



Silver Cross Emergency Medical Services System



SILVER CROSS EMS SYSTEM

SILVER CROSS HOSPITAL • 1900 Silver Cross Blvd • New Lenox IL, 60451

WINTER 2020 PARAMEDIC EDUCATION PROGRAM APPLICATION AND REGISTRATION PROCESS

*****READ THIS ENTIRE FORM THOROUGHLY*****

Qualifications

- 18 years of age
- Current Illinois EMT-B license (**NOT NREMT Certification!**)
- High school diploma or GED
- 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 January 1, 2020.

Classes

- **Monday, Wednesday, & Friday from 9am to 1pm, with an occasional weekend class.**
- Classes begin Monday January 6, 2020 and conclude June 26, 2020.
- Field Internship will begin July 1, 2020 and conclude in November 2020
- Classes will be held in the EMS Classroom of the Silver Cross Business Center, 710 Cedar Crossings Drive, New Lenox

Tuition - \$4500; paid in two installments of \$2250

- Upon acceptance; 1st Installment due prior to first day of the Program; January 6, 2020
- Includes:
 - 2 Polo shirts
 - 1 Job shirt (quarter zip sweatshirt)
 - FISDAP Skills tracker/Scheduling program
 - Textbook, eText, and online resources included in tuition
- Additional fees not included: ISP fingerprint background check (\$35), liability insurance (approx. \$40), medical evaluation and record of immunizations

Students are required to provide their own stethoscope and watch with a second hand!

Application Process

- **Application due date – October 25, 2019 5pm**
- **APPLICATION MUST BE COMPLETE and LEGIBLE** or application will not be processed.
- Non-refundable \$50.00 application fee; Cash, money order, or certified check. **NO PERSONAL CHECKS**
- Application fee should be placed in a separate envelope with your name written on it
- Application may be mailed (Certified or FedEx ONLY) -OR- dropped off at Main Lobby Front Desk

For questions regarding the paramedic program, contact the Education Coordinator at wkallal@silvercross.org. Acceptance/Denial letters will be emailed the third week of November 2019. **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.

DESCRIPTION OF THE PROFESSION

A Paramedic provides pre-hospital emergency care under medical command authority to acutely ill or injured patients and/or transports patient by ambulance or other appropriate emergency vehicle. A Paramedic should demonstrate: (1) an awareness of abilities and limitations; (2) the ability to relate to people; and (3) the capacity to make rational patient-care decisions under stress.

To fulfill the role of Paramedic, an individual must be able to:

1. Recognize a medical emergency; assess the situation; manage emergency care and, if needed, extricate; coordinate efforts with those of other agencies that may be involved in the care and transportation of the patient; and establish rapport with the patient and significant others to decrease their state of anxiety.
2. Assign priorities to emergency treatment data for the designated medical command authority, or assign priorities of emergency treatment.
3. Record and communicate pertinent data to the designated medical command authority.
4. Initiate and continue emergency medical care under medical control, including the recognition of presenting conditions and initiation of appropriate treatments including traumatic and medical emergencies, airway and ventilation problems, cardiac dysrhythmias, cardiac standstill, and psychological crises, and assess the response of the patient to that treatment, modifying medical therapy as directed.
5. Exercise personal judgment and provide such emergency care as has been specifically authorized in advance, in cases where medical direction is interrupted by communication failure or in cases of immediate life-threatening conditions.
6. Direct and coordinate the transport of the patient by selecting the best available method(s) in conjunction with medical command authority.
7. Record, in writing, or dictate the details related to the patient's emergency care and the incident.
8. Direct the maintenance and preparation of emergency care equipment and supplies.

EDUCATIONAL PHILOSOPHY

The philosophy of all of the EMS training programs conducted by the Silver Cross EMS System is:

Quality Education Results in Superior Performance

In the field of Emergency Medicine, education and training is an ongoing process. It is our goal to provide the students within our educational programs the most current information and materials, and to seek every opportunity to further their knowledge and expertise in the field of Emergency Medicine.

All our EMS Education Programs will address Emergency Medical Care in a systematic approach. We recognize that the field of Emergency Medical Services is comprised of many different organizations and professionals who are united by one common goal:

Provide the Patient with the Best Care Possible

ADVANCED PLACEMENT, TRANSFER OF CREDIT AND EXPERIENTIAL LEARNING CREDIT POLICY

The Silver Cross Hospital/EMS System does not have an advanced placement enrollment option for the Paramedic Education Program. The Program does not award transfer of credit or credit for experiential learning for previous paramedic or military paramedic training.



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Program Components

Minimum Program Expectation

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced EMT and/or EMT-B, and/or Emergency Medical Responder levels.

Didactic

This includes all classroom lecture and practicals, as well as online course content as assigned by the instructors

Clinical

The clinical rotation requirements are designed to augment each phase of the didactic material presented in the classroom. Each student will rotate through specified patient care areas of the hospital, and work under the direct supervision of a registered nurse or physician to master the practical skills of a paramedic while in a controlled environment. Case studies must be completed in certain clinical areas.

