



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

Phone: (309) 827-4348
Fax: (309) 827-2017

2012 EMT-I Student Application

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

(if available)

Cell Phone _____ Work Phone _____

(if available)

(if available)

Field Internship Agency (letter on letterhead attached) _____

DOB: _____ SSN: _____ Polo Shirt Size _____

Have you ever been suspended from an EMS system? Yes No

Are you currently suspended from an EMS system? Yes No

Are you currently or have you ever worked in another EMS system? Yes No

Have you ever been convicted of a felony? Yes No

Are you currently charged with a felony or have pending felony charges? Yes No

Are you currently the subject of any pending investigations by IDPH or another EMS system? Yes No

By signing below I certify that all information provided by me in conjunction with my application is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement or omission may constitute grounds for: denial of admittance, summary dismissal from the program, and other disciplinary action by the Mclean County Area EMS System

Signature of Applicant

Date



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Authorization and Release

Please read carefully before signing.

I understand and acknowledge that, as an applicant for acceptance into the McLean County Area EMS System 2012 EMT Intermediate Course it is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current licensure, relevant training and/or experience, current competence, health status, character, ethics and any other criteria adopted by the McLean County Area EMS System.

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, EMS training programs, administrators, EMS medical directors, and EMS coordinators with which I have been associated, government agencies and all professional liability insurers with which I have had or currently have professional liability insurance (including but not limited to claims history/loss run information), etc., who have knowledge concerning information requested in my application, to consult with and release relevant information to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System. Such information shall be privileged to the fullest extent permitted by law and the privilege shall extend to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System and their authorized representatives.

I hereby fully, absolutely and unconditionally release from liability the McLean County Area EMS System, its staff, its agents, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein for all their acts performed in good faith and without malice in connection with the investigation of my application and the release and of information authorized above. Such acts include but are not limited to the acts of preparing or completing any verification, evaluations, recommendations, information requests or forms that are provided by myself, or the McLean County Area EMS System. This release shall be in addition to any other applicable immunity provided by law for peer review activities.

I further acknowledge that I have read and understand the foregoing Authorization and Release.

A photocopy of this Authorization and Release shall be as effective as the original.

Name, Printed

Signature

Date



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Applicant: Please initial next to each area below after reading and understanding the corresponding section.

Disclaimer of Employment:

I understand acceptance into the McLean County Area EMS System training program does not imply an employee-employer relationship. I understand while functioning as an EMS student I am not an employee of the McLean County Area EMS System. I understand that at no time am I to represent myself as an employee of the McLean County Area EMS System.

Initial

Standard of Care:

I understand that as an EMS Provider within the McLean County Area EMS System I must comply with all policies, procedures, protocols, and directives as set forth by the EMS Medical Director and/or his/her duly appointed representatives (i.e. EMS System Director). I understand that violation of any policy, procedure, protocol, and/or directive is noncompliance with the expected standard of care and such action may result in immediate corrective action up to and including removal from class and /or system suspension.

Initial

Current Certifications:

I understand that it is my responsibility to maintain all required certifications (CPR, ITLS/PHTLS, PALS/PEPP, ACLS) as required by the system to maintain good standing and ability to function within the McLean County Area EMS System. I understand that if I allow any of the required certifications to expire or lapse *for any reason*, the system may take action up to and including revoking privileges to function within the system.

Initial

Current Licensure:

I understand that it is solely my responsibility to ensure my EMT license remains current. I understand that it is solely my responsibility to file the appropriate paperwork with the EMS office two months prior to my licensure expiration to ensure my license is renewed in a timely manner.

Initial

Class Attendance:

I understand that attendance is considered mandatory. A maximum of 2 absences are allowed. Any student who accumulates 3 absences will be administratively withdrawn from the course unless the student notifies the lead instructor of intention to appeal to the medical director for a waiver from this policy. Historically, absence waivers have been granted only for extremely extenuating circumstances. It is not advised that the student voluntarily place his or herself in this situation. Tardiness will also be counted towards the absence allowance. For the purposes of this course, 2 classes equates to 8 hours. Therefore, if a student is late 1 hour, an hour will be subtracted from this allowance. Any tardiness outside of extenuating circumstances beyond 2 hours will be considered a full-day absence.

Initial

Late Payment:

I acknowledge that MCAEMS has a zero tolerance policy for late or missed payments. If payment is denied by my financial institution for any reason, I understand that I will be removed from the class and will not be allowed to attend class until the late or missed payment is paid in full. I further acknowledge that all classes missed due to a late or missed payment will be recorded as an unexcused absence and will count toward the maximum allowed two unexcused absences..

