



# Advocate Christ Medical Center

4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || [advocatehealth.com](http://advocatehealth.com)

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Fall 2018-2019

Dear Prospective Student:

We are pleased to announce that the Advocate Christ Medical Center (ACMC) EMS Academy will be conducting a Paramedic Education Program which begins on Monday, August 6, 2018 and ends on Wednesday, May 29, 2019. The program will meet on Monday and Wednesday evenings from 5:00pm-10:00pm. There are skill labs that may occur on Monday/Wednesday from 2:00pm-10:00pm in some modules. The entire 10-month schedule is distributed on the first night of class.

This application information is valid ONLY for the Monday/Wednesday class beginning on August 6, 2018. It may not be used for future programs. PLEASE READ THE INFORMATION CAREFULLY.

The ACMC program does not award transfer of credit, credit for experiential learning or advanced placement for previous paramedic or military paramedic program training. The ACMC is affiliated with Moraine Valley Community College (MVCC). The 35 transferable college credits achieved upon completion of the program can be applied toward the MVCC Associate Allied Health Science Degree.

This program is accredited by the Illinois Department of Public Health (IDPH) EMS Division and the Commission on Accreditation of Allied Health Educational Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). This recognition allows all graduates to be eligible for the IDPH State Paramedic licensing exam and the National Registry of EMTs (NREMT) certification exam.

## IN ADDITION TO A COMPLETED APPLICATION, WHAT DOCUMENTS ARE REQUIRED TO BE ATTACHED TO THE APPLICATION?

1. **Copy of a valid Illinois Driver's License.** This is for identification and age verification. All applicants must be at least 18 years old,
2. **Copy of current EMT license.** If you are a recent graduate of an EMT program, and do not yet have the copy of your EMT license, you must have documentation that indicates you have passed the NREMT certificate exam or the IDPH State licensing exam;
3. **Copy of current recognition as an AHA HCP CPR provider (copy both sides);**
4. **Documentation of current health insurance.** Applicant's name must appear on the policy card. If applicant's name is not on the card, a letter on insurance company letterhead must indicate policy number and that applicant is covered until May 31, 2019.
5. **Completion of the one-page attached Autobiography Form.** Tell us why being a paramedic is important to you, why you are choosing Paramedicine as a profession and why you will be successful in the program;
6. **Completion of the one-page attached Recommendation Form.** Completed by your employer, EMT instructor or supervisor who understands your work ethic. No relative's may complete form.
7. **Submission of the \$50.00 CASH application fee.** Exact amount is required. NO change will be given. A receipt will be given.



## ADDITIONAL INFORMATION YOU NEED TO UNDERSTAND WHEN APPLYING FOR THE PROGRAM:

1. All applicants must be able to meet the technical performance standards:
  - a. Auditory – hear a blood pressure, lung sounds and verbal communication;
  - b. Motor – lift, carry and balance with 1 partner a patient of 125 lbs.;
  - c. Visual – 20/30 vision in 1 eye with color discrimination of red, amber, green and ability to interpret diagnostic information like ECG tracings, graphs and charts;
  - d. Somatic/Psychomotor – sensation for pressure, temperature and pain. Agility to perform psychomotor skills;
  - e. Social/Affective – ability to use good judgment in stressful situations;
  - f. Cognitive – ability to classify, measure, analyze and critically think in a timely manner.
2. If you were a former MVCC student, check with MVCC to be sure that NO financial or academic 'holds' exist at Moraine Valley Community College.
3. The program requires a strong commitment to devote time to prepare for classwork and skill labs along with attendance at hospital clinicals and field ambulance time each week. The program requires of minimum of 1,040 hours divided between classroom, lab, clinicals and field experience. YOU MUST BE ABLE TO ATTEND CLASS (10 HOURS), DO 8 HOURS OF HOSPITAL CLINICAL AND 8 HOURS OF FIELD RIDE TIME EACH WEEK THROUGHOUT THE PROGRAM.

## WHAT IS THE APPLICATION PROCESS?

The following application process must be completed to be eligible for acceptance:

1. Submission of completed applications, with all documentation attached, are submitted in person, Monday-Thursday between 9:00am-4:00pm to the EMS Academy or CPC Office at 5220 W. 105<sup>th</sup> St., Oak Lawn, IL 60453. Enter door #6. THE DEADLINE FOR APPLICATIONS IS THURSDAY, JUNE 14, 2018 AT 4:00PM. No exceptions. Applications are not accepted at Moraine Valley Community College or Advocate Christ Medical Center. The application MUST be hand delivered by the applicant, no one other than the applicant may submit the application. No applications are accepted on weekends.
2. All applicants must complete a written pre-entrance exam. The written pre-entrance exam is scheduled for Monday, June 25, 2018 at 6:00pm. Applicants arriving late will not be allowed entry. All applicants must bring a valid Drivers' License for admittance. The 100 question, multiple choice written exam is based on the EMT National Education Standards and 2015 AHA guidelines. The exam is similar to an EMT final exam.
3. All applicants complete a pre-entrance practical exam. The pre-entrance practical exam is scheduled for Tuesday, June 26, 2018 beginning at 10:00am. The specific psychomotor skill evaluation sheets are attached.

