St. Mary Medical Center

Emergency
Medical Services
Training Academy
1350 S. Lake Park Ave.,
Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Paramedic Course Application Instructions

1. Those interested in applying for the St. Mary Medical Center Paramedic Program must meet the following minimum requirements.
    - Applicant must possess a high school diploma or equivalent (copy required)
    - Applicant must be a minimum of 18 years of age
    - Applicant must be a certified Indiana EMT or higher prior to the beginning to the course of eligible for Indiana reciprocity.
    - It is highly encouraged that the applicant has a minimum of 2 years working in the field as an EMT or above.
    - Applicant must possess a valid AHA BLS CPR certification.
    - Applicant will comply with all health service requirements.
    - Applicant must have a valid driver's license and provide a copy.

2. Complete Paramedic Program Application Package, including
    - Signature from your employer
    - Signature from your EMS System Coordinator (If you are a SMMC provider, you may skip this step)
    - Copy of current and Valid EMT Certification (minimum NREMT to apply and must be eligible for immediate reciprocity and obtain said prior to the start of class)
    - Copy of current AHA BLS CPR Certification
    - Copy High School Diploma or Equivalent
    - Copy of Driver's License (Front and Back)
    - Copy of immunization titers for Hepatitis B, measles, mumps, rubella, and Covid 19 if applicable
    - Copy of two step TB test in the last 90 days (This means two separate tests)
    - Copy of general health systems review performed by a physician within the last 90 days. A physical form is included in the application but it is not necessary to use that one as long as the one provided covers those areas.
    - **Two** professional letters of recommendation using the forms provided dated within the last 90 days and submitted (preferably mailed) sealed to the EMS Office.
    - A letter of intent to enroll in the St. Mary Medical Center Paramedic Program written by you, the candidate, addressing why you wish to attend our program and how your attendance will contribute to the program.
    - ***Once ALL your application materials are complete, they are to be submitted to: smmcpmclass@gmail.com prior to the the deadline date announced.***

3. Once your application is complete and submitted, you will be eligible to move forward with a Federal Background Check and 5 Panel Drug Screen. The background check invitations will be sent out the day after applications close. The Information for the Drug Screening will go out early the following week. Please do not seek out your own drug screens as they will not be accepted unless arrangements are made with the EMS Office. Employer run background checks will be eligible for acceptance **as long as the background check has been completed in the last 180 days and meets the office criteria. This must be worked out with the EMS Office ahead of time.**

4. Attend Entrance Testing Program (Written and skills)
    - Attendance is mandatory for entrance.
    - Successfully complete the written BLS comprehensive exam with a score of 70% or higher
    - Successfully complete 2 BLS skills stations

5. Attend Interview with EMS Review Board
    - Those scoring a 70% on the written exam and successfully passing the skills exam will be invited for an interview with the EMS Selection committee. Interviews will last approximately 30 minutes and it is recommended you dress and prepare as you would for any job interview.

6. Upon acceptance into the paramedic program, a $1,000 a non-refundable $1000 deposit is due within 7 days of your acceptance. This deposit is not refundable because it will be utilized to order supplies and texts for the class immediately after your acceptance. Should you not be able to pay this deposit, you will forfeit your spot in the program.

Thank you for your interest in our program. Should you have any additional questions or concerns, please contact EMS Programs Manager Robb Quinn at 219-947-6874.

Powers HEALTH℠

St. Mary Medical Center

Application

EMS Training Academy. 1350 S Lake Park Ave Ste C. Hobart, IN. 46342

Name:		Phone Number:
Address:	Email	
City:	State:	Zip:
DOB:	SSN:	DL#/State
PSID#	EMT Renewal Date:	CPR Renewal Date:
EMT Training Facility:	Course Location:	
Primary Instructor:	Course Completion Date:	

Current Employer:	Supervisor
Address	Phone Number
City	Hours/Week
Service Type ( )Private ( ) Municipal (.) Volunteer ( ) Combination	
EMS Training Academy Affiliation:	
Service Type ( )Private ( ) Municipal ( ) Volunteer ( ) Combination	
EMS Training Academy Affiliation:	

Education	Institution	Dates Attended	Area of Study	Degree/Diploma
High School				
College				
Other:				

Provide Copies of any additional EMS or Fire Certifications on separate paper please.

Have you ever applied for/attended a paramedic training program before?	( ) Yes ( ) No
Program applied for:	Dates:
Reason for Not Completing:	

Have you ever been convicted of a felony or misdemeanor? ( ) Yes ( ) No

Have you ever had your certification or patient care privileges suspended or revoked? ( ) Yes ( ) No

If you answered yes to either, on a separate sheet of paper, please explain.

St. Mary Medical Center

Emergency Medical Services
Training Academy
1350 S. Lake Park Ave., Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Field Experience/Employer Sponsor

By signing below, I hereby affirm and declare that the applicant is currently employed as an EMT or higher, and that he/she is in good standing with our service. While not required, the applicant has provided patient care in the role of an EMT or higher for at least one year. I agree to participate in the training of this employee by allowing the opportunity to attend class and clinical sessions. Our service will
provide blood-borne pathogen training, and provide the option of Hepatitis B vaccination to the applicant. I understand that false statements can allow for the dismissal of the applicant from the SMMC paramedic program.

