

January, 2023

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 7, 2023 and ends on Wednesday, May 29, 2024. The program will meet on Monday and Wednesday days from 10:00am-3:00pm. There are some simulation skill labs that may occur on Monday/Wednesday from 8:00am-1:00pm in some modules. Acceptance letters will include a ten-month calendar indicating all scheduled dates and times to assist students with scheduling and planning.

This application information is **ONLY** valid for the class beginning on August 7, 2023. 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 approved by the Illinois Department of Public Health (IDPH) EMS Division and accredited by the Commission on Accreditation of Allied Health Education 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 National Registry of EMTs (NREMT) certification exam process.

TO COMPLETE THIS 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 a current Illinois EMT license.** If you are a recent graduate of an EMT program and do not have a copy of your EMT license, you must have documentation that indicates you have passed the EMT NREMT certification exam **AND** have applied for an Illinois EMT license (receipt of payment).
3. **Copy of a current AHA BLS Provider certification card (BOTH SIDES).**
4. **Documentation of personal health insurance.** The applicant's name **MUST** appear on the policy card. If the applicant's name is not on the card and the applicant is on someone else's policy, a letter from the insurance company, on insurance company letterhead, must indicate the policy number, the insured's name and that the applicant is covered through May, 2023.
5. **Completion of the one-page attached Autobiography Form.** Tell us why being a paramedic is so important to you, why you are choosing paramedicine as a profession and how you will be successful in the program. Use the form provided.
6. **Completion of the one-page Recommendation Form.** Completed by your employer, EMT instructor or supervisor who understands your work ethic. No relative may complete the form.

7. Documentation of having completed the entire COVID vaccination process. Having the booster is recommended, but not mandated at this time. It could be in the future. This documentation **MUST** be attached to the application. Applicants **MUST** attach the 'medical record' from where they received the vaccination or the medical record found on www.idph.gov. **COPIES OF VACCINATION CARDS ARE NOT ACCEPTED AS DOCUMENTATION.**
8. Submission of a \$50.00 CASH application fee. Exact amount is required. No change will be given. A receipt will be provided.

ADDITIONAL REQUIREMENTS YOU NEED TO UNDERSTAND TO SUBMIT AN APPLICATION.

1. All applicants and students once accepted into the program, must be able to meet all the technical performance standards at the time of application and throughout the program. These standards are:
 - 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 the 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 required of an EMT/paramedic;
 - e. Social/Affective – ability to use good judgment and communication skills 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 ensure 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 in hospital clinicals and field ambulance time each week. This program requires a minimum of 1,129 hours, divided between classroom, lab, clinical and field experience. **YOU MUST BE ABLE TO ATTEND CLASS EACH WEEK AND ATTEND 8 HOURS OF HOSPITAL CLINICAL AND 8-16 HOURS OF FIELD AMBULANCE TIME EACH WEEK THROUGHOUT THE PROGRAM.**
4. This is a drug-free program. Students must abstain from all drugs throughout the program, including all recreational drugs.

WHAT DOES THE APPLICATION PROCESS ENTAIL?

The application process must be completed by the deadline to be eligible for acceptance. All applicants must bring a current, valid Illinois Driver's License for admittance to the written and practical pre-entrance testing process.

Submission of completed applications, with all documentation attached, are submitted in person, Monday-Thursday between 9:00am-4:00pm to the EMS Academy (Rm 127) OR Center for Prehospital Care (CPC) Office(Rm 122). This location is at 5220 W 105th St., Ok Lawn, IL. Enter Door # 6.

THE DEADLINE FOR APPLICATIONS IS THURSDAY, JUNE 22, 2023 BY 4:00PM.

Applications are NOT accepted at Moraine Valley Community College or Advocate Christ Medical Center. The application must be submitted by the applicant. Applications are not accepted via USPS mail or email.

All applicants must complete the pre-entrance exam process. The pre-entrance exam dates are as follows:

- Written: **Monday, June 26, 2023 at 6:00pm.** Candidates must bring their own #2 Ticonderoga pencils and wear a protective, CDC, approved mask. No fabric or masks with logos are allowed.
- Practical: **Tuesday, June 27, 2023.** Candidates will be scheduled for a time when they arrive for the written exam. CDC approved masks must be worn.

HOW ARE APPLICANTS ACCEPTED?

Candidates are accepted based on a combined score of the pre-entrance written and practical exams. During the selection process, the applicant's names are blinded and only the achieved points are used for acceptance. The top scoring candidates are accepted. Candidates are notified of acceptance or non-acceptance via email. ENSURE YOUR EMAIL ADDRESS IS CLEARLY WRITTEN ON THE APPLICATION. At no time, are any 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 an acceptance notification, will receive information on how to complete the pre-entrance process. More detailed information will be in the acceptance letter. General acceptance information includes:

1. Information on their assigned ALS agency. ACMC will provide the candidate with ALS agency affiliation. Students may only ride with the agency assigned.
2. Information to complete a general health examination with ACMC employee health. A QFT (TB), Titer and influenza inoculation (if you have not had one in 2003) are required. If non-COVID vaccinations need to be updated, additional fees will apply.
3. A non-refundable tuition deposit of \$1,500 by the deadline is required to hold a candidate's seat. This fee is payable only at the ACMC Cashier's Office at the main hospital building. Telephone payments can be made (708-684-5068) between 8:00am-11:30am. All payment receipts must be sent via email from the cashier to the Program Director.
4. A non-fingerprint background check will be done through ACMC. Conviction of a felony can be exclusion from acceptance into the program.
5. All other details are outlined in the acceptance letter information.

WHAT IS THE PROGRAM TUITION?

