



Silver Cross Emergency
Medical Services System



SILVER CROSS EMS SYSTEM
SILVER CROSS HOSPITAL · 1900 Silver Cross Blvd · New Lenox IL, 60451
SILVER CROSS EMS SYSTEM
2016/2017 PARAMEDIC EDUCATION PROGRAM
APPLICATION AND REGISTRATION PROCESS

Thank you for your interest in the Silver Cross EMS System 2016/2017 Paramedic Education Program. Classes will be held in our EMS Education Center located in the Silver Cross Business Center at 710 Cedar Crossings Drive in New Lenox IL, on Tuesdays and Thursdays from 6pm to 10pm with an occasional Friday or weekend class. Classes begin Tuesday May 24th 2016 and conclude the week of May 9thth, 2017 with a ****MANDATORY ORIENTATION ON WEDNESDAY April 27th, 2016 AT 6PM****

To be eligible for the program, you must have a current Illinois EMT-B License, be 18 years of age, have a high school diploma or GED, and a current Healthcare Provider/BLS CPR card. A physical exam by a Doctor, Nurse Practitioner, or Physician's Assistant and TB testing are also required and explained in the acceptance packet. All students accepted into the program are required to be current with their Hepatitis B and Flu Shot vaccines. 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 April 22nd to continue into the program. The exam pass result letter must be received in our office by 6pm on the date of the Entrance Exam.

Please read the entire application packet to assure proper completion.

Payment

The 2016/2017 Paramedic Education Program has a cost of \$4100. This will include 2 Student Uniform Polo Shirts and 1 Student Uniform Job Shirt, registration fees for the online skill tracker/scheduling program that is utilized by our Program and lab fees associated with the Program. **All students are required to have a complete uniform, stethoscope, watch, and required Program books, all of which is in addition to the \$4100 tuition.**

UPON ACCEPTANCE:

Payments will be made to the Silver Cross Hospital Cashier in two equal payments: The first payment due before the Mandatory Orientation on April 27th, 2016 with receipt brought to the April 27th class; and the second payment due at class on November 1st 2016. If the second payment isn't made by this date, you will be removed from the Program. Further details on the payment process will be included in the acceptance letters.

◆ The Application and Registration DEADLINE is 4pm on March 21st, 2016 ◆

Applications must be mailed to the Silver Cross EMS System, Silver Cross Hospital, 1900 Silver Cross Blvd New Lenox IL, 60451. Because the EMS Office is now located inside the Emergency Department dropping off applications is not an option. To ensure delivery you may send certified or fed-ex with a tracking number or "signature required." Applications should be typed or printed legibly

We will not accept applications that are faxed, incomplete, do not contain the Application Fee, or are not on the current application version.

Pre-entrance testing is Friday April 1st, 2016 6:00 pm at Silver Cross Hospital, New Lenox, IL 60451 in the Conference Center. Use the Pavilion A Entrance and you will be directed to the Lower Level. LATE ARRIVALS WILL NOT BE ALLOWED TO TEST, doors close at 6pm no excuses.

For questions regarding the paramedic program, contact the Education Coordinator at 815-300-2909 or tstoiber@silvercross.org. **Email is the preferred method of contact.** Acceptance/Denial letters will be mailed out around April 11, 2016. **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 and required books will accompany your acceptance letter.

***** KEEP THIS PAGE FOR YOUR REFERENCE *****

DESCRIPTION OF THE PROFESSION

A Paramedic provides prehospital 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 on-going 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

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COURSE OVERVIEW

PREREQUISITES: Individuals attending the Silver Cross EMS Education Program must meet the following requirements prior to the start of the course:

1. There is a 25\$ Application Processing Fee. This fee is due **WITH YOUR APPLICATION**. This fee is non-refundable and goes towards the processing of the applications. It requires to be a check or money order made out to Silver Cross Hospital.
2. Documentation of current licensure by the State of Illinois as an Emergency Medical Technician-Basic or Emergency Medical Technician- Intermediate. Documentation of a passing score from the State Approved Testing Agency will count as valid proof
- 3.. Documentation of current recognition by the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) for **healthcare providers**.
4. Upon ACCEPTANCE into the program, all students must see a Doctor, a Nurse Practitioner, or a Physicians' Assistant for a pre-course physical examination. Students must show they are medically cleared to perform all hospital clinical and ambulance ride time requirements for class and have **tested negative for tuberculosis**. The TB test is good for one year. If your TB test expires during the paramedic course, you will need to receive another test before the previous test expires. You will not be allowed to continue clinical or field internship time if your TB test does not remain current. This does not need to be done unless you are ACCEPTED in the program. You may wait until you receive formal notification of acceptance from our office. **At the request of the Fire Chiefs, Ambulance Services, and Hospitals, it is a requirement that the paramedic students have a background check prior to beginning the required field internship and or clinical time in order to determine whether such paramedic student has ever been convicted of a felony. If the background check indicates that the paramedic student has received a Felony conviction, the paramedic student will be excluded from acceptance in the Program, or removed without refund at the time of discovery. This stipulation will also apply to any felony convictions obtained during the course of this Program**
5. Successful completion of the pre-course entrance screening process.
6. All students must be a minimum of eighteen (18) years of age by the start of the course.
7. All students must have a high school diploma or equivalent **prior** to the start of the course.
8. Obtain a field preceptor agreement with an advanced life support provider approved by the Silver Cross EMS System. If you are unable to obtain this field internship agreement before the start of the program, you must notify the Lead Instructor **before** the first night of the program and Silver Cross will assist you in obtaining a department for ride time; however **IT IS ULTIMATELY YOUR RESPONSIBILITY TO SECURE AN ALS PRECEPTOR**. If you are on a department outside of the Silver Cross System, you may be allowed to complete 50% of your ride time in that System, however you must get permission from the Resource Hospital within your System prior to being precepted for field internship time. See restriction on the next page concerning IDPH EMS Region 8
9. Provide documentation of personal professional liability insurance coverage. Information on obtaining this will be included in the acceptance letters
10. Students must have access to a computer/printer with Internet capability and a valid email address.. Microsoft® 2003 or newer will best serve the on-line requirements for email and download of handouts and quizzes.