Initial

I, _____ do hereby understand and agree to the above statements. I have been given the opportunity to ask any questions I have regarding the above statements and expectations of me within the system to a system representative. I understand that privileges to function within the McLean County Area EMS System are completely at the professional discretion of the EMS Medical Director and/or designee.

Signature

Date



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Application Packet Check list

The following items must be submitted with your application in order to be admitted into the class. Incomplete packets will not be accepted. If your packet is not complete by the registration deadline (2/22/12) you will not be enrolled into the class.

- State DL or ID
- HS Diploma or GED
- Current Healthcare CPR
- Current Illinois EMT-B license
- Signed and completed background check form
- MMR
- Negative TB or Chest X-ray (CXR) < 1 yr old
- Hepatitis B series
- Current DT or DTaP or Tdap or Td < 10 yrs old
- Professional & General Student Liability Insurance
- Course Down Payment or Paid in full
- Signed payment agreement if not paying in full at the time of application

Insurance

If you are a member of an agency they may be willing to cover you under their insurance policy. If this is the case, you will need to provide a letter stating such on agency letterhead and signed by the agency head. The McLean County Area EMS System does not endorse any one company. Students in the past have had success with obtaining insurance from Healthcare Providers Service Organization (HPSO) www.HPSO.com. Additionally you may be able to obtain insurance from your property insurance provider.

Immunization

It may be necessary to contact your pediatrician for some of these records. Your local health department or school may also have records. If you cannot provide copies of the records you have two options. 1) go to your doctor and request that they draw a titer for the missing immunization records or 2) repeat the missing immunizations. TB tests or CXR over a year old will not be accepted. If your tetanus shot is over 10 years old you must get a booster before being admitted to the class. If your tetanus or TB/CXR expire during class it is recommended that you get them updated prior to class starting. You will not be allowed in clinical areas if your immunizations and TB/CXR are not current.

Questions about completing this packet may be directed to Jim Davis or Michael Crabtree at 309-827-4348 or by Email (Jim) jdavis@mcleancountyems.org (Michael) mcrabtree@mcleancountyems.org



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Initial Education Payment Agreement – Non-System Member

This Agreement (and any other terms and conditions referenced herein) constitutes the entire agreement between you _____ and the McLean County Area EMS System (MCAEMS). The Agreement supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written, between the student and any staff member of the MCAEMS with respect to this Agreement. A printed version of this Agreement and of any notice given in electronic form shall be admissible in judicial or administrative proceedings based upon or relating to this Agreement to the same extent and subject to the same conditions as other business documents and records originally generated and maintained in printed form.

I _____ acknowledge that MCAEMS has negotiated a payment plan of \$1,000.00 (non-refundable) due February 22, 2012, and five equal payments of \$488.00 for non-system members per month beginning April 1, 2012 and ending with the last and final payment August 1, 2012 for the EMT-B to EMT-I Course. The entire cost of the course is \$3,440.00. MCAEMS Life Support classes, PEPP and ITLS are **NOT** included in this price.

_____ I authorize MCAEMS to charge my credit card \$488.00 each month.

_____ I agree that my credit card will be charged by MCAEMS for the remaining total of the class price if payment is not paid as scheduled or class is not completed and that refunds will be reviewed on a case by case basis.

_____ I acknowledge that MCAEMS has a zero tolerance policy for late or missed payments. If payment is denied by my financial institution for any reason, I understand that I will be removed from the class and will not be allowed to attend class until the late or missed payment is paid in full. I further acknowledge that all classes missed due to a late or missed payment will be recorded as an unexcused absence and will count toward the maximum allowed two unexcused absences.

Card type _____ Card # _____ Exp. Date _____

(Student signature)

(Date)

UNIFORM CONVICTION INFORMATION ACT NAME INQUIRY

(Please see the reverse side for instructions on completing this form.)

(All fields marked in **BOLD** are mandatory.)



Transaction Control Number



FRM1130L60471712

Document Control Number

L60471712

Submitting Agency ORI - NCIC (If applicable)

IL

Cost Center
(Office Use Only)

Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

The code values used in the Illinois State Police name search much include valid National Crime Information Center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for Unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Drivers License Number

DL State

Requester's Name

Terry Pasquale

Agency/Company Name

OSF St. Joseph Medical Center

Return Address

Street Address: 2200 E Washington St.

City: Bloomington State: IL Zip Code: 61701

Foreign State/Country

Foreign Postal Code

Licensing or Employment Purpose

(Yes)

(No)

Fee Amount

Signature: _____

Date: ____ / ____ / ____

Please type or print all information.