

*St. Vincent EMS Education & Training
8220 Naab Rd, Suite 200
Indianapolis, Indiana 46260
317-338-7412*



**ST. VINCENT
EMERGENCY PARAMEDIC PROGRAM
APPLICATION**

2019 - 2020

Application Deadline: March 31, 2019



St. Vincent EMS Education 2019 – 2020 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 Monday and Thursday from 0800-1700 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, and a \$20 application processing fee must be submitted to the Registrar by **March 31, 2019.**

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 \$80 and will take place on April 10, 2019 at 10am. The Entrance Exam is computer based and *you must provide your own laptop.*
- **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.

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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 fee is required prior to active enrollment and reserves the student's position in the class. 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.

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Tuition, Fees, and Expenses

Application Fee: \$20.00

Due with the application prior to exam.

Testing Fee: \$80.00

Enrollment Fee: \$700.00 (to reserve your seat in the paramedic course)

Tuition:	\$4,800.00	Includes:	ACLS course
	Semester 1: \$1300		AMLS course
	Semester 2: \$1300		PHTLS course
	Semester 3: \$1300		PALS course
	Semester 4: \$900		Fisdap 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

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Pre-Admission Requirements Schedule

March 31, 2019	<u>Application Deadline</u> - \$20.00 application fee Non-refundable application fee
April 10, 2019	<u>Entrance Exam</u> - \$80.00 fee (payment by cash or credit card only) Start Time: 10:00am 8220 Naab Road, Suite 200 Indianapolis, IN 46260 Computer based testing, applicant must bring their own computer <i>Applicant must have a COMPLETED application on file to take entrance exam</i>
April 15/ April 18, 2019	<u>Interview</u> – Applicant will sign-up for a time at the entrance exam. 8220 Naab Road, Suite 200 Indianapolis, IN 46260
April 29/ May 2, 2019	<u>Scenario Testing</u> – Applicant will only scenario test if the requirements are met from the entrance exam and interview
May 15, 2019	Notification Letters Mailed
July 31, 2019	First Day of Class (Orientation)
December 2020	Graduation Date to be announced



St. Vincent EMS Education 2019 – 2020 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.

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REQUIRED APPLICATION DOCUMENTS

DEADLINE MARCH 31st, 2019

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) _____

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 _____

Application Fee \$20.00 non-refundable _____

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 **March 31, 2019** to be eligible for the 2019 / 2020 paramedic course.

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

St. Vincent EMS Education 2019 – 2020 Paramedic Education Program



(Please print in INK or TYPE)

PERSONAL DATA			
Name: Last	First	Middle	Cell Phone ()
Street Address			
City		State	Zip Code
E-Mail Address:		Date of Birth	
Driver's License Number and Issuing State		Social Security Number	

PSID Number _____ Expiration Date _____

EMT Training Institution/Year Certified _____ Instructor _____

National Registry Cert. Number (if applicable) _____ Expiration Date _____

CPR Certification Expiration Date _____

List Other Medical Certification/Licenses _____

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

Name of Sponsoring EMS Provider: (If Applicable)	Name
	Address

SCHOLASTIC BACKGROUND	
High School Attended	
UNIVERSITIES OR COLLEGES ATTENDED	DEGREE(S) RECEIVED/EXPECTED AND DATES

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Continued

WORK EXPERIENCE	
(List work experiences you have had, especially those in healthcare.)	
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	

REFERENCES	
List the names, titles, and addresses of three persons you have asked to submit a recommendation form in your behalf. Select references that are in a position to comment competently on your probability of success in the program.	
Name and Title	Company
Email Address	Phone ()
Name and Title	Company
Email Address	Phone ()
Name and Title	Company
Email Address	Phone ()

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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 that 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 that 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 that entrance into the program does not guarantee paramedic certification.
5. I understand that 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 that 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 that 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 that 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.

Printed Name of Applicant	
Signature of Applicant	Date



VERIFICATION OF PATIENT CONTACT TIME

Date

Applicant's Name

Phone #

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.

Signature of Chief Executive Officer

Printed Name

Phone #

Ambulance Service Provider

Provider Address

Please mail this form to:

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

Name used on school transcript if different Date of birth Social Security Number

Date graduated or last attended Address

School Name City State Zip Code

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
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This Reference Letter **must be postmarked by March 31, 2019** to be eligible for the applicant to be considered for the 2019 / 2020 paramedic course.

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



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To the Respondent:

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