



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

**2019 Spring EMT EDUCATION PROGRAM at **Davis Fire Department****  
**APPLICATION AND REGISTRATION PROCESS**

**Qualifications**

- 17 years of age \*\*
- Currently enrolled in Senior Year of High School\*\*  
or
- High school diploma or GED

*\*\*In order to sit for the IL State EMT test, the candidate must be 18 years of age and possess a High school diploma or GED.*

**Classes**

- Class runs **Thursday, January 10<sup>th</sup>, 2019 through May 23<sup>rd</sup>, 2019.**
- Class is held on **Tuesdays and Thursdays from 6pm to 10pm.** You may need to come in early or stay after to complete assignments throughout the year.
- There will be a minimum of 40 hours spent in 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 13.5 hours of clinical time in the hospital/field per month once you are released to begin clinicals.
- **Classes will be held at the Davis Fire Department, 602 N Stanton St, Davis, IL, 61019**

**Tuition - \$750**

- Upon acceptance, payment of \$750 is due on the first day of class.
- Includes:
  - o 1 T-shirt
  - o Classroom textbooks
  - o Background Check

*Students are required to provide their own stethoscope!*

**Application Process**

- **Application due date – December 28<sup>th</sup>, 2018**
- Application is a PDF fillable document which will be emailed to applicants
- Must be emailed to [ems@swedishamerican.org](mailto:ems@swedishamerican.org) or mailed/dropped off at the EMS Office

For questions regarding the EMT program, contact the EMS Office at [ledmunds@swedishamerican.org](mailto:ledmunds@swedishamerican.org).

Acceptance/Denial letters will be mailed out around January 2<sup>nd</sup>, 2019.

**Upon receipt of your acceptance letter, you will need to pay the 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

November 2018	Application available
December 28 <sup>th</sup> , 2018	Application Due Date
January 2 <sup>nd</sup> , 2019	Acceptance & Denial Notification
January 10 <sup>th</sup> , 2019	First Day of Class
May 23 <sup>rd</sup> , 2019	Last Day of Class

### Additional Information

- 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 September 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.

## **\*\*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 a First Responder 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.

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

**SwedishAmerican EMS Office  
Attention: 2019 Davis Spring EMT Program  
4120 Charles St  
Rockford, IL 61108**

**ems@swedishamerican.org**





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**2019 Davis Spring EMT 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 December 28<sup>th</sup>, 2018.**

**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.*

T-SHIRT SIZE: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_ 4XL

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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: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Have you ever attended an EMT training program in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, where? \_\_\_\_\_ When? \_\_\_\_\_

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. \_\_\_\_\_

*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: \_\_\_\_\_