



St. Vincent EMS Education Emergency Medical Technician (EMT) Courses

Thank you for your interest in the Emergency Medical Technician (EMT) courses offered by St. Vincent EMS Education. We are accepting applications for the **EMT Courses** to be conducted at the following times:

EMS 120SP Spring: January 7, 2019 – May 4, 2019 Monday and Thursday evenings from 6:00 -10:00 p.m.
March 19, March 26 & April 9th, 2019 - Tuesdays 6:00-10:00 p.m.

EMS 120S Summer: May 6, 2019 – August 3, 2019; Monday and Tuesday and Thursday evening, 6:00-10:00 p.m. for **13 weeks.**

EMS 120F Fall: August 5, 2019 - December 7, 2019; Monday and Thursday evening from 6:00 -10:00 p.m.
September 17 & October 15, 2019 – Tuesdays 6:00-10:00 p.m.

Classes are held at the **EMS Education and Training Center**, 8220 Naab Rd Suite 200, Indpls. 46260

The cost of the course is \$750.00, which **DOES NOT** include the required textbook, clinical uniform and the fee for the National EMT Exam. Graduates of the EMT program will have to take the National Registry Exam to receive recognition from the State of Indiana. Students will need a laptop computer with wireless connection. A maximum of 24 students will be admitted to the course.

Fees to the Institution	Cost
Application Fee	\$20.00 (non-refundable)
Deposit	\$80.00 (at acceptance into the program)
Tuition Fee	\$650.00

Fees not paid to the Institution	Cost
NREMT (National Registry Exam) Fee	\$80.00
Textbook & Fees	* \$150.00
Uniforms	* \$80.00

* Approximate cost

Accepted students will be required to pay a deposit of **\$80.00** when accepted to the course to reserve their place in the program. The \$80.00 deposit is non-refundable from the date of acceptance.

Tuition is to be paid in full by the last business day of the first week of the course unless a financial hardship payment plan has been requested by the student and approved by the program director. Failure to pay fees will result in the student's dismissal from the College. Tuition must be paid by certified check, cashier's check or credit card. Personal checks will not be accepted.

Refunds

Tuition (excluding academic materials and other fees) refunds are made for voluntary student withdrawal from the program. Upon the student's written request, a refund will be made according to the refund schedule below (allowing 6 – 8 weeks for processing). No refund will occur if the student is dismissed from the College. The refund schedule is as follows:

- 1) 100% of the tuition fee is refunded if the withdrawal occurs before the first day of class of the semester.
- 2) 50% of the course tuition fee is refunded if the withdrawal occurs by the last business day of the second week of the semester and the course has been paid in full. If the course IS NOT paid in full, there is no refund.
- 3) No refund is made if the withdrawal occurs after the second week of the semester.



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Financial Aid

The College does not participate in Title IV federal student aid (FASFA) programs. College programs are approved by the Indiana State Department of Veterans Affairs under Title 38, US Code 3676 for G.I. Bill funding. Eligible students may obtain financial assistance to cover College fees through this provision. Interested candidates should contact the Program Director for more information.

While the College will work with any third-party payer, it is ultimately the student's responsibility to secure adequate funding sources.

Vocational Outlook

An Emergency Medical Technician (EMT) is a public servant profession within all communities across the United States. They are typically the first one to respond when a community member needs help. EMT's care for the sick and injured in the field and people's lives often depend on the quick reaction and competent care provided by these individuals. EMT's respond to emergency calls, performing medical services, and transporting patients to medical facilities. According to the Bureau of Labor Statistics, the median salary of an EMT is \$33,380.00/\$16.05 an hour. The job market has a demand for EMT's and this profession will continue to grow in the future. The St. Vincent EMS Education is dedicated to training EMT's in Central Indiana and to maintain our high standard of education, St. Vincent EMS Education requires all students to attempt the cognitive exam administered through National Registry.

Non-Discrimination Statement

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

Disability

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

Disclosure of Criminal History

All College 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 College reserves the right to deny acceptance to any individual with a positive criminal history based on individual circumstances. Individual programs with the College may have additional requirements regarding a positive criminal history.



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Course prerequisites:

- 1) Applicant must meet **ALL** of the following pre-requisites and provide verification by the first class.
 - **Have submitted fully completed course application *THREE WEEKS PRIOR* to the start of the course with a **\$20.00 application fee.****
 - AHA Healthcare Provider CPR certification is required, **NO OTHER CPR** certification accepted. To register for healthcare provider CPR class go to: www.stvincent.org Prevention and Classes; or call 317-338-CARE (2273).
 - Possess a high school diploma or G.E.D; minimum age requirement is 18 years old.
 - Schedule an appointment through the instructor with St. Vincent Occupational Health.
 - Complete the mandatory physical exam.
 - Pass a drug screen.
 - Provide OAHP a record of immunizations.
 - Applicant **MUST** be able to read, write, speak, and understand the English language fluently.
- 2) Applicants **must have proof of health insurance. Health insurance is mandatory!**
- 3) Applicant **must apply online** for a PSID number at <http://www.in.gov/dhs/3525.htm>. (Application for Public Safety Identification Number), and report the number to the EMT Course Coordinator at jrginder@ascension.org
- 4) Applicants must pass the physical exam, criminal background and drug screen test.
- 5) Applicants must complete the **Confidentiality Statement** and submit with the application.
- 6) Required textbook: ***Emergency Care and Transportation of the Sick and Injured (11th ed). AAOS; Jones and Bartlett, Sudbury Mass., 2011. ISBN: 978-1-284-10690-9.*** Textbooks are the responsibility of the student and may be ordered/purchased through Barnes and Noble, or online through www.bn.com or www.amazon.com. Other textbook sites may also be utilized, if desired.