Employer EMS Director/ Coordinator:	**Print**	**Sign**	**Date**
Employee Supervisor:	**Print**	**Sign**	**Date**
Applicant:	**Print**	**Sign**	**Date**

EMS System Agreement

I hereby confirm that the applicant is a member/employee of _____ , and is a participant in good standing with _____ EMS system. I am aware that the applicant is seeking admission into the St. Mary Medical Center Paramedic Program. I approve of this application, and I agree to allow the student to complete the required necessary didactic, clinical and field requirements within the SMMC EMS System, as outlined by the SMMC Paramedic Program. ***(SMMC EMTs need not worry about this section)***

System EMS Coordinator	**Print**	**Sign**	**Date**

St. Mary Medical Center

Emergency Medical Services
Training Academy
1350 S. Lake Park Ave., Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Student Agreement

By signing below, I understand that should I fail to comply with any specific requirements listed in this application, or should there be any misrepresentation or intentional forgery of this document, that I may be denied admittance, dismissed from the program, or denied my certificate of course completion, without a refund of fees paid or fees due. I also understand that submission of my application does not guarantee acceptance into the SMMC Paramedic Program, as acceptance into any SMMC program is determined by the SMMC Educational Staff without the bias of race, color, nationality, ancestry, marital status, gender, sexual orientation, religion, age, disability or veteran's status. I additionally agree to allow St. Mary Medical Center Educational Staff to conduct the necessary employer and background checks necessary to process this application. Finally, I acknowledge the financial obligation for the course (The financial Obligation will be determined annually by the EMS Advisory Committee), with $1,000.00 (non-refundable) due within seven days of acceptance into the program. Failure to meet any financial obligations may result in dismissal from the program.

A full refund is available prior to the first day of class. After the first class, refund policy will be prorated based on your semester with a 75% refund in the first, 50% in the second, 25% in the third. Their will be no refund in the 4th semester. The cost of books and uniforms will not be refunded. That cost will be covered in the nonrefundable deposit.

Applicant Signature **Print** **Sign** **Date**

HIPPA

During this course you will be required to complete clinical time in the hospital and on an ambulance. You will be privy to private, sensitive information about patients during these clinical experiences and must understand that you shall not disclose any private information that you may learn. Privacy is a legal right afforded to all patients. Violations of patient privacy will not be tolerated. Evidence of violation will result in immediate dismissal from our course.

Do you understand that patient confidentiality is of the utmost importance and that, if admitted to this course, you are not to discuss patient information with others?
( ) Yes ( ) No Initials:_____

St. Mary Medical Center

Emergency Medical Services
Training Academy
1350 S. Lake Park Ave., Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Application Checklist

Driver's License Copy	
EMT Certification Copy	
Physical with 5 panel UDS & TB	
HS Diploma Copy	
Immunizations Copy	
Health Care CPR	
Letter of Intent	
Background Check (if you have your own departments within the last 6 months)	
2 recommendation letters	
Completed and Signed Application	

St. Mary Medical Center
Emergency Medical Services
Training Academy
1350 S. Lake Park Ave., Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Paramedic Program Recommendation Form #1

Instructions to Applicant: First, complete the following information below. Next, give this form to the person providing the recommendation on your behalf. ***This form is to be brought in a SEALED envelope.***

Program for which you are applying (Month/Year):

Name: Phone:

Address: Email:

City: State: Zip:

The Educational Amendment Act of 1974 grants students the right to have access to their letters of recommendation.
I wish to waive my access to the letters: ( ) Yes ( ) No ( ) Initials

To whom are you giving this form: Relationship:

Applicant signature: Date:

Instructions to Recommender: Please write a frank assessment of the applicant and attach to this form, letters can be on department or service letterhead. We are particularly interested in the applicant's strengths, weaknesses, and characteristics that would help the review committee judge the applicant's ability to succeed as a paramedic. Please also give your impression of the applicant on the chart below by checking the appropriate rating. **Letters of recommendation must turned in by applicant in a SEALED envelope.** Thank you for your cooperation.

	Excellent- top 10% of individual encountered	**Good**- top 25% of individuals encountered	Not an area of strength	Unable to assess
Problem solving ability				
Writing skills				
Verbal communication				
Breadth of EMT knowledge				
Ability to receive feedback & adjust				
Determination/commitment				
Maturity				
Humanity/empathy				
Motivation/initiative				
Leadership skills				
Overall professional potential				

Print name/Title: Signature:

Company name/address: Date:

St. Mary Medical Center
Emergency Medical Services
Training Academy
1350 S. Lake Park Ave., Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Paramedic Program Recommendation Form #2

Instructions to Applicant: First, complete the following information below. Next, give this form to the person providing the recommendation on your behalf. ***This form is to be brought in a SEALED envelope.***

Program for which you are applying (Month/Year):

Name: Phone:

Address: Email:

City: State: Zip:

The Educational Amendment Act of 1974 grants students the right to have access to their letters of recommendation.
I wish to waive my access to the letters: ( ) Yes ( ) No ( ) Initials

To whom are you giving this form: Relationship:

Applicant signature: Date:

Instructions to Recommender: Please write a frank assessment of the applicant and attach to this form, letters can be on department or service letterhead. We are particularly interested in the applicant's strengths, weaknesses, and characteristics that would help the review committee judge the applicant's ability to succeed as a paramedic. Please also give your impression of the applicant on the chart below by checking the appropriate rating. **Letters of recommendation must turned in by applicant in a SEALED envelope.** Thank you for your cooperation.

