

# FREDERICK COUNTY / WINCHESTER FIRE AND RESCUE DEPARTMENTS



ADVANCED E.M.S. ACADEMY  
CERTIFICATION COURSE

APPLICATION PACKET

**IMPORTANT – READ THE FOLLOWING INSTRUCTIONS**

**CANDIDATES ARE NOT REGISTERED FOR THE ADVANCED EMS ACADEMY UNTIL ALL OF THE FOLLOWING REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT – TRAINING DIVISION.**

**1. Academy Pre-Test:** In order to become a potential candidate for the Advanced EMS Academy, you must successfully complete and pass the pre-test administered to all candidates.

**2. Submit all required documentation:** All documentation is required with this application. This includes:

- ☐ Copy of valid CPR card (approved CPR classes listed on page)
- ☐ Copy of valid EMT card
- ☐ Copy of High School Diploma or G.E.D.
- ☐ Copy of valid Driver's License or photo identification

This application must be completely filled-out and returned with the above documents to the Training Division by **Tuesday, December 15, 2015**. All information on this form must be factual and valid. Any falsification of any portion of this application will result in the denial of the applicant into the Advanced EMS Academy.

**3. Personal Health History Form:** Documentation of health history and all required vaccinations must be completed and turned into the Training Division **no later than Tuesday, February 2, 2016**.

By December 11, 2015, applicants that have registered to take the pre-test will be emailed notification of their testing registration. Once testing has been completed and graded, the Training Division and instructional staff will review grades and applications to select candidates for Advanced EMS Academy. Candidates will be notified by **Friday, December 18, 2015** of acceptance into the academy. After which, tuition will be invoiced for payment. Payments must be received no later than **Friday, January 22, 2016**. Otherwise, the candidate will be denied entry into the academy and another candidate will be offered the spot.

## APPLICATION POLICY AND ENROLLMENT REQUIREMENTS

The Frederick County Fire and Rescue Department – Training Division 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 an Advanced Life Support program. Qualified applicants may be subject to a selection process by the Emergency Medical Services (EMS) Advisory Committee should the number of qualified applicants exceed the number of spaces available in the program.

Candidates must provide documentation of minimum requirements prior to entry into the Advanced EMS Academy training program.

### **For entrance into all programs:**

1. The candidate must meet the minimum requirements specified in the Virginia Office of Emergency Medical Services Regulations (page 5).
2. The candidate 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 borne by the student. If the candidate is not covered by a policy at the time of application, information on obtaining coverage will be provided at the first class session.
3. The candidate must hold a current and approved certification in CPR (page 5).
4. 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 Frederick County Fire and Rescue Department – Training Division.
5. Lord Fairfax EMS Council regional candidates will be given preference over candidates from other regions.

### **For entrance into the Advanced EMT program:**

1. The candidate must be at least eighteen (18) years of age or older with a high-school diploma or GED equivalent.
2. The candidate shall have been a released EMT, practicing as an attendant-in-charge for a minimum of six (6) months before the start date of the program.
3. The candidate shall complete an entrance examination and achieve a satisfactory score. The candidate will be tested on EMT knowledge and general reading and mathematical competencies.

### **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 in clinical or laboratory sessions until the information have been provided.

### **ADVANCED EMT COREQUISITES**

The following programs of study are co-requisites to the Advanced EMT program of study. Certificates of completion must be presented to the Course Coordinator by the conclusion of the program. The due date will be specified in course documentation. Any fees associated with the training shall be borne by the student.

1. IS-700.a – [National Incident Management System \(NIMS\), An Introduction](#)
2. IS-800.b – [National Response Framework \(NRF\), An Introduction](#)
3. IS-100.b – [Introduction to Incident Command System](#)
4. IS-200.b – [ICS for Single Resources and Initial Action Incidents](#)
5. AWR160 – [Terrorism Awareness for Emergency First Responders](#)

---

### **REQUIRED IMMUNIZATIONS AND MEDICAL RECORDS**

Documentation of all immunizations must be submitted to the Course Coordinator prior to the start of any clinical session scheduling. These include:

