



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

2015 Paramedic Program Application Packet

Dear Applicant,

Thank you for your interest in the 2015 McLean County Area EMS (MCAEMS) System Paramedic Program. This program meets and exceeds the requirements of the US DOT National EMS Standards (2009), the NHTSA National EMS Scope of Practice Model (2007) and national education standards for EMS instruction. Further, this program is nationally accredited by CAAHEP. After successful completion of this program, you will be eligible and prepared to challenge the State of Illinois or National Registry of EMTs Paramedic licensure exam.

The program will run from **June 2, 2015 to September 13, 2016** and will meet at MCAEMS System offices every Tuesday from 8:00am-4:30pm. In addition to the 472.5 didactic hours, students will complete a minimum total of 674 clinical hours in various areas of local hospitals and with EMS agencies. Tuition for the course is \$5,000.00 for system members and \$5800.00 for non system member which includes lab fees, technology fees, one class uniform shirt, and one set of scrubs. Tuition is discounted if paid in full up front. Students also have the option of paying by semester. Students are responsible for any additional fees which may include: uniforms, vaccinations, insurance, licensing exams, life support materials/classes. Students must have internet access for the completion of on-line homework and reading assignments. It is strongly recommended, but not required, that students have access to a laptop for some in class work.

All application materials are required for admission into the program and **must be submitted to the MCAEMS System office no later than noon on Friday, May 16, 2015**. Enrollment will be limited to 12 students. Slots will be filled in the order that **completed** application packets are received. Applicants are encouraged to complete the application requirements as soon as possible. A check list can be found on the last page of the application packet.

The Paramedic program is a **fast-paced** and **demanding** academic challenge. Success is largely determined not only by your will, but by your time management skills. Students will need to study outside of the classroom (at least 1 hour of study time per each hour of lecture). We expect our students to commit themselves to success by studying, participating in class discussions, approaching faculty or staff members concerning extra help or problems encountered in the program, and being prepared for class on a daily basis. In return, you can expect our faculty to listen to your needs as a learner, develop quality educational programs, provide study tips, deliver quality classroom presentations, and assist you in becoming successful in your course.

Please contact me if you have any questions and thank you again for your interest in becoming a Paramedic.

Kris Newcomb RN, BSN, LI
MCAEMS System Education Coordinator
309-827-4348
knewcomb@mcleancountyems.org



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2015 Paramedic Student Application

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Cell Phone _____ Text (Y/N) _____ Work Phone _____
(if available) circle one (if available)

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
Do you have a diagnosed and documented learning disability?	Yes*	No

*If Yes, attach supporting documents

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 2015 EMT-Basic to Paramedic Program 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 student 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 1 unexcused absence is allowed. Any student who accumulates 2 unexcused 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 extreme 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. .

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 one unexcused absence.

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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Initial Education Payment Agreement – **Non-System Member**

This Agreement (and any other terms and conditions referenced herein) constitutes the entire agreement between _____ 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.

Total amount due for Non-System Members: \$5,800.00
If you pay in full by May 16, 2015, the total amount due is \$5,400.00

Method of Payment

- _____ I will be paying \$5,400.00 in full by May 16, 2015 via certified check or money order
- _____ I will be paying \$5,400.00 in full by May 16, 2015 via credit card*
- _____ I will be paying \$1,450.00 each semester via certified check or money order
- _____ I will be paying \$1,450.00 each semester via credit card*

*If paying via credit card, please complete the following accordingly:

- _____ I authorize MCAEMS to charge my credit card \$5,400.00 on May 16, 2015.
- _____ I authorize MCAEMS to charge my credit card \$1,450.00 on June 2, 2015, September 22, 2015, February 2, 2016 and May 24, 2016.

Card type: _____ Cardholder Name _____
 Card number: _____ Security Code _____
 Expiration Date _____ Telephone number: (____) _____
 Billing address: _____ City: _____ State: _____ Zip: _____

Refunds

- If a student withdraws from the program prior to the start date of the first semester, they will receive a 100% refund.
- If a student withdraws from the program before the second class session, they will receive a 50% refund on that semester's tuition.
- If a student withdraws from the program after the second class session, they will not receive a refund on that semester's tuition.