	Excellent- top 10% of individual encountered	**Good**- top 25% of individuals encountered	Not an area of strength	Unable to assess
Problem solving ability				
Writing skills				
Verbal communication				
Breadth of EMT knowledge				
Ability to receive feedback & adjust				
Determination/commitment				
Maturity				
Humanity/empathy				
Motivation/initiative				
Leadership skills				
Overall professional potential				

Print name/Title: Signature:

Company name/address: Date:

Powers HEALTH℠

St. Mary Medical Center

Emergency
Medical Services
Training Academy
1350 S. Lake Park Ave.,
Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

PHYSICAL FORM

(CIRCLE NAME OF SCHOOL)

DENTAL **COLLEGE OF HEALTH PROFESSIONS:** Paramedic School / EMT School
(Name of Department)

MEDICINE **PHARMACY** **PODIATRY**

NAME: _____
LAST FIRST

SSN#: _____

DOB: _____/_____/_____

TO THE EXAMINING HEALTHCARE PROVIDER: Please review the student's attached health data and complete this form. The information supplied will be used as a background for providing health care, if this is necessary; and for identifying any need for accommodation to facilitate the student's academic success. This information will be handled in accordance with all applicable law.

Date of exam: _____ BP: R _____ L _____ PULSE: _____ HEIGHT: _____ WEIGHT: _____

	Normal	Abnormal	Remarks
General Health			
Skin			
Ears			
Eyes (include funduscopic exam)			
Neck (include thyroid exam)			
Lungs			
Heart			
Abdomen/hernia check			
Back			
Extremities			
Neurologic exam			

VISION: Uncorrected: OD _____ OS _____ Corrected: OD _____ OS _____

This Student is able to participate in all educational, physical and patient care activities: _____Yes _____ No
If No, please indicate what restrictions, accommodations, or modifications, if any, will be required for this student.

_____

_____

Medical Summary: Note problems or suggestions for care:

_____

_____

_____

Health Care Provider (please print): Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ MD/DO/CRNP **Date:** _____

St. Mary Medical Center
Emergency Medical Services Training Academy

In Case of Emergency:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:

Emergency Contact #1:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact #2

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

☐ Yes ☐ No

If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

St. Mary Medical Center

Emergency Medical Services Training Academy
1350 S. Lake Park Ave, Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Urine Drug Screen

All students participating in the EMT program must complete and pass a five panel urine drug screen. St. Mary Medical Center does offer this service to all students participating in the EMT class at no additional cost. Students who are going to go St. Mary Medical Center please read the information below:

- Students can complete the drug screen Monday thru Friday from 7:00 a.m. to 1:00 p.m.
- Students may schedule their testing after June 5th
- Appointments MUST be made with the main lab of the hospital in order to complete the drug screen. Students/parents may call 219-947-6300 to schedule the appointment.
- The lab is located on the 5th floor of St. Mary Medical Center, 1500 S. Lake Park Ave, Hobart, IN 46342. Please use the east entrance of the hospital, which is the entrance that faces SR 51.
- Students will need to know their social security number for the testing.
- The lab is requesting all drug screens to be done two weeks prior to application deadline.

Student may also complete this testing through their primary physician or another clinic. However, results must be sent to the EMS office by either fax (219-947-6119) or email robert.d.quinn@powershealth.org. Completing the drug testing outside of the hospital will be done at the cost to the student. While we realize that certain drugs have been legalized in many states throughout the country and their use has become widely accepted, they still have no place for healthcare workers and are not legal in Indiana and will not be acceptable in our program.

Powers HEALTH℠

St. Mary Medical Center

Emergency
Medical Services
Training Academy
1350 S. Lake Park Ave.,
Suite C
Hobart, IN 46342

PowersHealth.org
219-947-6874

Contact Information for EMS Office

Robb Quinn – Program Director

219-947-6874

robert.d.quinn@powershealth.org

Heather Howell – EMS Associate Instructor

219-947-6877

Heather.a.howell@powershealth.org

Roy Johnson-Paramedic Primary Instructor

rjohnson@portage-in.com

Joe Lavendusky – EMT Primary Instructor

jlavendusky@cityofhobart.org

If you have any concerns or issues with any of the requirements for the incoming school year, the EMS is more than happy to help. Please use the above numbers to contact the office staff. We do ask that you kindly call during normal business hours. Voicemails and emails are typically returned the same day. However, they may take up to 72 hours to return.