Name</b>                            | <b>Title</b>   |

Please return form to:  
HealthONE EMS  
333 West Hampden Avenue, Suite 200  
Englewood, CO 80110

Thank you for your prompt response. All information is confidential. Please contact the IV Approval Course Registrar at (303) 788-5681 if you have any questions.

## Employer Reference #2

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Social Security Number

I hereby authorize the release of the requested information. The provided information will remain confidential to satisfaction of verification purpose only.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

|  |  |
|--|--|
| <b>Employee Name</b>                         | <b>Job Title</b>   |
| <b>Dates of Employment</b>                   | <b>Presently Employed:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Employer Name</b>                         | <b>Employer Phone</b>  |
| <b>Employer Address</b>                      |  |
| <b>Summary of Job Performance/Competency</b> |  |
|  |  |
| <b>Employer's Signature</b>                  | <b>Date</b>  |
|  |  |
| <b>Print Name</b>                            | <b>Title</b>   |

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## HealthONE EMS Credit Card Payment Authorization

If paying for the Application Processing Fee by credit card, please submit this completed form with your application packet.

|   |  |
|---|--|
| Today's Date:   | Check One:<br><input type="checkbox"/> Visa<br><input type="checkbox"/> MasterCard |
| Name as it appears on card:   | Card Number:   |
| Expiration Date:  | Signature:   |
| Class # & reason for charge is:<br>Application Fee _____<br>Course Fee _____<br>Clinical Fee _____<br>Other _____ | Amount Authorized to Charge:   |

HealthONE EMS will not share your information with any other persons, agencies, or companies. All transactions are strictly confidential. Receipts of the charges to credit cards will be provided.