Field Experience & Field Internship

Students will be required to accumulate a minimum number of ALS calls with a system approved ALS agency, under the supervision of a paramedic preceptor (veteran, licensed paramedic with a minimum of 1 year field experience, in good standing in the Silver Cross EMS System). Students affiliated with agencies not a part of the Silver Cross EMS System will be required to obtain a minimum of 50% of their ALS calls with an approved Silver Cross ALS agency.

Additional Recognition

Each paramedic student who successfully completes the Paramedic Program and obtains a License will also be recognized/certified as a PROVIDER in the following:

- Cardiopulmonary Resuscitation (CPR)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Pre-Hospital Trauma Life Support (PHTLS)

The Silver Cross EMS System Paramedic Education Program 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 Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

1361 Park Street

Clearwater, FL 33756

727-210-2350

www.caahep.org

To contact CoAEMSP:

8301 Lakeview Parkway Suite 111-312

Rowlett, TX 75088

214-703-8445

FAX 214-703-8992

www.coaemsp.org

****APPLICATION ****

Must be completed in its entirety and be LEGIBLE to be processed. Rejected applications WILL NOT be returned or considered for admittance to the Program.

Additional Application Points System

This procedure is part of the application process. These points will be used to assist in determining which program candidates 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 one (1) point for the following by the application deadline:

1. PROOF of affiliation with a Silver Cross EMSS Agency
2. PROOF of working as an EMT-Basic at an EMS Agency (Ambulance Service / FD / Military)
3. PROOF of graduation from a Silver Cross EMSS Agency EMT-B program

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

4. PROOF of honorable military service (DD-214 with honorable discharge, current military ID & letter from your commanding officer).

Written Entrance Exam Qualifications

If your application is **complete** and **approved**, you will be sent an email notifying you of the MANDATORY written exam date and time. The written exam is comprised of general knowledge EMT-B material, similar to an EMTB program final exam. A study guide will be provided. NOTE: Written exam results are the sole property of SCEMSS and are not shared with individuals or entities. Scores are not considered acceptance or denial criteria, but used in the overall process of candidate selection.

Please return to following as part of your complete application packet:

- Completed Application with Application Fee in separate envelope with your name
- One page submission, either: A personal biography outlining yourself – OR - Resume/CV
- **Color copy** of a government issued photo ID, front/back. Student and work ID's are NOT acceptable
- Copy of valid State of Illinois EMT-B license (**NOT JUST AN NREMT Certificate!**)
- DD-214, current military ID, or letter from commanding officer; if applicable
Required documentation if requesting additional application point

Completed applications must be mailed (Certified or FedEx ONLY) or dropped off at the Silver Cross Hospital - Main Lobby Front Desk

Silver Cross EMS System
Attention: PEP Program
1900 Silver Cross Blvd
New Lenox, IL 60451



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PARAMEDIC PROGRAM APPLICATION

Student Information		
Name:		Phone #:
Address:		Date of Birth:
City:		Social Security #:
State, ZIP:	EMAIL:	
Employer		
Address:		Phone:
Current Occupation:		Scheduled Hours:
Education		
High School Education School Attended: City, State:		Year Graduated:
Undergraduate Education School Attended: City, State:		Years Completed: 1 2 3 4 Degree Earned: Date:
Graduate Education School Attended: City, State:		Years Completed: 1 2 3 4 Degree Earned: Date:
Other Education School Attended: City, State:		Diploma/Certification Earned: Date:
EMT-B / EMT-I Information		
Training Site:		Date Completed:
EMT Employer: Address: _____ Type of Provider: <input type="radio"/> Private <input type="radio"/> Municipal <input type="radio"/> Volunteer		
Your Status: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Volunteer		
Date of Hire: From: _____ To: _____		
Licensing Action and Felony Statement		
YES	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?	<i>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case</i>
NO		
YES	Have you ever been convicted of a felony?	
NO		

Field Experience Agreement

Complete this if you will be riding with a department where you are an employee/member

Employer Agreement:

I hereby affirm and declare that the applicant is currently employed as an EMT-B/EMT-I and is in good standing with this department. I agree to participate in the training of the applicant, provide opportunity for supervised field experience (internship), assure completion of blood borne pathogen training, and provide opportunity for Hepatitis B immunization. I understand that false statements may be considered sufficient cause for removal of the applicant from the training course.

Signature of Employer

Title

Agency

Date

APPLICANT AGREEMENT

Have you ever attended a paramedic training course before?

If yes, Site: _____ Date _____

Reason for not completing program?

I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Education Program.

Signature of Applicant:

Date

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- Copy of valid EMT-B license
- DD-214, current military ID, or letter from commanding officer; if applicable
- Required documentation if requesting additional application points