EMT Basic Program

The St. Mary Medical Center EMS Training Academy is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession. Additionally, our programs have been verified and approved for training by the Indiana State Approving for veterans and other eligible VA beneficiaries. The Cost of the course is 1200.00

Our program is structured in an intense, accelerated format to accommodate need of the driven students with the goal of completing an EMT Basic training in approximately 6 months. The current winter schedule is as follows:

Applications will be available by request as well as online in the EMS Academy section of Powers Health. Please email emtclassatsmmc@gmail.com to request an application packet or you may obtain an EMT packet online at:

https://www.powershealth.org/about-us/careers/ems-training-academy

- You may turn in applications in person at the EMS Office Monday through Friday from 9AM to 3PM or you may email your application back in a single PDF Document to the above listed email address. Deadlines for the course application will be announced on the Website and Facebook page. You will still be responsible to confirm receipt of the email and the course deposit.

EMT Basic Students attend 8-12 hours a week in the classroom setting. Classes are held twice a week from 5:00 p.m.-9:00 p.m. on Tuesdays and Thursdays with an occasional Friday ; however these are tentative. There are a chance that there MAYBE some Saturday classes as opportunities may arise that require the class to meet on the weekend; however, every attempt is made NOT to have class on those days. If a weekend class is required of the course, the student will be given advanced notice of this requirement. During the program, the student will complete the following hour requirements. These are the MINIUMUM hour requirements to qualify for successful course completion. There are certain situations that develop in the course that require some students to complete additional hours for successful completion of the course.

- Didactic (classroom) : 160 Hours
- Clinical (hospital): 16 Hours
- Clinical(Field) : 24 Hours

Clinicals will be performed at St. Mary Medical Center, Hobart Fire Department, South Haven Fire Department, Superior Air Ground Ambulance of Indiana, Portage Fire Department, La Porte County EMS, Lakes of Four Season Fire Force and Valparaiso Fire Department. Students must successfully complete and pass the cognitive (knowledge), psychomotor (skills), and affective (behavior) portions of both didactic (classroom) and clinical (internships) portions of our program to be eligible for graduation and successful course completion.

If there are any question, concerns or you would like additional information, please contact Joe Lavendusky at smmcemsclinicals@gmail.com or Robb Quinn at robert.d.quinn@powershealth.org .

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

PowersHealth.org
219-947-6874

St. Mary Medical Center

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EMT Course Application Instructions

1. Those interested in applying to the St. Mary Medical Center EMT Program must meet the following requirements:

- Applicant must possess a high school diploma or equivalent (copy required)
- Applicant must be a minimum of 18 years of age
- Applicant agrees to complete all Health Services requirements
- Applicant must provide copy of valid driver's license

2. Complete EMT Program Application, including:

- Copy of high school diploma or equivalent
- Copy of driver's license (front & back)
- Copy of immunization or titers for Hepatitis B, measles, mumps, rubella & COVID 19 Vaccination (if applicable)
- Copy of two-step TB test within past 90 days (Two steps means two separate tests)
- Copy of general health systems review performed by a physician within past 90 days
- Federal background check completed by Universal Background (Must be applied for within a week of your application being turned in). The background check link will be emailed to you upon you turning in your application. Cost to complete the check is the responsibility of the applicant.
- 5 Panel Drug Screen. Once all applications are turned in, we will provide a list to the lab and further instructions for you to schedule your 5 panel drug screen.
- A letter of your intent to enroll in the Emergency Medical Services Training Academy addressing why you wish to attend our program and how your qualifications will contribute toward your success in our program.

3. Upon application into the EMT program, a non-refundable payment of $600 is due. Should you not be able to pay this deposit, you will forfeit your class seat, and the seat will be offered to the next eligible candidate. The remaining $600 is due on or before the end of the second week of class. Failure to pay or make payment arrangements will result in removal from class.

If you have any questions or concerns contact Robb Quinn at 219-947-6874 or Robert.d.quinn@powershealth.org.