## HOW ARE APPLICANTS ACCEPTED?

Candidates are accepted based on a combined score of the pre-entrance written exam and the pre-entrance practical exam. During the selection process, applicant's names are blinded and only the achieved points are used for acceptance. Candidates are notified via email and U.S. postal service of acceptance or non-acceptance. At no time, are any of the pre-entrance scores released.

The ACMC does not discriminate selection of applicants based on race, religion, sexual orientation, age, ethnicity or economic background.

## WHAT HAPPENS AFTER AN APPLICANT IS ACCEPTED?

Applicants who receive acceptance notification, will receive information on completing additional information. More detailed information will be in the acceptance letter. General acceptance information will include the applicant to provide the following:

1. Contact information to affiliate with an ALS Agency for the field experience/field internship ambulance time. APMC will provide the candidate with an ALS agency affiliation. Students may only ride with the agencies provided. The Candidate will need to contact and interview with the ALS agency to secure their acceptance with the agency.
2. Contact information to complete a general health examination, QST (TB) Titer and drug test with the APMC Occupational Health Department. The cost is approximately \$160. Students need to bring updated vaccination/immunization records AND copy of the results of your last TB inoculation (if you have had one in 2018). If vaccinations need to be updated, additional fees will apply.
3. A non-refundable deposit of \$1,500 will need to be paid by **THURSDAY, JULY 19, 2018**. These fees are payable only to the Advocate Christ Medical Center Cashier's Office in the main hospital building. Please call the Cashier's Office at (708) 684-5068 for specific hours.
4. A non-fingerprint background check will be done by APMC. The fee is \$16.00.
5. All other details are clearly outlined in the acceptance letter information.

## WHAT IS THE PROGRAM TUITION?

The cost of the program is \$5,000. This fee includes textbooks, 2 uniform shirts, classroom/lab, EMS Testing and FISDAP access fees, books and fees for AHA HCP CPR renewal, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Pre-hospital Trauma Life Support (PHTLS) and Advanced Medical Life Support (AMLS).

Applicants that are accepted will have a deadline to pay the non-refundable deposit of \$1,500. If accepted must use the following payment plan. Therefore, the tuition of \$5,000 - \$1,500 deposit = \$3,500 balance). This balance is paid by the following plan:

- \$875 due by August, 27, 2018
- \$875 due by September 24, 2018
- \$875 due by October 29, 2018
- \$875 due by November 26, 2018

Details of the payment process are outlined in an acceptance letter.

**THIS APPLICATION DEADLINE IS THURSDAY, JUNE 14, 2018 BY 4:00PM. NO INCOMPLETE OR LATE APPLICATIONS ARE ACCEPTED. NO EXCEPTIONS.**

If you have any questions about the program or application process, please feel free to contact:

Linda Abrahamson, MA, RN, EMTP, NCEE  
Paramedic Program Director  
[linda.abrahamson@advocatehealth.com](mailto:linda.abrahamson@advocatehealth.com)  
708-684-5957

Donald J. Mazor, BA, LI, EMTP  
Paramedic Program Clinical Coordinator  
[donald.mazor@advocatehealth.com](mailto:donald.mazor@advocatehealth.com)  
708-684-5979.



National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE/SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY/SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point)      -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness -Onset (1 point)      -Quality (1 point)      -Severity (1 point) -Provocation (1 point)      -Radiation (1 point)      -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point) -Medications (1 point)      -Last oral intake (1 point)	5	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -G/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>TOTAL</b>	<b>42</b>	

Actual Time Ended: \_\_\_\_\_

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible Points      Points Awarded**

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
<b>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		

Actual Time Ended: \_\_\_\_\_

**TOTAL      16**

**CRITICAL CRITERIA**

- \_\_\_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to suction airway before ventilating the patient
- \_\_\_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	

Actual Time Ended: \_\_\_\_\_

TOTAL 11

**CRITICAL CRITERIA**

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to assemble the oxygen tank and regulator without leaks
- \_\_\_ Failure to prefill the reservoir bag
- \_\_\_ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- \_\_\_ Failure to ensure a tight mask seal to patient's face
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



