

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 or 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 hospital 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 (this is not necessary if you are in our system already)
 - 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). You may also take the Quantiferon gold blood test which is a single step but that is at his own expense.**
 - Copy of general health systems review performed by a physician within the last 90 days.
 - Copy of negative five panel drug screen within the past 90 days. Please see the instructions on a separate page of the application.
 - Two professional letters of recommendation using the forms provided dated within the last 90 days. These should be sealed and mailed to our office.
 - A letter of intent to enroll in the St. Mary Medical Center Paramedic Program written by the candidate addressing why you wish to attend our program and how your attendance will contribute to the program.

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 and drug screen times will be sent out the day after applications close. 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
 - Attendance is mandatory for entrance.
 - Successfully complete the written BLS comprehensive exam with a score of 70% or higher
 - Successfully complete the afternoon session.

5. Attend Interview with EMS Review Board
 - Those scoring a 70% on the written exam and passing the afternoon session, 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 or robert.d.quinn@powershealth.org

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.



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Field Experience/Employer Sponsor

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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**



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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. There 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:_____



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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:	
City:	State: Zip:
Email:	

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:



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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.

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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: _____



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PHYSICAL FORM

(CIRCLE NAME OF SCHOOL)

DENTAL COLLEGE OF HEALTH PROFESSIONS: Paramedic School / EMT School
MEDICINE PHARMACY PODIATRY (Name of Department)

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: _____



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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 #: _____



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Uniforms for Clinical: EMT and Paramedic

T Shirts/pullovers: High School Students are required to purchase one grey t shirt and one grey pullover. Adult EMTs will be provided with one grey polo and one grey pullover. Paramedic students will be supplied with 2 navy t shirts and 2 navy pullovers and two sets of scrubs. If you wish more, a separate order form is enclosed with this application. That order form and money is due on the first day of class.

Pants: Must be dark navy blue with either four or six pockets. The pants must fit at the natural waist. Pants must be correct length with footwear. Suggested locations to purchase are Meijer, Walmart, Amazon, Star Uniform.

Footwear: Black, closed-toe footwear must be worn during clinical. Footwear must be all leather and slip resistant. Boots are suggested. However, black shoes also are acceptable. Black socks are required. Suggested locations to purchase are Walmart, Meijer, Amazon or Star Uniform.

Scrubs: EMS Academy Issued scrubs are to be worn in the ED and on hospital clinicals.

Other items: Students must have a watch (with a second hand) that functions. A plain, leather black belt with buckle. Belts may not have any studs, glitter or other decorative items. All undershirts must be navy blue, black or white with NO designs visible. All students are HIGHLY encouraged to wear an undershirt or tank top at ALL clinical rotations. Undershirts or tank tops must be navy blue, black or white in color and NO visible designs. During the winter months, long sleeves are recommended. Students also may wear stocking caps and gloves if they choose.

Visible tattoos/piercings: Any student with a visible tattoo will be required to cover the tattoo during clinical time while in the EMS uniform. Facial piercings are NOT permitted in the clinical setting and must be removed PRIOR to the clinical rotation.



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PARAMEDIC CLASS T Shirt/SWEATSHIRT ORDER FORM

Student Name: _____

Phone: _____

1. Shirt:

- Cotton Poly Blend
- Color: Navy Blue
- Screen on left chest with EMS logo, Screen. EMS Student on back
- Sizes listed below are men’s shirts

Size	T Shirt/Polo	Quantity	Total
Small	\$25		
Medium	\$25		
Large	\$25		
X-Large	\$25		
XX-Large	\$35		
XXX-Large	\$40		

2. Pullover:

- 50/50 Ringspun cotton/poly blend
- Color: Navy Blue
- Embroidered on left chest with EMS logo
- Sizes listed below are men’s sweat shirts

Size	EMT/Paramedic	Quantity	Total
Small	\$60.00		
Medium	\$60.00		
Large	\$60.00		
X-Large	\$60.00		
XX-Large	\$60.00		
XXX-Large	\$60.00		
XXXX-Large	\$60.00		

Any questions or concerns, please contact Sarah Collins at robert.d.quinn@powershealth.org or (219) 947-6874. Payment must be made at time of order (unless other arrangements are made). Payment may be made by cash or check. **Credit cards are NOT accepted.** Exact amount is needed if paying with cash.

*****Checks are to be made payable to St. Mary Medical Center EMS Academy*****



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Hobart, Indiana 46342

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219-947-6877

EMS Testing/Platinum Education Agreement

Throughout the course, students will be required to complete group and adaptive tests. These tests will be done either as a whole in class or as an individual. EMTs and Paramedics will be required to achieve a certain score to move on to the National Registry testing but that will be discussed in individual sections.

This being said, there is to be no screen shots, screen grabs, cut and pastes of any kind using EMS testing.

This is monitored by the software provider. Once any attempt to copy or reproduce a question is detected, you are kicked off the program for a certain time. The following is the policy for violating the above policy. Please understand this is the policy of EMS Testing/Platinum Education and the SMMC EMS Academy staff has no impact or influence in their decision and furthermore, their decision is final.

First Violation-The user will be suspended from the program for three minutes with an immediate notice sent to instructors and program administrator.

Second Violation-The user will be suspended from the program for 5 minutes with an immediate notice sent to instructors and program administrator

Third Violation- A third violation will result in instant permanent termination of the user's access to EMSTesting.com and/or PlatinumTests.com with a notification to instructors and program administrator

Note: Any attempt to copy the question/stem and all the answers and distractors will result in immediate permanent termination of site privileges.

Please understand, since EMS Testing and Platinum Planner are used to track your qualifications to completion of the course, loss of privileges will result in dismissal from the program.

Signed

Student

Program Instructor



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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 – Clinical Coordinator

smmcemseducation@gmail.com

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.



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Application Checklist

Driver's License Copy	
EMT Certification Copy	
Physical Form Drug screen to be completed post	
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	
Deposit if self pay	