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EMT Application Form

Name:				Phone:
Address:				Email:
City:		State:	Zip:	
DOB:		SSN:	DL # & State:	
Age at end of course:				

Current Employer:	Supervisor:
Address:	Phone number:
	Schedule/Hrs per wk:
City:	
Brief job description:	
Previous EMS experience? ( ) Yes ( ) No	Previous fire experience? ( ) Yes ( ) No
If yes, when and where?	PSID # :
Service type: ( ) Private ( ) Municipal ( ) Volunteer ( ) Combination	
Reason for leaving:	

Education	Name of Institution	Dates attended	Area of study	Degree/Diploma
High school:				
College:				
College:				
Other:				

****Copy of high school diploma or transcript to be submitted with completed application****

Have you ever applied for/attended an EMT 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
Do you have any medical problems or allergies that we should be aware of? ( ) Yes ( ) No
Do you require any special accommodations in accordance with ADA? ( ) Yes ( ) No

**If you answered yes to any above question, you must provide a typed, accurate account of each special circumstance.*

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:

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 to the Emergency Medical Service Training Academy at St. Mary Medical Center, as acceptance 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 status.

Printed Name: _____

Applicant Signature: _____ Date: _____

Please provide all of the below items upon submitting your application to the EMS Office at 1350 South Lake Park Ave Suite C , Hobart, IN 46342.

CHECKLIST

☐ Copy of DL or ID

☐ Immunization record

☐ TB screen

☐ Five-panel drug screen

Date rc'd: _____ *Date rv'd:* _____ *Letter:* _____

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EMT-Basic 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 sent 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 an EMT. 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.**

		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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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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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:** _____

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EMT Class Polo/Sweatshirt Order Form

Student Name: _____

Phone Number: _____

Email: _____

Additionally, T shirts will be made available at a significantly lower price, but that price has not been set yet.

Polo

Size	Price	Quantity	Total
Small	$40		
Medium	$40		
Large	$40		
X-Large	$40		
XX-Large	$50		
XXX-Large	$50		

Shirt(s):

- 60/40 Cotton/poly blend
- Color: Heather Grey
- Embroidered on left chest with EMS logo
- Sizes listed are men's fit

Sweatshirt(s):

- 50/50 Ringspun cotton/poly blend
- Color: Heather Grey
- Embroidered on left chest with EMS logo
- Sizes listed are men's fit

Size	Price	Quantity	Total
Small	$60		
Medium	$60		
Large	$60		
X-Large	$60		
XX-Large	$70		
XXX-Large	$70		
XXXX-Large	$70		

If you have any questions or concerns contact Robb Quinn at 219-947-6874 or Robert.d.quinn@powershealth.org. Payments (cash or check) must be made at time of order. Credit cards are NOT accepted.

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

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Urine Drug Screen

All students participating in the EMT program must complete and pass a five-panel urine drug screen. St. Mary Medical Center offer this service to all students participating in the EMT class at no additional cost. For students utilizing St. Mary Medical Center, read the information:

- Students may complete the drug screen between 7 am to 1 pm Monday through Friday.
- Appointments MUST be made with the main lab of the hospital in order to complete the drug screen. To schedule an appointment, call 219-947-6300.
- The lab is located on the 5th floor of St. Mary Medical Center, 1500 S. Lake Park Ave, Hobart. Please use the east entrance of the hospital, which faces Rt. 51.
- Any student under the age of 18 at the time of the drug test will need to complete and bring with them the attached Permission to Treat a Minor form.
- Students will need to bring a current state-issued photo identification card to the drug screen.
- Students will need to know their social security number for the testing.

Student also may complete this testing through their primary physician or another clinic.

However, results must be sent to the EMS office by either fax to 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 certain drugs have been legalized in many states throughout the country, they are not legal in Indiana. A positive screening will result in dismissal from the EMS Training Academy.

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Uniforms for Clinical

Polos/pullovers: See attached ordering form for polos and pullovers. Orders and money are due to the EMS office no later than March 22, 2025. One polo/tee shirt and one pullover are required for the course.. The EMS Office is located on the St. Mary Medical Center campus at 1350 S. Lake Park Ave., Suite C, Hobart.

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.

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 recommend. 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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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.