St. Vincent
EMERGENCY PARAMEDIC PROGRAM
APPLICATION

2020 - 2021

Application Deadline: April 22, 2020
St. Vincent EMS Education  
2020 - 2021 Paramedic Education Program

The St. Vincent Hospital Paramedic Program is one of the top-rated courses in the state of Indiana. The Paramedic Licensure Program is a 16-month, four semester-course designed to allow mobility, flexibility, and structure for the EMS student. Upon successful completion of the program, the paramedic graduate is qualified to take the National Registry Psychomotor and Cognitive Examinations.

The paramedic program entrance process is highly competitive and only a maximum of twenty-four (24) students will be accepted. The classroom portion of the course will be held on Tuesday and Friday from 0900-1700 hours at 8220 Naab Road, Suite 200, Indianapolis, IN 46260. Clinical rotations and ambulance internship experiences are scheduled outside of classroom time by the student.

Eligibility Requirements:
- At least 18 years of age.
- Indiana State Certified EMT
- Hold a current American Heart Association BLS Health Care Provider CPR Card.

The Paramedic Application Packet, **ALL** required documents must be submitted to the Registrar by **April 22, 2020**

There are three phases of the paramedic entrance process once your completed application has been submitted:
- **Entrance Exam**: A general aptitude test over mathematics, science, and language. The Entrance Exam fee is **$100** and will take place on April 29, 2020 at 10am.

  - **Professional Interview**: An oral interview with the St. Vincent EMS Education staff will be scheduled with the applicant at the Entrance Exam.

  - **Practical Scenario Skills Test**: Applicants passing the entrance exam and interview board will be invited to schedule an EMT based scenario practical exam. Testing is scheduled by faculty and will take approximately two hours.
Once all elements of the entrance process are complete, conditional offers will be sent to those accepted into the St. Vincent Paramedic Program. A $700.00 enrollment deposit is required prior to active enrollment and reserves the student’s position in the class and goes towards Semester 1 tuition. Active enrollment of applicants will be contingent on the following:

- Signed Enrollment Agreement with enrollment fee
- Physical Exam
- Drug Screen
- Criminal Background Check
- Proof of health insurance coverage

Further details will be provided in the applicant’s acceptance packet.
Tuition, Fees, and Expenses

Testing Fee: $100.00

Enrollment Deposit: $700.00 (Reserving your seat in the course and is applied to Semester 1 tuition)

Tuition: $5,600.00* Includes:
- Semester 1: $700 ACLS course
- Semester 2: $1400 AMLS course
- Semester 3: $1400 PHTLS course
- Semester 4: $1400 PALS course
  - Platinum Testing / Scheduler Account
  - Cadaver Lab
  - Textbooks
  - National Registry Psychomotor Exam

Additional Costs That May Apply:

The student is responsible for all additional costs, including, but not limited to:
- Uniforms; further details will be provided in the applicant’s acceptance packet
- Laptop computer or tablet device
- Supplementary, non-mandatory texts, study guides, etc.
- National Registry Cognitive Exam

Pre-Admission Requirements Schedule
April 22, 2020  
**Application Deadline**

April 29, 2020  
**Entrance Exam** - $100.00 fee (payment by cash, credit card, or money order only)  
Start Time: 10:00am  
Location: St. Vincent Simulation Center, 2nd Floor  
*William K. Nasser, MD, HealthCare Education and Simulation Center*  
1801 W. 86th St.  
*Indianapolis, IN 46260*

**Applicant must have a COMPLETED application on file to take entrance exam**

May 5 / May 8, 2020  
**Interview** – Applicant will sign-up for a time at the entrance exam.  
8220 Naab Road, Suite 200  
Indianapolis, IN 46260

May 19 / May 20, 2020  
**Scenario Testing** – Applicant will only scenario test if the requirements are met from the entrance exam and interview

May 29, 2020  
**Notification Letters Mailed**

June / July 2020  
**Physicals**

July 28, 2020  
**First Day of Class (Orientation)**

December 2021  
**Graduation Date to be announced**
St. Vincent EMS Education
2020 - 2021 Paramedic Education Program

Non-Discrimination Statement
St. Vincent EMS Education provides equal opportunity to all qualified applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination based on age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status. The Program reserves the right to deny acceptance to any individual based on application procedure requirements, minimum academic requirements, or preferences described herein.