1. Proof of immunization or results of rubella (German measles) titer.
2. Proof of immunization or results of mumps titer.
3. Proof of immunization or results of rubeola (measles) titer.
4. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, then a signed statement will be required).
5. Results of tuberculin skin test (TST). If you have received a test within the past 12 months of the end of the program, then documentation of a negative test result shall be required.
  - a. A TB blood test (QuantiFERON® - TB Gold Test) may be substituted for the TST.
  - b. If a positive TST or TB Gold Test has been documented, then accompanying chest X-ray results must be provided.
6. Hepatitis B Vaccination status.
7. Proof of immunization of annual influenza vaccine.
8. Proof of immunization of TDap (Tetanus, Diphtheria, and Pertussis – Adult Dosage).

Most immunizations are offered at little to no cost from the local health departments. Your private physician can also provide immunizations, which are generally covered under insurance or for a minimal fee. Students should maintain the original documentation in a personal file for future referencing. Students are required to copy these records for submission. NO copies will be made by the Course Coordinator.

A negative urine drug screen may be required prior to and within thirty (30) days of any clinical sessions at certain clinical facilities. Any expense associated with drug screen shall be at the expense of the student.

## COURSE TUITION AND TESTING FEES

<b>National Registry Testing Fees</b> <ul style="list-style-type: none"> <li>Psychomotor Testing (costs vary per testing site)</li> <li>Computer Adaptive Testing at Pearson Vue site (\$100)</li> </ul>	<i>Fees due at end of course, payable by the candidate to the NREMT</i>
<b>Professional Liability Insurance</b> <ul style="list-style-type: none"> <li>If the student is not affiliated with an EMS agency or is affiliated with an agency that does not provide professional liability insurance, the student will be required to obtain a personal policy.</li> </ul>	\$75 – 145
<b>Textbooks and Notebooks</b>	<i>Included in tuition</i>
<b>Criminal Background Check</b>	<i>Included in tuition</i>
<b>Drug Screening</b>	<i>Included in tuition</i>
<b>Clinical Uniform Shirt and Sweatshirt</b>	<i>Included in tuition</i>
<b>Clinical Documentation Software Access</b>	<i>Included in tuition</i>
<b>Course Tuition</b>	\$600

## STUDENT WITHDRAW AND TUITION REFUND

Students must notify the Training Division in writing to officially withdraw from a class in order to be considered for a refund of tuition costs within two (2) weeks of the start of the class. A \$20 administrative fee will be charged as part of the registration process. After class begins, no refunds are permitted.

## CPR REQUIREMENTS

The Training Division requires all individuals to hold a current certification in CPR as a pre-requisite for enrollment in ALS programs. As specified in the curricula listed above, completion of an approved course which tests the following skills is required:

- One and Two-Rescuer CPR (Adult, Child, and Infant Victims)
- Complete Airway Obstruction – Conscious Victim (Adult, Child, and Infant Victims)
- Complete Airway Obstruction – Unconscious Victim (Adult, Child, and Infant Victims)
- Automated External Defibrillator (Adult, Child, and Infant Victims)

The current courses are accepted by the Virginia Office of Emergency Medical Services (OEMS) to meet these standards:

- American Heart Association (AHA) – Healthcare Providers Course
- American Red Cross (ARC) – CPR/AED for the Professional Rescuer and Healthcare Provider
- American Safety and Health Institute (ASHI) – CPR-PRO
- Emergency Care and Safety Institute (ECSI) – Professional Rescuer
- Medic First Aid – BLS for Professional “BLS PRO”
- National Safety Council – Healthcare and Professional Rescuer
- ProCPR – Healthcare Provider

## VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES REGULATIONS

Applicants shall comply with all Virginia Office of Emergency Medical Services Regulations pertaining to EMS personnel requirements / standard of conduct and EMS education and certification including:

- 12VAC5-31-900. General requirements
- 12VAC5-31-910. Criminal or enforcement history.
- 12VAC5-31-930. State and federal law compliance.
- 12VAC5-31-940. Drugs and substance abuse.
- 12VAC5-31-1521. ALS course student requirements.

