

The EMS Education faculty and staff at Franciscan Indianapolis would like to thank you for choosing to apply for our program in pursuit of your goal of becoming a paramedic. We are here to assist if you have any questions throughout the process. What follows is general information, instructions for completing and submitting the application, and instructions for completing the required background check.

Costs

Application fee is \$50. Background check is \$48 (payable directly to the “Verify Students” service).

The cost for the program (precourse and course) is \$5,500.00:

Tuition \$3,900.00

- Classroom Instruction
- Lab Instruction
- Clinical and Field Instruction
- Sub-course Instruction (ACLS, PALS, ITLS)

Educational Tools \$850.00

- Required Textbooks
- Platinum Planner
- EMS Testing
- Online Learning Management System
- Uniform shirts and scrubs

Supplies \$750.00

- Use of Equipment
- Medical Supplies
- ID Badge
- Photocopied class handouts
- Organic and other perishable materials

Ways to pay:

Checks or Money Orders should be made payable to: FHIN EMS Education

Credit and/or debit cards are also accepted

Cash payments should be made in person

When to pay:

- Application fee must accompany the application by the due date of June 11, 2019.
- Background check fee is payable when requesting the service online and also must be completed by June 11th.
- \$250 deposit upon acceptance into precourse is due within 7 days of notice (~Aug. 1st)
- Sept. 9, 2019 \$1125.00 (Remainder of precourse tuition installment)
- Nov. 11, 2019 \$1375.00
- Jan. 23, 2020 \$1375.00
- Mar. 12, 2020 \$1375.00

Discounts:

Discounts are available for persons who:

- successfully completed EMT class at Franciscan Health Indianapolis
- work for Franciscan Health
- work for any of our affiliated provider organizations or our field precepting sites
- are recommended by the EMT program faculty (limit to one recommendation/year) from one of our partnered EMT programs in the area

Only one discount is allowed per student. Documentation of eligibility is required.



Franciscan HEALTH

EMS EDUCATION

Indianapolis

Selection Process

- Review of application
- EMT knowledge exam (will be scheduled for late June)
 - Review of a current EMT textbook is recommended to prepare for this exam
- Formal interview (will be scheduled for early July)

Correspondence regarding scheduling of the exam and interview will be conducted by email.

Notifications regarding acceptance into precourse will be made in July. Within 7 days of notification, a \$250.00 non-refundable deposit is due to secure your position. This deposit will be applied toward the first tuition installment.

Accepted applicants are required to attend “Orientation Night” on Monday, August 26, 2019 at 1830. Friends and family are strongly encouraged to attend, as well, to learn about the program and expectations. Due to space constraints, guests are limited to two per student.

Precourse will begin Monday, September 9, 2019.

Application Instructions

For all pages, ensure all blanks are filled in and your name is in upper right corner for pages 2-5.

Page 1

- Attach a photo of the applicants face (passport style photograph)
- Complete the background check at www.VerifyStudents.com
 - Create a new account
 - Use promotional code **FRAND32D**

Page 2

- Circle shirt size
- Please let us know how you heard about us

Page 3

- This page is used to determine which applicants will need a FERPA information release form.
- Complete as appropriate for your situation

Page 4

- Note that medical records do not need to be submitted with the application

Page 5

- Request a copy of the draft course policy manual, if needed
- Review the list at the bottom of Page 5 to ensure your application is complete

Submitting the Application

Completed applications must be received no later than: June 11, 2019 at 1200 hrs.

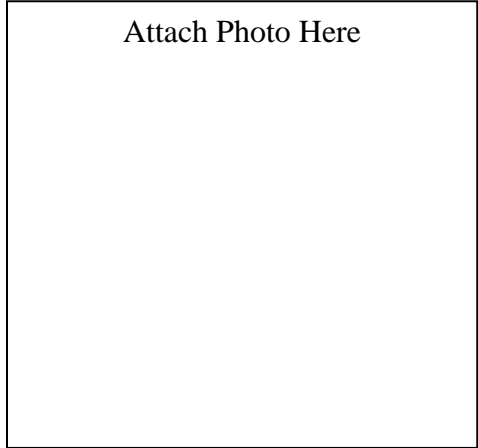
Applications may be submitted by either of these means:

US Mail to: Franciscan Health Indianapolis
EMS Education
421 N Emerson Avenue
Greenwood, IN, 46143
ATTN: Sara Brown

Hand Delivered: Call Lynlee at 317-528-3534 to make an appointment
Monday-Friday from 0800-1600.