Disability
St. Vincent EMS Education does not discriminate on the basis of disability as determined by the American with Disabilities Act (ADA). Educational programs do not request disability information from program candidates. Likewise, candidates are advised to not discuss or disclose a disability to Program faculty, students, or other representatives. If accepted into the EMS program, candidates will undergo a physical assessment by a St. Vincent Health hospital Associate Health Office during which candidates can disclose their disability. The Associate Health Office will advise the Program on accommodations necessary for the disability. The Program, in consultation with the respective Associate Health Office, will determine if disability accommodations are reasonable. The Program reserves the right to deny disability accommodations that are not deemed to be reasonable.

Disclosure of Criminal History
All paramedic applicants will be asked on the application to disclose their criminal history, excluding speeding and minor traffic violations. Applicants who disclose their criminal history must provide details as directed on the application. Failure to disclose a positive criminal history will result in denial of the application. The Program reserves the right to deny acceptance to any individual with a positive criminal history based on individual circumstances. Individual programs within EMS Education may have additional requirements regarding a positive criminal history.

Accreditation
The St. Vincent Indianapolis Hospital Paramedic 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). The program meets or exceeds the U.S. Department of Transportation EMT-Paramedic National Standard Curriculum and is an approved training institution by the Indiana Department of Homeland Security.

If you have any questions please contact the Registrar, mckinna.murnane@ascension.org or call 317-338-2726.
REQUIRED APPLICATION DOCUMENTS
DEADLINE April 22, 2020

Completed Application (the following 3 pages)

Photocopy of the following documents:
- Driver’s license or government issued picture ID
- Current Indiana State Emergency Medical Technician (EMT) – B certification
- Current American Heart Association BLS Provider CPR card

Verification of Patient Contact: A minimum of 20 hours documented in an ambulance within the last 12 months (Form enclosed) or 20 documented patient contacts within last 6 months

Official High School Transcript: (Request form enclosed)

References Letters: Two professional and one personal (form enclosed)

Formal Letter of Introduction: Including your intent for wanting to become an Emergency Paramedic.
   This should be typed on a separate piece of paper

Please mail this application packet, including this check list to:

Registrar
St. Vincent EMS Education & Training,
8220 Naab Rd, Suite 200
Indianapolis, Indiana 46260

The application must be postmarked by April 22, 2020 to be eligible for the 2020 / 2021 paramedic course.

If you have any questions please contact the Registrar, mckinna.murnane@ascension.org or call 317-338-2726.
### PERSONAL DATA

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>Middle</th>
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<td>City</td>
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<td>E-Mail Address:</td>
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<td>Driver’s License Number and Issuing State</td>
<td>Social Security Number</td>
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<tr>
<th>PSID Number</th>
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<td>EMT Training Institution/Year Certified</td>
<td>Instructor</td>
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<th>National Registry Cert. Number (if applicable)</th>
<th>Expiration Date</th>
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<tr>
<th>CPR Certification Expiration Date</th>
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List Other Medical Certification/Licenses

Have you ever been in another paramedic program?  ☐Yes ☐No  If Yes, reason for not finishing

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<th>Name of Sponsoring EMS Provider: (If Applicable)</th>
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### SCHOLASTIC BACKGROUND

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<th>High School Attended</th>
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<th>UNIVERSITIES OR COLLEGES ATTENDED</th>
<th>DEGREE(S) RECEIVED/EXPECTED AND DATES</th>
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## WORK EXPERIENCE

(List all work experiences you have had within last 5 years. Attach additional pages if needed.)

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<td>Supervisor</td>
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<td>Responsibilities</td>
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## REFERENCES

List the names, titles, and addresses of three persons you have asked to submit a recommendation form on your behalf. Select references that are in a position to comment competently on your probability of success in the program.