The complete Virginia EMS Rules & Regulations can be found at the following website address:

<http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/Regulations.htm>

**Applicable Virginia EMS Rules & Regulations include, but are not limited to:**

### **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 (5) years have passed since the conviction or five (5) 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 (5) 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)*

### **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)

---

## ENROLLMENT PRIORITIES

When enrollments must be limited for any curriculum, first priority will be given to all qualified students who are residents of the political subdivisions supporting the Frederick County and Winchester Fire and Rescue Departments and the Lord Fairfax EMS Council, provided such students apply for admission to the program by the scheduled deadline.

**The priority list is as follows:**

1. Residents of the political subdivisions supporting the Frederick County and Winchester Fire and Rescue Departments.
2. Other personnel of Lord Fairfax EMS Council region.
3. Out-of-area, -of-state and resident alien students.





## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

### COURSE APPLICATION: *Advanced EMT*

#### SECTION 1: APPLICANT INFORMATION

First Name	MI	Last Name	EMT Certification Number	Expires
Mailing Address			Social Security Number	
City/ Town	State	Zip Code	Home Phone Number	
Email Address			Cell Phone Number / Carrier	
EMS Agency Affiliation			Date of Birth	

#### SECTION 2: IN CASE OF EMERGENCY INFORMATION

First Name	MI	Last Name	Relationship
Street Address			Home Phone Number
City/ Town	State	Zip Code	Cell Phone Number

#### SECTION 3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the Frederick County Fire and Rescue Department – Training Division and the Virginia Office of Emergency Medical Services that are necessary to enroll in this course.

Signature	Date
-----------	------



## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

### Authorization for Release of Information

I have applied for emergency medical services certification with the Frederick County Fire and Rescue Department. 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 Frederick County Fire and Rescue Department.

I hereby give the Frederick County Fire and Rescue Department 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 valid as the original even though the copy does not have my original signature. I hereby release the County of Frederick, Virginia and its Fire and Rescue Department 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 Frederick County Fire and Rescue Department and by relinquishing my enrollment in the Advanced EMS Academy. I understand that I may refuse to sign this Authorization. I also understand that the Frederick County Fire and Rescue Department may refuse to admit me to the Advanced EMS Academy if I do not sign this Authorization.

---

Signature

---

Date Signed



## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

### *Personal Health History Record*

Every student entering an advanced life support program instructed by the Training Division is required to return this record, properly completed to the Course Coordinator prior to the tenth day of class. If you have any physical or emotional impairment that may require accommodations from the Training Division or Virginia Office of Emergency Medical Services, please indicate these under the "Pertinent Health Information" section below so that we may make plans to assist you with these needs.

***Students will not be permitted to participate in field and/or clinical sessions until this information is completed.***

#### SECTION 1: APPLICANT INFORMATION

First Name MI Last Name

Date of Birth

Mailing Address

Social Security Number

City/ Town State Zip Code

Home Phone Number

Email Address

Cell Phone Number / Carrier

EMS Agency Affiliation

Program enrolled in

#### SECTION 2: PERTINENT HEALTH INFORMATION

Please list any disabilities, special needs, allergies or required medications that you would like the Training Division to know of. This includes any accommodations that you may require for classroom and/or practical sessions and testing.

---

---

---



## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

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

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

### IMMUNIZATION HISTORY (PLEASE PRINT)

<i>List the MONTH, DAY, and YEAR the person received each of the following immunizations:</i>					
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 <sup>1</sup>					
Influenza <sup>2</sup>					
Polio					
Hepatitis B					
Varicella (Chicken Pox)			OR →	Varicella Titer Result	
Measles – Mumps – Rubella (MMR) or,					
Rubeola (measles)			OR →	Rubeola Titer Result	Rubeola Titer Result
Mumps				Mumps Titer Result	Mumps Titer Result
Rubella (German Measles)			OR →	Rubella Titer Result	Rubella Titer Result
				Rubella Titer Result	Rubella Titer Result
Tuberculin Skin Test (TST) <sup>3</sup> or	Step 1 Date	Step 1 Result	Step 2 Date	Step 2 Result	
TB Blood Test	Date	Result			
Chest X-Ray result, if TB is positive	Date	Result			

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

<sup>2</sup> Students who do not receive an annual flu vaccination will be required to wear a mask at all times during flu season at clinical sites or may be barred from clinical site if such vaccination required.