Credit cards, cashier's checks or money order made payable to **St. Vincent EMS Education**. Please put course number on payment and return completed student application with the \$20.00 application fee to:

**College Of Health Professions
ATTN: EMT Program
8220 Naab Rd, Suite 200
Indianapolis, IN 46260**

Courses fill-up rapidly, so please act quickly. All applicants will be interviewed and must be accepted into the EMT Program. Once you have been accepted, you have 5 business days to submit a \$80.00 non-refundable deposit to hold your place in the class. ***Please put the course number on payment and application. If you have questions, please email Jim Ginder; as the course coordinator, he will be able to answer any questions or concerns you may have about the course.***

Again, thank you for your interest in our EMS programs and we look forward to assisting you in your educational aspirations!

Jim Ginder, MS, NREMT, PI, NCEE, EMT Course Coordinator

jrginder@ascension.org



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Course Description (EMS 120SP, 120S, 120F)

The EMT program provides basic understanding of the knowledge and skills necessary to function as a first responder, prehospital care provider and/or emergency department technician. The successful student will master theories in prehospital care, transporting patients, and anatomy and physiology, with a focus on patient assessment and appropriate interventions in various rescue scenarios, including trauma, extrication, medical emergencies, behavioral and environmental emergencies and special populations such as children and the elderly.

The EMT course curriculum is broken down into nine (9) sections; each section coincides with the weekly lecture topics and exam schedule, as listed in the course syllabus, and mimics the textbook layout for easy access.

COURSE APPLICATION

Check one course selection to the right. EMS 120SP Spring EMS 120S Summer EMS 120F Fall

(Please print in INK)

PERSONAL DATA			
Name: Last	First	Middle	Phone ()
Street Address	City	State	Zip Code
E-Mail Address:	Driver's License Number		
I attest that I am minimum age requirement of 18 years old. Yes No (circle one)	Date Of Birth: _____		
PSID Number _____ Expiration Date _____			
CPR Certification Expiration Date _____			
List Other Medical Certification/Licenses _____			

Are you comfortable using a computer and internet resources? _____

Have you previously been enrolled in a medical training program: _____ If YES, explain _____

Essential Skills and Abilities

A student observing in the emergency department or riding on an ambulance may need to stand for a prolonged period of time, walk over uneven terrain, lift at least 50 lbs. unassisted, perform physically strenuous tasks including moving patients, and work in cold and hot temperatures extremes and weather extremes, and participate for extended hours without eating or sleeping.



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SCHOLASTIC BACKGROUND	
High School Attended _____	
UNIVERSITIES OR COLLEGES ATTENDED	DEGREE(S) RECEIVED/EXPECTED AND DATES
GPA _____ on a scale of _____ as of (date) _____	
List courses to be completed before graduation (if applicable)	
WORK EXPERIENCE	
(List work experiences you have had. Use another sheet, if necessary.)	
Organization 1.	Dates Held
Address	
Position Held	Supervisor
Responsibilities	
Organization 2.	Dates Held
Address	
Position Held	Supervisor
Responsibilities	
Organization 3.	Dates Held
Address	
Position Held	Supervisor
Responsibilities	



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REFERENCES

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

Name		Title	
Email Address	City	Phone Number	
Name		Title	
Email Address	City	Phone Number	
Name		Title	
Email Address	City	Phone Number	

SUMMARY

Please include a formal Letter of Introduction, which should contain your reasons for wanting to become an Emergency Medical Technician. This should be attached on a separate piece of paper. Resources may be found online.



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I do hereby certify that:

1. I am the applicant named and I am requesting admission to the St. Vincent Indianapolis Hospital Emergency Medical Technician 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.
4. I understand entrance into the program does not guarantee EMT certification.
5. I understand completion of this education program will not authorize or grant me any right to perform the activities in which I will be trained.
6. I understand if I am accepted into the EMT 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 uniform or equipment expenses required by the Program if I am accepted.
9. I understand I will be participating in clinical rotations with actual patients and understand, while my instructors/preceptors make every effort to have a safe learning environment, I may be exposed to injuries, infectious illnesses, accidents or accidental exposures and potential dangerous situations as a result of this program. I agree to release and hold harmless the hospital, faculty, preceptors, its officers, agents, representatives, employees, subsidiaries, successors, servants, insurers and assigns, and all others.
10. I have included a copy of my high school diploma or GED.
11. I have read all of the above statements and do declare them to be true to the best of my knowledge.

Printed Name of Applicant	Date	Method of paying \$20.00 Application Fee Credit Card ____ Money Order ____ Cashier's Check ____
Signature of Applicant	Date	Money received by

Jim Ginder, MS, NREMT, PI, NCEE
EMT Course Coordinator
jrginder@ascension.org

Required on Application Submission	
Application	
Letter of Introduction	
PSID Card (copy)	
HCP CPR Card (copy)	
Drivers' License (copy once accepted into the program)	
<i>Received by:</i>	