



SWEDISHAMERICAN EMS SYSTEM
SWEDISHAMERICAN HOSPITAL · 4120 Charles St · Rockford, IL, 61108

**2017/2018 PARAMEDIC EDUCATION PROGRAM
APPLICATION AND REGISTRATION PROCESS**

Qualifications

- 18 years of age
- Current Illinois EMT-B license
- High school diploma or GED
- Current Healthcare Provider (BLS) CPR card

If you recently took the State EMT-B exam or NREMT exam, you may submit your Pass Result Letter from the testing agency in lieu of the Illinois EMT-B license; however, you MUST submit your actual Illinois EMT-B license to us by August 31st, 2017.

Classes

- Class runs **Thursday, September 7th, 2017 through August 21st, 2018**. You will have until **December 2018** to complete your Field Capstone time.
- **From September to May**, class is held on **Tuesdays and Thursdays from 9am to 4pm**. You may need to come in early or stay after to complete assignments throughout the year.
- Once a month, the class is broken into smaller groups split over 3 weekdays instead of a regular scheduled class day. These dates will be provided by the first day of class for the rest of the year.
- An approximate 4 hour online component will be required to be completed each week outside of class, in addition to the time needed for studying/reading materials (on average, 10 hours per week total).
- There will be a minimum of 500 hours spent in the clinical and field settings (250 hospital/250 field) required outside of class time which you will be required to schedule.
- While class is in session, be prepared to complete a minimum of 10 hours of clinical time in the hospital per week once you are released to begin clinicals.
- **During June, July, and August**, you will be required to attend 1 of 2 Computer Testing days. You will also be required to attend 2 days per month to complete PHTLS, ACLS, and PALS classes. You will also be continuing with intensive field clinical hours.
- Classes will be held in the EMS Office, 4120 Charles St, Rockford, IL, 61108

Tuition - \$2500

- Upon acceptance, 1st Installment of \$700 due September 7th, 2017
- Includes:
 - o 2 Polo shirts
 - o 1 Windshirt
 - o Skills tracker/Scheduling program (FISDAP)
 - o Classroom textbooks (handed out throughout the year)
 - o Background Check

Students are required to provide their own stethoscope!

Application Process

- **Application due date – July 21st, 2017**
- Application is a PDF fillable document which will be emailed to applicants
- Must be emailed to ems@swedishamerican.org or mailed/dropped off at the EMS Office

For questions regarding the paramedic program, contact the EMS Office at ledmunds@swedishamerican.org.
Acceptance/Denial letters will be mailed out around August 1st, 2017.

Upon receipt of your acceptance letter, you will need to pay the first tuition payment as indicated above and in your acceptance letter. More information on payment logistics will accompany your acceptance letter.

IMPORTANT DATES – TIMELINE OF EVENTS

May 2017	Application available
July 6 th , 2017 July 11 th , 2017 July 13 th , 2017	Attend 1 of 3 Mandatory Orientation Days
July 21 st , 2017	Application Due Date
August 1 st , 2017	Acceptance & Denial Notification
September 7 th , 2017	First Day of Class
May 24 th , 2018	End of Regular Scheduled Classes
August 21 st , 2018	Graduation
December 24 th , 2018	Field Capstone Time ends

Additional Information

- **Mandatory Orientation and Information Sessions** will be held on Thursday, July 6th, Tuesday, July 11th and Thursday, July 13th. These will be from **1000 to 1200 at the EMS Office**. You are required to attend one of these sessions. During these sessions, we will talk to you about the requirements and demands of the program and you will take the Nelson Denny Reading Test, fill out the Background Check Form, be able to ask questions about the class, and obtain help with filling out the application.

- Upon acceptance, students must provide proof of immunizations. Please contact your Physician or School District for records of these immunizations.
 - **TB Skin Test** – Students must have an initial two-step Mantoux, blood draw, or chest x-ray. A Tine test is not acceptable for healthcare workers. **The TB Test must be valid through July 2018!** State law prohibits healthcare providers with expired TB tests to be in the clinical areas.
 - **Mumps, measles, and rubella x2** -- or positive titers
 - **Tdap** – diphtheria, tetanus, and pertussis
 - **Varicella** – chicken pox
 - **Influenza** – Must get before the Flu Season begins
 - **Hepatitis B** – the vaccination series is strongly recommended but not required. If you choose not to have this, you must sign a waiver.