ADVOCATE CHRIST MEDICAL CENTER  
PARAMEDIC EDUCATION PROGRAM APPLICATION  
FALL 2018-2019

PLEASE PRINT CLEARLY

Name \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status \_\_\_S\_\_\_M\_\_\_D\_\_\_W

IDPH State EMT License# \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

NREMT Certification # (if applicable): \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Supervisor Name: \_\_\_\_\_ Supervisor Telephone # (\_\_\_\_\_) \_\_\_\_\_

Education: High School Name & Year Graduated: \_\_\_\_\_ OR GED Year \_\_\_\_\_

College/Univ. Name: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Year Earned: \_\_\_\_\_ OR Credit Hours \_\_\_\_\_

Institution where EMT program completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

Lead Instructor Name: \_\_\_\_\_

Have you ever attended a paramedic program before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, where: \_\_\_\_\_

Reason you did not complete the program? \_\_\_\_\_

EMT Field Experience: I am currently working as an EMT: Yes \_\_\_\_\_ Start Date: \_\_\_\_\_

LMS Agency Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor Name: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

I am not currently working as an EMT: \_\_\_\_\_

Have you ever been placed on probation or had your EMT license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what EMS System and why: \_\_\_\_\_

Are you currently active military or reserves? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, what Branch: \_\_\_\_\_

I hereby affirm and declare that the above information is true and correct, and that any fraudulent entry will be considered non-acceptance or subsequent withdrawal criteria from this Paramedic Education Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION SUBMISSION DEADLINE IS JUNE 14, 2018 by 4:00PM.**



## RECOMMENDATION FORM

Advocate Christ Medical Center-EMS Academy  
Paramedic Education Program  
2018-2019

Paramedic Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE INDIVIDUAL COMPLETING THIS FORM: The above named applicant is applying to the Advocate Christ Medical Center Paramedic Education Program. In order to have an objective profile of the applicant, please respond to the following questions.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_
2. What do you consider to be the applicant's major strengths? \_\_\_\_\_
3. What do you consider to be the applicant's areas that need improvement? \_\_\_\_\_
4. What comment do you have regarding their professionalism? \_\_\_\_\_

Please rate the applicant in the following areas:

	Above Average	Average	Below Average	Unknown
Potential for academic success				
Ability to problem solve				
Social interaction with others				
Professional or personal judgment				
Punctuality/Reliability				
Motivation to accept new ideas				
Motivation to perform well all tasks				
Written or documentation skills				
Verbal communication skills				
EMT assessment skills				
EMT treatment/psychomotor skills				

Thank you for taking the time to complete this form. Please return this form to the applicant to be attached to the application.

\_\_\_\_\_  
Name of person completing the form

\_\_\_\_\_  
Professional Title/Position

**AUTOBIOGRAPHY FORM**

Advocate Christ Medical Center- Paramedic Education Program  
2018-2019

Please write a one-page autobiography to tell us about yourself. What does being a paramedic mean to you? Why do you choose this as a profession? What attributes do you have that will support your success? **WRITE LEGIBLY!**

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Candidate Signature

PARAMEDIC EDUCATION PROGRAM  
APPLICATION CHECKLIST 2018-2019

ALL CANDIDATES PLEASE USE THIS CHECKLIST TO ENSURE ALL DOCUMENTS ARE ATTACHED AND RETURN THIS FORM WITH YOUR APPLICATION!

CANDIDATE NAME \_\_\_\_\_

STAFF MEMBER VERIFYING COMPLETED APPLICATION \_\_\_\_\_

Before submitting application, insure that all documentation is attached.

1. \_\_\_\_\_ Completed PEP application.
2. \_\_\_\_\_ Completed Recommendation Form.  
(Completed by employer or non-family member who knows your work ethic)
3. \_\_\_\_\_ Completed Autobiography on form provided.
4. \_\_\_\_\_ Current copy of valid Illinois driver's license or Illinois State ID.  
(Enlarged enough to read)
5. \_\_\_\_\_ Current copy of both sides of Healthcare Provider CPR card.
6. \_\_\_\_\_ Current copy of Illinois EMT license.  
(If new graduate, provide documentation of successful completion of IDPH State or NREMT exam)
7. \_\_\_\_\_ Current copy of both sides of health insurance policy card.  
(If on parents' insurance, provide letter on insurance company letterhead you are covered under their policy.)
8. \_\_\_\_\_ Submission of \$50 CASH for application fee. Exact amount required.  
(You will receive a receipt upon payment)

NOTES:

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PEP Application 2018-2019