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<th>Name and Title</th>
<th>Company</th>
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ASSIGNMENT

- Please include a typed formal letter of Introduction, which should contain your reasons for wanting to become an Emergency Paramedic. Resources for a formal letter may be found online.

I do hereby certify that:
1. I am the applicant named and I am requesting admission to the St. Vincent Indianapolis Hospital Paramedic Education Program.
2. I have read and understand the program prerequisites and do hereby meet those prerequisites unless exceptions have been identified above.
3. I understand my application will not be complete until all required documents are received, and I have completed any and all necessary entrance examinations and interviews.
4. I understand entrance into the program does not guarantee paramedic certification.
5. I understand completion of this education program will not authorize or grant me any right to perform those advance life support activities in which I will be trained.
6. I understand if I am accepted into the paramedic program, St. Vincent Indianapolis Hospital will not be held responsible for any injury to myself, or damage to my property which I may incur in connection with my participation in the Program, unless such injury or damage is caused by the negligence of St. Vincent Indianapolis Hospital, its employees, or its agents.
7. I understand all statements made in this application are accurate and complete and are subject to verification. Should falsification of this document be demonstrated, I may be denied admission; or if I have begun training, I will be subject to immediate expulsion without refund of tuition and/or fees paid.
8. I understand I am responsible for all testing and tuition fees, and any books, uniform or equipment expenses required by the Program if I am accepted.
9. I have read all of the above statements and do declare them to be true to the best of my knowledge.

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<th>Printed Name of Applicant</th>
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<td>Signature of Applicant</td>
<td>Date</td>
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### VERIFICATION OF PATIENT CONTACT TIME

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<th>Applicant’s Name</th>
<th>Phone #</th>
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This shall serve as verification that the above-named individual has participated in at least twenty (20) hours of patient care in the patient compartment of an ambulance within the past twelve (12) months or 20+ patient contacts within past 6 months.

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<th>Signature of Chief Executive Officer</th>
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**Registrar**  
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8220 Naab Rd, Suite 200  
Indianapolis, Indiana 46260

If you have any questions please contact the Registrar, mckinna.murnane@ascension.org or call 317-338-2726.
TRANSCRIPT RELEASE PERMISSION

High School transcript is **required**. College transcript if available. Send or give this form directly to high school and college, if attended.

This form requires your signed permission.

I, ____________________________________________________________, hereby request

_________________________________________________________School to send a transcript of my school record to:

**Registrar**
St. Vincent EMS Education & Training
8220 Naab Rd, Suite 200,
Indianapolis, Indiana 46260

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<tr>
<th>Name used on school transcript if different</th>
<th>Date of birth</th>
<th>Social Security Number</th>
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<tr>
<td>Date graduated or last attended</td>
<td>Address</td>
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<tr>
<td>School Name</td>
<td>City</td>
<td>State</td>
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_________________________________________________________

Applicant’s Signature Date

**Note to school personnel:** Please send all transcripts directly to the above address. Keep this release for your records.
Guidelines for Reference Letters

To the Applicant:
You must provide one reference from each of the following categories:

1. Someone familiar with your EMT skills/experience
2. Present or last employer/supervisor
3. Personal reference (not related)

Please give these guidelines to each person writing your reference letter.

To the Respondent:
Thank you for your willingness to be a reference for the perspective paramedic student. We are particularly interested in your assessment of the applicant’s ability to follow orders reliably; maturity of judgment; the applicant’s attitude; motivation, dependability and professionalism; and his/her potential as a future paramedic. Also, the identification of any area in which the applicant needs to concentrate for continuing development will be of assistance. A brief letter of explanation regarding your response is requested and should be returned with this form to:

Registrar  
St. Vincent EMS Education & Training  
8220 Naab Rd, Suite 200,  
Indianapolis, Indiana 46260

This Reference Letter must be postmarked by April 22, 2020 to be eligible for the applicant to be considered for the 2020 / 2021 paramedic course.

Please send all inquiries to the Program Director, megan.thiele@ascension.org or call 317-338-7412
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