



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

2021/2022 DAY PARAMEDIC EDUCATION PROGRAM
APPLICATION AND REGISTRATION PROCESS

Qualifications

- 18 years of age
- Current Illinois EMT license
- Current Healthcare Provider (BLS) CPR card

If you recently took the State EMT exam or NREMT exam, you may submit your Pass Result Letter from the testing agency in lieu of the Illinois EMT license; however, you MUST submit your actual Illinois EMT license to us by August 31st, 2021.

Classes

- Class runs **Tuesday, August 17th, 2021 through July 21st, 2022**. You will have until **December 2022** to complete your Field Capstone time.
- **From August to May**, class is held on **Tuesdays and Thursdays from 9 am to 5 pm**. 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 between the clinical and field settings 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 and July**, there will be 3 sessions of Internship and Certification classes. You will be required to attend 1 of 3 Internship days per session. You will also be required to attend 2 days per session to complete ACLS, PHTLS, and PALS certifications. 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 - \$2750 if paid in full by 3rd day of class

- \$3000 total tuition if opting for a signed payment plan agreement
- Upon acceptance, non-refundable course fees of \$800 due August 17th, 2021 for all students.
 - Includes:
 - o 2 Polo shirts
 - o 1 Windshirt
 - o Skills tracker/Scheduling program (FISDAP)
 - o Classroom textbooks (including an eBook of the textbook)
 - o Background Check

Students are required to provide their own stethoscope!

Application Process

- **Application due date – July 16th, 2021**
- 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 July 20th, 2021.

IMPORTANT DATES – TIMELINE OF EVENTS

May 2021	Application available
July 1 st , 2021 July 6 th , 2021 July 8 th , 2021	Attend 1 of 3 Mandatory Orientation and Interview Days
July 16 th , 2021	Application Due Date
July 20 th , 2021	Acceptance & Denial Notification
August 17 th , 2021	First Day of Class
May 19 th , 2022	End of Regular Scheduled Classes
July 21 st , 2022	Graduation
December 19 th , 2022	Field Capstone Time ends

Additional Information

- **Mandatory Orientation, Interview, and Information Sessions** will be held on Thursday, July 1st, Tuesday, July 6th and Thursday, July 8th. These will be from **0900 to 1300 at the EMS Office**. You are required to attend one of these sessions. Please contact Linda Edmunds at 779-696-6082 to schedule your orientation session. **You MUST register for an Orientation Session!**

During these sessions, we will talk to you about the requirements and demands of the program, you will take the Nelson Denny Reading Test, be able to ask questions about the class, and obtain help with filling out the application. You will also have an interview with several Instructors as part of the Application process.

- Upon acceptance, students must provide proof of immunizations within the first 3 weeks of class. 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.
 - **Mumps, measles, and rubella x2** -- or positive titers
 - **Tdap** – diphtheria, tetanus, and pertussis
 - **Varicella** – chicken pox
 - **Influenza** – Must get before the Flu Season begins
 - **COVID** – while the COVID vaccination is not currently required for health care workers our students are strongly encouraged to receive the vaccine. Vaccinations be provided by SwedishAmerican Health System.
 - **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 who has achieved reading and reading comprehension skills at the 10th grade level. The Nelson Denny Reading Test will be utilized to determine these skills and will be administered to each potential student on their orientation day.
- There may be barriers for licensure for students who are behind on child support and/or have a past felony conviction. A background check will be completed at the beginning of class.

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 Associate Degree or a Bachelor Degree.
5. Achievement of 10th grade reading level or above on the Nelson Denny Reading exam.

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: 2021 Day Paramedic Program
4120 Charles St
Rockford, IL 61108**

ems@swedishamerican.org



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

**2021/2022 DAY PARAMEDIC EDUCATION PROGRAM
APPLICATION**

DIRECTIONS: Read/complete every portion of the application and return the appropriate portions back to the SwedishAmerican EMS Office **by 4 pm on July 16th, 2021.**

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? _____

12. What types of patients do you feel the least comfortable caring for? _____

13. Is there anything else you would like to tell us? _____

14. Please type a 100 word (minimum) paragraph stating why you want to become a Paramedic.

I hereby affirm and declare that the information supplied in this application is true and correct to the best of my knowledge. I acknowledge that any intentional false information will result in the termination of my training.

Signature _____ Date: _____