EMS Education Emergency Medical Technician Program June-July 2019



COURSE INFORMATION

The Franciscan Health Indianapolis EMS Education Emergency Medical Technician course meets all requirements of the State of Indiana, Department of Homeland Security for EMT applicants. The course consists of:

- Class and Lab practice hours
- Ambulance ride time
- **Emergency Department clinical hours**

Upon successful completion of the course, the student will be eligible to sit for the National Registry written cognitive examination. The cost of that exam is \$80.00 and is the students' responsibility. Students must also complete a Psychomotor Skills Examination for state certification; it is our usual practice to conduct that examination for free for our graduates.

The course will be held on Monday, Wednesday, and Friday 8:00am to 4:00pm. There are a few class sessions that will be held on Saturdays. The course is approximately 8 weeks. All classes will be held at our Education Center at 421 N. Emerson, Greenwood, IN 46143 (just 1.9 miles south of the hospital's Indianapolis campus). The first day of class will be Thursday June 3, 2019.

PRE-COURSE REQUIREMENTS

- Proof of High School graduation. High School Transcript, or GED.
- 18 years of age.
- Copy of valid Driver's license, or Government Issued Identification card.
- Complete background screening via www.VerifvStudents.com
 - The promotional code used is **FRAN8B92**
- Should provide proof of some or all the following immunizations:
 - Hepatitis B
 - o Measles, Mumps, Rubella
 - Tetanus/Diphtheria/ Pertussis (Tdap)
 - Chickenpox
 - Tuberculosis (TB)
 - Influenza (flu)

APPLICATION PROCESS

Only completed applications will be considered; once a completed application has been received the applicant will be notified by email their acceptance status. Incomplete applications will be held until missing items have been received.

The first 15 applicants who submit a completed application with payment will have a spot in the course. All additional applicants will be placed on a waitlist. If an accepted applicant withdraws for any reason before day one of class, the first waitlisted applicant will be offered their place in the program. Waitlisted applicant will have one week to accept or decline their offer.

TUITION

Tuition for this program is \$1,000.00; this includes textbook, uniform shirt, safety glasses, and your Healthcare Provider-level CPR course (this is mandatory).

Upon receipt of a completed application and at least half of the tuition, a spot in the course will be reserved for the applicant. The remaining tuition must be paid at least two weeks prior to the first day EMS Education
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of class in order to confirm the applicant's seat in the course. Invoices will be emailed or given in person when a payment is made. Should a student withdraw after accepting an offer to the program but before the first day of class, half of the tuition paid will be refunded. No other refunds will be made.

We accept the following:

- Cash- in person (exact amount)
- Check or money order- mail or in person
- Credit/ Debit Card- in person or over the phone

CLASS REQUIREMENTS

By the second day of class, students are required to have the following materials for class.

- Stethoscope
- Khaki, black, navy pants No jeans
- Uniform style belt
- Leather shoes or boots with little to no heel
- Watch with a second hand
- Paper, pencil, and black ink pen

Check list:

| Completed application |
|--------------------------------------------------------|
| Copy of Government ID or Driver's License |
| Copy of HS diploma, HS Transcripts, or GED Certificate |
| Complete background check |
| Proof of some or all immunizations |

ADDITIONAL INFORMATION

Questions or requests for additional information should be directed to:

Jennifer Zanto, EMT-P, PI EMSEducation@FranciscanAlliance.org (preferred)

Phone: 317-528-5610

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<u>Instructions for completion:</u>

- Complete every area of the application.
- Type or print legibly.
- Enclose all requested documentation listed on Page 1.

APPLICATION

PERSONAL DATA:

| Name (First/Middle/La | st): | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------|-------|
| Birthdate: | Current Age: Driver's | License/ ID # | |
| Street Address: | | City: | |
| State: | Zip Code: | County: | |
| Primary #: | Email address (rec | quired): | |
| Shirt Size: | _ How did you hear about us? | | |
| EMERGENCY NO | TIFICATION | | |
| Primary Name: | | | |
| Relationship: | | Phone: | |
| Secondary Name: | | | |
| Relationship: | | Phone: | |
| SUBMISSION OF Application and payme | APPLICATION ents may be submitted through | either of the following m | eans: |
| US Mail to: | Franciscan Health Indianapo ATTN: Lynlee Lafary 421 N. Emerson Avenue Greenwood, IN. 46143 | olis: EMS Education | |

Email (Preferred): Lynlee.Lafary@franciscanalliance.org

Phone: 317-528-3534 Fax: 317-528-5028

Hand Deliver: Lynlee Lafary (By appointment only/ Hours: 8am to 4pm Monday- Friday)