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- If a student has paid in full by May 16, 2015 and withdraws from the program, a refund will be subject to review and approval on a case by case basis. If approved, a prorated refund amount may be calculated.

_____ I acknowledge that tuition does NOT include Life Support classes (ACLS, PEPP/PALS, and ITLS/PHTLS), state/national exam fees, text books, any prerequisites or licensure fees.

_____ I acknowledge that MCAEMS has a zero tolerance policy for late or missed payments. I understand that I will be removed from the class and will not be allowed to attend 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 of one allowed unexcused absence as outlined in the Program's Attendance Policy.

(Student signature)

(Date)

Office use only

Payment amount received: _____

Method of payment: _____

Date received: _____

Employee name: _____



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Initial Education Payment Agreement – **System Member**

This Agreement (and any other terms and conditions referenced herein) constitutes the entire agreement between _____ 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.

Total amount due for System Members: \$5000.00
If you pay in full by May 16, 2015, the total amount due is \$4600.00

Method of Payment

- _____ I will be paying \$4,600.00 in full by May 16, 2015 via certified check or money order
- _____ I will be paying \$4,600.00 in full by May 16, 2015 via credit card*
- _____ I will be paying \$1,250.00 each semester via certified check or money order
- _____ I will be paying \$1,250.00 each semester via credit card*

*If paying via credit card, please complete the following accordingly:

- _____ I authorize MCAEMS to charge my credit card \$4,600.00 on May 16, 2015
- _____ I authorize MCAEMS to charge my credit card \$1,250.00 on June 2, 2015, September 22, 2015, February 2, 2016 and May 24, 2016

Card type: _____ Cardholder Name _____
 Card number: _____ Security Code _____
 Expiration Date _____ Telephone number (_____) _____
 Billing address: _____ City: _____ State: _____ Zip: _____

Refunds

- If a student withdraws from the program prior to the start date of the first semester, they will receive a 100% refund.
- If a student withdraws from the program before the second class session, they will receive a 50% refund on that semester's tuition.



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- If a student withdraws from the program after the second class session, they will not receive a refund on that semester's tuition.
- If a student has paid in full by May 16, 2016 and withdraws from the program, a refund will be subject to review and approval on a case by case basis. If approved, a prorated refund amount may be calculated.

_____ I acknowledge that tuition does NOT include Life Support classes (ACLS, PEPP/PALS, and ITLS/PHTLS), state/national exam fees, text books, any prerequisites or licensure fees.

_____ I acknowledge that MCAEMS has a zero tolerance policy for late or missed payments. I understand that I will be removed from the class and will not be allowed to attend 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 of one allowed unexcused absence as outlined in the Program's Attendance Policy.

(Student signature)

(Date)

Office use only
 System Agency _____
 Payment amount received: _____
 Method of payment: _____
 Date received: _____
 Employee name: _____



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Application Packet Check list

The following items must be submitted with your application in order to be admitted into the program. Incomplete packets will not be accepted. If your packet is not complete by the registration deadline you will not be enrolled into the program.

- State Drivers License or photo ID
- High School Diploma or GED
- Current CPR card *(must be either Healthcare Provider CPR from the American Heart Association or Professional Rescuer from the Red Cross)
- Current Illinois EMT-Basic license
- Signed and completed background check form
- MMR/or proof of immunity (2 shots usually administered as childhood vaccine)
- Negative TB (1-step) or Chest X-ray (CXR) < 1 yr old
- Hepatitis B series/ or proof of immunity (3 shot series usually given as childhood vaccines)
- Current T-dap or Td vaccine < 10 yrs old
- Influenza vaccine must be obtained and provided once per calendar year (October-March).
- Professional & General Student Liability Insurance
- First semester paid in full or Entire program paid in full
- Payment Agreement (System Member or Non-system member form)

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 Kris Newcomb at 309-827-4348 or by Email) knewcomb@mcleancountyems.org