The cost of the program is \$5,800. This fee includes all required textbooks, 2 uniform shirts, lab fees, EMS Testing, Mastering A&P, MyBradyLab and FISDAP access fees. This includes fees for AHA BLS Provider Renewal course, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Advanced Medical Life Support (AMLS) and Pre-hospital Trauma Life Support (PHTLS) Provider Course fees.

Accepted applicants will have a deadline of Tuesday, August 1, 2023 by 11:30AM to pay the non-refundable deposit of \$1,500. No late payments are accepted. Accepted students must use the following payment plan. Therefore, the tuition of \$5,800 - \$1,500 deposit = \$4,300 balance. The balance is paid by the following plan:

\$1,075 due by September 6, 2023

\$1,075 due by October 4, 2023

\$1,075 due by November 8, 2023

\$1,075 due by December 6, 2023

Details of the payment process are outlined in an acceptance letter. All payments made are non-refundable.

THE APPLICATION DEADLINE FOR THE AUGUST 2023 - MAY 2024 PROGRAM IS JUNE 22, 2023 BY 4:00PM.

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

Linda M. Abrahamson, MA, RN, EMTP, LI, NCEE

Paramedic Program Director

Linda.abrahamson@aah.org

708-684-5957

Martin Walsh, MS, NRP, LI

Paramedic Program Clinical Coordinator

martin.walsh@aah.org

708-684-5979



Advocate Christ Medical Center Paramedic Education Program PARAMEDIC PROGRAM APPLICATION



Student Information		
Name:	Cell Phone #:	
Address:	Date of Birth: Age:	
City, State Zip:	Social Security #:	
Email Address:	Marital Status : S M D W	
Employer		
Address:	Phone:	
Current Occupation:	Weekly Scheduled Hours:	
Education		
High School Education School Attended: City, State:	Year Graduated:	
College Education School Attended: City, State:	Years Completed: 1 2 3 4 Degree Earned: Date:	
EMT Information		
Institution where EMT program completed:	Date Completed:	
If you are currently working as an EMT, list Employer:	Start Date:	
IDPH State EMT License #: _____	Date of Expiration: _____	
Licensing Action and Felony Statement		
YES NO	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?	<i>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case</i>
YES NO	Have you ever been convicted of a felony?	
I have you ever attended a Paramedic training course before?		
If yes, Site: _____		Date: _____
Reason for not completing program: _____		
APPLICANT AGREEMENT		
I hereby affirm and declare that the foregoing information is true and correct. I understand any false information or statements may be considered as sufficient cause for non-acceptance or subsequent withdrawal from the Paramedic Education Program.		
Signature of Applicant		Date

RECOMMENDATION FORM – 2023-2024
 Advocate Christ Medical Center – Paramedic Education Program

Paramedic Applicant Name: _____ Date: _____

THE INDIVIDUAL COMPLETING THIS FORM: The above named applicant is apply 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 of needed improvement? _____

4. What attributes do they possess regarding their professionalism? _____

Please rate the applicant in the following areas:

	Above Average	Average	Below Average	Unknown
Potential for academic access				
Ability to problem solve				
Social interaction with others, Teamwork				
Professional or personal judgment				
Punctuality/ Reliability				
Motivation to perform all tasks well				
Written documentation skills				
Verbal communication skills				
EMT patient assessment skills				

Thank you for taking the time to complete this form. Please return the form to the applicant to submit with their application.

 Name of Person Completing Form

 Professional Title/Position



**National Registry of Emergency Medical Technicians[®]
 Emergency Medical Technician Psychomotor Examination
 PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

	Points	Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
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	
PRIMARY SURVEY/RESUSCITATION		
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 (open/patent) (depth, fast/slow) -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation/checks pulse (regularity, fast/slow, quality) (1 point) -Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, cool/clammy/warm or wet/dry (1 point)]	3	
Identifies patient priority (life threat/no life threat and makes treatment/transport decision)	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Asks 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	
SECONDARY ASSESSMENT		
Assesses focuses physical exam r/t affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
Blood pressure (1 point) -Pulse (rate, regularity, quality) (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient (life-threat/no life-threat AND DX)	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Exhibits professional behavior and therapeutic communication with patient	1	
Provides accurate radio report to arriving facility	1	
Actual Time Ended: _____	TOTAL	43

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. All materials subject to this copyright may be photocopied for the non-commercial purpose of educational or scientific advancement. ©2021/10-16

**APPLICATION CHECKLIST
2023-2024**

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

CANDIDATE NAME: _____

STAFF MEMBER VERIFYING COMPLETE APPLICATION: _____

Before submitting your application, ensure that all documentation is attached.

1. _____ Completed Application
2. _____ Completed Recommendation Form. (Completed by employer or non-family member who knows your work ethic).
3. _____ Completed Autobiography on the form provided.
4. _____ Copy of current, valid Illinois Driver's License or Illinois State ID.
5. _____ Copy of **both sides** of AHA BLS Provider Card.
6. _____ Copy of current Illinois EMT license. (If new graduate, provide documentation of successful completion of the NREMT certification exam.)
7. _____ Copy of both sides of current health insurance policy card. (If on someone else's insurance, provide a letter, on insurance company letterhead, indicating your name and that you are covered under the policy until MAY, 2023).
8. _____ Copy of COVID-19 medical record vaccination.
MUST HAVE MEDICAL RECORD DOCUMENTATION OF COMPLETION OF VACCINATION STATUS. NO VACCINATION CARDS ARE ACCEPTABLE.
9. _____ Submission of \$50.00 CASH for the application fee. Exact amount required.

NOTES: _____