<sup>3</sup> 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



## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

### RECOMMENDATION FOR ADVANCED EMT PROGRAM

#### SECTION 1: APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Applicant Name \_\_\_\_\_

EMT Certification Number \_\_\_\_\_ Expires \_\_\_\_\_

##### **Mandatory Statement:**

I hereby waive my right of access, and authorize the Frederick County Fire and Rescue Department – Training Division to use, confidential information, including but not limited to letters, statements, and recommendations received in connection with my request for admission to the Advanced Emergency Medical Services Academy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### SECTION 2: RECOMMENDATION (TO BE COMPLETED BY THE PERSON RECOMMENDING APPLICANT)

Select one: ☐ Operational Medical Director ☐ Agency Officer ☐ Supervisor

**Directions:** We appreciate your assistance with this process. If additional space is needed, please attach a separate sheet to this form. Please complete this form as soon as possible and mail to the Training Division, Attention: Lieutenant Kelly R. Whitacre, 1080 Coverstone Drive, Winchester, Virginia 22602.

***This form must be mailed; otherwise it will not be used for admission consideration.***

Please complete the following information:

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Area of Evaluation	Inferior (Bottom 10%)	Below Average	Average	Above Average	Superior (Top 10%)
Intellectual Ability	1	2	3	4	5
Ability to Communicate	1	2	3	4	5
Self-Reliance/ Independent of Thought	1	2	3	4	5
Motivation	1	2	3	4	5
Integrity	1	2	3	4	5
Profession Interest	1	2	3	4	5
Cooperativeness	1	2	3	4	5

Recommendation based on applicant's ability to pursue Advanced EMT certification!

<input type="checkbox"/> Strongly Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Reservation	<input type="checkbox"/> Do Not Recommend
---	------------------------------------	---	---

**Comments on Decision**

---

---

---

---

---

---

---

---

---

---

---

---

Signature

---

Date

---

Name / Title (Printed)



## FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

1080 COVERSTONE DRIVE ♦ WINCHESTER, VIRGINIA 22602  
(540) 665-6388

### RECOMMENDATION FOR ADVANCED EMT PROGRAM

#### SECTION 1: APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Applicant Name \_\_\_\_\_

EMT Certification Number \_\_\_\_\_ Expires \_\_\_\_\_

##### **Mandatory Statement:**

I hereby waive my right of access, and authorize the Frederick County Fire and Rescue Department – Training Division to use, confidential information, including but not limited to letters, statements, and recommendations received in connection with my request for admission to the Advanced Emergency Medical Services Academy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### SECTION 2: RECOMMENDATION (TO BE COMPLETED BY THE PERSON RECOMMENDING APPLICANT)

Select one: ☐ Operational Medical Director ☐ Agency Officer ☐ Supervisor

**Directions:** We appreciate your assistance with this process. If additional space is needed, please attach a separate sheet to this form. Please complete this form as soon as possible and mail to the Training Division, Attention: Lieutenant Kelly R. Whitacre, 1080 Coverstone Drive, Winchester, Virginia 22602.

***This form must be mailed; otherwise it will not be used for admission consideration.***

Please complete the following information:

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Area of Evaluation	Inferior (Bottom 10%)	Below Average	Average	Above Average	Superior (Top 10%)
Intellectual Ability	1	2	3	4	5
Ability to Communicate	1	2	3	4	5
Self-Reliance/ Independent of Thought	1	2	3	4	5
Motivation	1	2	3	4	5
Integrity	1	2	3	4	5
Profession Interest	1	2	3	4	5
Cooperativeness	1	2	3	4	5

Recommendation based on applicant's ability to pursue Advanced EMT certification!

<input type="checkbox"/> Strongly Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Reservation	<input type="checkbox"/> Do Not Recommend
---	------------------------------------	---	---

**Comments on Decision**

---

---

---

---

---

---

---

---

---

---

---

---

Signature

---

Date

---

Name / Title (Printed)