



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

**2018/2020 HIGHLAND 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, 2018.

Classes

- Class runs **Tuesday, September 4th, 2018 through January 30th, 2020**. You will have until **April 2020** to complete your Field Capstone time.
- **From September 2018 to October 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.
- 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 8 hours of clinical time in the hospital per week once you are released to begin clinicals.
- **Starting November 2019 through January 2020**, you will be required to attend a mandatory Computer Testing day. You will also be required to attend 4 days per month to complete PHTLS, ACLS, and PALS classes. You will also be continuing with intensive field clinical hours.
- Classes will be held at Highland Community College, 2998 W Pearl City Rd, Freeport, IL, 61032

Tuition - \$2600 if paid in full by 3rd day of class

- \$2800 total tuition if opting for a signed payment plan agreement
- Upon acceptance, non-refundable course fees of \$800 due September 4th, 2018 for all students.
 - 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 27th, 2018**
- 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 2nd, 2018.

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

June 2018	Application available
July 19 th , 2018	Attend the Mandatory Orientation and Interview Session
July 27 th , 2018	Application Due Date
August 2 nd , 2018	Acceptance & Denial Notification
September 4 th , 2018	First Day of Class
October 3 rd , 2019	End of Regular Scheduled Classes
January 30 th , 2020	Graduation
April 3 rd , 2020	Field Capstone Time ends

Additional Information

- **Mandatory Orientation, Interview, and Information Session** will be held on Thursday, July 19th. This will be from **1800 to 2100 at Highland Community College, Building N**. You are required to attend this session. During this session, we will talk to you about the requirements and demands of the program, 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. You will also have an interview with several Instructors as part of the Application process.
- 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: 2018 Highland Paramedic Program
4120 Charles St
Rockford, IL 61108**

ems@swedishamerican.org



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

**2018/2020 HIGHLAND 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 27th, 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.

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: _____

SwedishAmerican Hospital EMS System
Rockford, Illinois

**PARAMEDIC STUDENT SPONSOR AGREEMENT
FOR
FIELD CLINICAL AND FIELD CAPSTONE PROJECT**

STUDENT'S NAME _____

CERTIFICATION OF RESPONSIBILITIES:

A. Agency Name: _____

Region I Resource Hospital: _____

B. Expectations of Paramedic Student: The student will have this signed agreement in place before participating in field clinical time. The student is responsible for scheduling and tracking all field clinical and Field Capstone Project time. The student will wear the appropriate uniform for all field rotations and must be identified as a student, wearing their student ID. It is the responsibility of the student to complete all Clinical Experience Forms, including appropriate signatures, and turn them in according the time frame established by the Lead Instructor.

C. Expectations of EMS Agency: The paramedic student is not to be substituted as staff and can only function under the direct supervision of a preceptor. Approval for appropriate preceptors will be discussed prior to the beginning of any rotation by the student. The EMS Agency's preceptors will make every effort to assist the Paramedic Student with completion of the appropriate Clinical Experience Forms according to the time frame established by the Lead Instructor.

D. Expectations of SwedishAmerican Hospital EMS System: The EMS System will determine when the student can begin their field clinical and Field Capstone rotation. The progress of the student will be monitored by the EMS System. The EMS System's Lead Instructor may revoke the approval for field clinical and Field Capstone based on unsatisfactory progress by the student in didactic and/or hospital clinical experience.

Student Name _____

Signature

Date

Student Name _____

Print Name

Agency _____

Signature

Date

Agency _____

Print Name

Title

Lead Instructor _____

Signature

Date

Please refer to the Paramedic Student Catalog for full details regarding field clinical, Field Capstone, and responsibilities of the student, preceptors, and SwedishAmerican EMS System.