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DIDACTIC CONTENT: This Educational Program, conducted at Silver Cross Hospital, utilizes the current DOT National Standard Emergency Medical Technician Paramedic Curriculum as the foundation for our courses. Upon the successful completion of the course, the student will have satisfied each of the objectives contained within this curriculum.

RIDE TIME REQUIREMENT RESTRICTION NOTICE: Providers who are not in the Silver Cross EMS System and are affiliated with Loyola EMS System, U of C, or Good Samaritan EMS System **will not be allowed** by those systems to do our programs ride time in their systems. Example: Student A would like to do their ride time with an Agency that is in the Loyola System. The Loyola System will **NOT** allow that. Agreements with systems other than those listed may be sought out on an as needed basis.

Paramedic Education Program

Breakdown of Hours

Didactic Component	520 hours
Includes 124 hours for Case Studies/Quizzes	
Minimum Field Internship Time	310 hours
Clinical Component	308 hours
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TOTAL (minimum)	1138 hours

CLINICAL COMPONENT: 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. The student will also be required to participate in 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. The EMS Education Coordinator will review all clinical objectives and policies for proper documentation prior to eligibility for the clinical area

CLINICAL REQUIREMENTS:

ALS Internship	310 Hours
Emergency Department	192 Hours
Emergency Department with PMD.....	4 Hours
Special Care Units (ICU/CCU/Burn Unit)	16 Hours
Respiratory Department.....	8 Hours
Cardiac Cath Lab.....	8 Hours (Minimum 1 Procedure)
Labor and Delivery.....	8 hours (Minimum 1 Live Birth)
PICU/Pediatrics.....	16 Hours
Behavioral Health.....	8 Hours
ER Triage Rotation.....	48 Hours

These are the **minimum** numbers of hours/procedures needed to demonstrate competency and successfully complete the clinical requirements. Procedures done with the ALS sponsor will be counted only if documented correctly.

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), International Trauma Life Support (ITLS), and Pediatric International Trauma Life Support (PITLS).**

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Paramedic Education Program

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, the 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 for a minimum of 180 days prior to the application deadline
2. PROOF of working as an EMT-Basic at an EMS Agency for a minimum of 180 days prior to the application deadline (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)

In-System vs. Out-of-System

A provider is considered a Silver Cross “In-System Provider” by providing proof they are on the roster of a recognized ALS / BLS Silver Cross EMSS Agency as an active EMT-Basic for a minimum of 180 days prior to the application deadline. The EMS System WILL NOT ADD YOU as an Independent Provider to get you the 1 point for “Affiliation with the System”

An Agency is considered “In System” when they are affiliated with the Silver Cross EMS System as a Primary Provider Agency.

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Attach a 2" x 3"
passport type
PHOTO HERE
MUST FIT
IN THIS BOX

Photograph should be a
recent head shot of
APPLICANT ONLY
Photo must be head and
top of shoulders only

Silver Cross EMS System ♦ Silver Cross Hospital
2015/2016 Paramedic Education Program Application

DIRECTIONS: Type or print clearly using a **black** pen. Read/complete every portion of the application and return the appropriate portions back to the Silver Cross EMS System by mail **by 4pm on March 21st, 2016.**

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: (circle one) Small Medium Large XL XXL XXXL XXXXL

SWEATSHIRT SIZE: (circle one) Small Medium Large XL XXL XXXL XXXXL

Full Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Email: _____

County: _____ Home Phone: _____ Cell Phone: _____

↑Place of Employment/Name: (** PRINT/TYPE ABOVE LINES **) Address _____ City/State/Zip _____

↑Work Phone: _____ Shift/Hours _____

↑Other Employment: Name _____ Address _____ City/State/Zip _____

↑Other Work Phone: _____ Hours/Week _____

↑Where did you receive your EMT-B Training: (** PRINT/TYPE ABOVE LINES **) Year received _____

Have you ever attended a Paramedic or EMT-I Training Program prior to this date? **Yes** or **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 U.S. military? Yes _____ No _____ If so, attach official documentation
(If discharged, please attach your DD214 form)

Have you ever been convicted of a felony? Yes _____ No _____ If Yes, attach an explanation

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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, etc. 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: _____

Favorite Subject: _____

Sports Activities: _____

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. Do you exercise regularly? _____ yes _____ no

6. What type of work environment do you prefer? _____

7. In what type of teaching environment do you learn best? _____

8. Tell us about your family: _____

9. Tell us why you are taking this course: _____