Questions Should be Directed to

Sara Brown at Sara.Brown2@FranciscanAlliance.org Phone: 317-528-6429



PAGE 1

Personal Data

Name: _____
Last First Middle

Address: _____
Street City/State Zip

Primary Phone: _____ Social Security Number: _____

Email address (required): _____

Date Verify Students background check was requested by applicant _____
If applicant attended EMT class at Franciscan and completed this check within the last 24 months, then it is not required with this application.

Current Employer: _____
Employer Address: _____
Street City/State Zip
Work Phone: _____ Length of Employment: _____ FT / PT
(If more than one, check here and list separately)

List ALL previous **EMS Employers** (If more than two, check here and list separately)

1) Employer Name: _____

Employer Address: _____
Street City/State Zip

How long? _____ Part-time Full-time Supervising Hospital: _____

Supervisor: _____ Contact Number: _____

2) Employer Name: _____

Employer Address: _____
Street City/State Zip

How long? _____ Part-time Full-time Supervising Hospital: _____

Supervisor: _____ Contact Number: _____

PAGE 2

Emergency Notification

Primary Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Secondary Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Educational Background

High School Graduate _____ or GED _____
Month / Year Month/Year

Post-secondary Education: Some college Associate's Degree Bachelor's Degree

EMT Course: Training Institution: _____

Primary Instructor: _____ Month/Year of Course Completion: _____

IN PSID #: _____ Exp. Date: _____

Nationally Registered: Yes No Number: _____ Exp. Date: _____

Men's T-shirt size (circle one): S M L XL XXL XXXL

How did you hear about this program/application process?

PAGE 3

Financial Assistance Declaration

The Family Education Rights and Privacy Act (FERPA) is a Federal Law designed to protect the privacy of a student's education records. This act protects your personal and educational information from being disclosed to third parties.

If payment is received from any source other than the student, either a FERPA form must be submitted granting the source access to education records or the source must agree in writing they will have no access to the student's education records.

Please select the box which best applies to your situation:

I WILL be receiving financial assistance and my source will agree, in writing, they will not have access to my education records.

Source of financial assistance:

I WILL be receiving financial assistance and I will agree to grant access to my educational records to the financial assistance source.

Source of financial assistance:

All payments will come directly from me.

Applicant's Signature

Date

Printed Name

PAGE 4

Student Health Record

I understand that if accepted into the program, prior to **September 9, 2019** I will be required to provide proof of:

- Negative TB status (not > 6 months old at class start)
- Hepatitis B vaccination
- Measles, Mumps, and Rubella (MMR) vaccination
- Diphtheria, Tetanus, and Pertussis (DTaP) vaccination
- Varicella vaccination (or attestation of having had Chickenpox)

Further I will be required to provide proof of:

- Annual flu vaccination by **November 30, 2019**

The application can be submitted without the above medical records. They are required by the dates indicated above.

Students are strongly encouraged to have a physical examination and consult with their physician regarding their health status and physical readiness to participate in all aspects of the program.

Applicant's Signature

Date

Release of Information Authorization

I authorize any:

- Current or former employers
- Current or former affiliating hospitals
- Current or former training institutions
- Sites of educational experiences
- Personal or professional references (if submitted)

to furnish Franciscan Health Indianapolis EMS Education with information regarding my performance and/or records of my achievements and standings. I release them and Franciscan Health Indianapolis from any and all liability whatsoever.

I understand that a copy of this document may be sent to any institution or individual named in this application and any included documentation.

Applicant's Signature

Date

PAGE 5

Course Policies

(If needed, an electronic copy of the draft course policy manual may be requested by email at EMSEducation@FranciscanAlliance.org)

I have received a draft copy of the course policy manual. I understand this is a draft and the final version will be provided to me no later than the first day of precourse.

Applicant's Signature

Date

Integrity Statement

I certify that the information contained in this entire application is true and complete to the best of my knowledge. I realize that any misrepresentation of facts, whether intentional or unintentional, found at any point may lead to the rejection of this application or immediate dismissal from the program without refund. I understand that final selection is contingent upon satisfactory completion of all portions of the competitive application process.

Applicant's Signature

Date

Printed Name

In addition to the application fee, the following are to be included with the application (in this order):

1. Copy of valid, government-issued photo ID (i.e. driver's license)
2. Proof of High School (or equivalent) graduation
3. Proof of Indiana EMT certification (include a note if still in EMT class or awaiting certification)
4. Copies of other EMS-related certifications or cards
5. Any additional documentation the applicant would like to be considered during the student selection process, examples:
 - a. Letters of recommendation
 - b. Commendations
 - c. Explanation of any negative information on background check

If there are delays in obtaining any of the needed documents, the incomplete application may be submitted. The applicant should include a note explaining the situation.