



Silver Cross Emergency Medical Services System



SILVER CROSS EMS SYSTEM
SILVER CROSS HOSPITAL · 1900 Silver Cross Blvd · New Lenox IL, 60451

2017/2018 PARAMEDIC EDUCATION PROGRAM APPLICATION AND REGISTRATION PROCESS

Qualifications

- 18 years of age
- Current Illinois EMT-B license
- 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 April 26th, 2017.

Classes

- Classes begin Tuesday May 17th, 2017 and conclude the week of May 7th, 2018
- **Monday, Wednesday, & Friday from 9am to 1pm, with an occasional weekend class.**
- Classes will be held in the EMS Classroom of the Silver Cross Business Center, 710 Cedar Crossings Drive, New Lenox

Tuition - \$4100; paid in two installments of \$2050

- Upon acceptance; 1st Installment due April 26th, 2017
- Includes:
 - 2 Polo shirts
 - 1 Job shirt (quarter zip sweatshirt)
 - Skills tracker/Scheduling program
- Additional fees not included: background check (\$16), liability insurance (approx. \$35), medical evaluation and record of immunizations

Students are required to provide their own stethoscope, watch, and assigned text books!

Application Process

- **Application due date – March 22nd, 2017**
- Non-refundable \$25.00 application fee – certified check or money order only to Silver Cross EMS System. NO CASH!
- MUST BE COMPLETED on a computer and printed. Application is a PDF fillable document
- Must 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 mailed out around April 12th, 2017. **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.



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IMPORTANT DATES – TIMELINE OF EVENTS

February 2017	Application posted
March 22 nd , 2017	Application Due Date
March 31 st , 2017	Pre-Entrance Testing
April 10-12 th , 2017	Acceptance & Denial Letters mailed
April 26 th , 2017	Mandatory Orientation
May 17 th , 2017	First Class
May 11 th , 2018	Graduation

Additional Information

- Upon acceptance, students must obtain a “pre-employment” medical screening and provide proof of negative “Two-Step TB” test. Complete immunization records, including vaccination for Hepatitis-B, is REQUIRED prior to the Orientation session.
- Technology will be a focus of the curriculum. Students MUST have access to a computer/laptop and a printer

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



Program Components

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

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.

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)
- Pediatric International Trauma Life Support (PITLS)

**** APPLICATION ****

This must be completed on a computer and printed. The application is in a PDF fillable format

Hand written copies will NOT BE ACCEPTED – NO EXCEPTIONS!

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, 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).

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 EMS Agency as an active EMT-Basic at the time of application submission. 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 EM System as a Primary Provider Agency.

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**

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
2017/2018 Paramedic Education Program Application**

DIRECTIONS: Application MUST be completed as PDF fillable document and printed. 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 22nd, 2017.**

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:

SWEATSHIRT SIZE:

Full Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Email: _____

County: _____ Home Phone: _____ Cell Phone: _____

↑Place of Employment/Name: _____ 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: _____ Year received _____

Have you ever attended a Paramedic training program in the past? YES _____ 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

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. What type of work environment do you prefer? _____

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

7. Tell us about your family: _____

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