- Technology will be a focus of the curriculum. Students **MUST** have access to a computer/laptop, printer, and internet.

- This class expects the students to have computer skills and communication skills.

- The textbook is written for an individual to have reading skills of at least Grade 10.

Paramedic Program Goal – To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

****APPLICATION****

The application is in a PDF fillable format. Please make every attempt to complete it on a computer and print/email the completed form.

Additional Application Points System

This procedure is part of the application process. These points will be used to assist in determining the program participants that are most likely to succeed. The greater the number of points achieved, the greater the opportunity for acceptance.

Being awarded all of the points, does not guarantee acceptance. **To obtain these points, supporting documentation will need to be included in your application.**

Each applicant will be awarded two (2) points for the following by the application deadline:

1. PROOF of affiliation with a SwedishAmerican EMS Agency

Each applicant will be awarded one (1) point for the following by the application deadline:

2. PROOF of working as an EMT-Basic at an EMS Agency (Ambulance Service / FD / Military)
3. PROOF of honorable military service (DD-214 with honorable discharge, current military ID & letter from your commanding officer).
4. PROOF of completion of a college-level A&P course, graduation with an Associates Degree or a Bachelors Degree.

In order for your application to be complete, you must also attach copies of the following documents:

- **IL EMT License**
- **Current CPR Card**
- **The attached letter completed by a Paramedic Level Ambulance stating that you will be allowed to do ride time with their agency**

Completed applications must be emailed, mailed or dropped off at the SwedishAmerican EMS Office

**SwedishAmerican EMS Office
Attention: 2017 Paramedic Program
4120 Charles St
Rockford, IL 61108**

ems@swedishamerican.org



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2017/2018 PARAMEDIC EDUCATION PROGRAM APPLICATION

DIRECTIONS: Read/complete every portion of the application and return the appropriate portions back to the SwedishAmerican EMS Office **by 4pm on July 21st, 2017.**

Read the cover letter thoroughly following all instructions. Incomplete applications will NOT be accepted.

This training program does not discriminate in enrollment on the basis of race, color, religion, national origin, sex, ancestry, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

POLO SHIRT SIZE: ___S ___M ___L ___XL ___2XL ___3XL

WINDSHIRT SIZE: ___S ___M ___L ___XL ___2XL ___3XL

Full Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

EMS Agency Affiliated with: _____

Place of Employment: _____

Work Phone: _____ Hours/Shifts: _____

Other Employment: _____

Other Work Phone: _____ Hours/Week: _____

Where did you receive your EMT training? _____

Year Received EMT: _____

How did you hear about our program? _____

Have you ever attended a Paramedic training program in the past? _____ YES _____ NO

If YES, where? _____ When? _____

Which agency will serve as your Primary ALS Preceptor Agency? _____

Secondary ALS Preceptor Agency? _____

(If you do not have a precepting ALS fire department or ambulance service, then print "need assistance." While it is ultimately your responsibility to secure an ALS preceptor, we will offer assistance if you are accepted.)

Have you served in a branch of the US military? _____ YES _____ NO

If YES, attach official documentation (If discharged, please attach your DD214 form.)

Have you ever been convicted of a felony? _____ YES _____ NO

Are you up to date with any child support payments? _____ YES _____ NO _____ N/A

Please list 3 References (preferably from an EMS background and not a relative):

1. _____

2. _____

3. _____

STUDENT INFORMATIONAL PROFILE

This form is used strictly to gather information in order for the instructor to become more familiar with the students reading, writing and language abilities. It will not be used in the entry testing process or in the decision of whether the student will be accepted to the program.

1. High School Attended (Name and Year): _____

College Attended (Name and Year): _____

Courses Taken/Degree Earned: _____

2. What kind of social activities or hobbies do you enjoy in your leisure time? _____

3. Do you consider yourself a good reader? _____ YES _____ NO

If no, please explain: _____

4. Do you consider yourself good at math? _____ YES _____ NO

If no, please explain: _____

5. What type of work environment do you prefer? _____

6. In what type of teaching environment do you learn best? _____

7. Tell us about your family: _____

8. What attributes do you feel you have that will help you to excel as a prehospital provider: _____

9. How much field experience do you have as an EMT-B? _____ Years _____ Months

10. Approximately how many calls a month do you respond to? _____

11. What types of patients do you feel most comfortable caring for? _____
