

## **Franciscan Crown Point EMS Academy 2021 EMT Training Program**

### **Program Overview:**

EMT's are a vital link in the chain of the healthcare team. After completing an EMT course you will have the skills necessary to assess and provide emergency care to the sick & injured. Students will learn how to properly lift, move, position or otherwise handle a patient without causing further discomfort or injury. Patient care is the most vital area of concern for the EMT, but they must also possess good communication & documentation skills as part of the healthcare team.

The EMT course is approximately 200 hours & includes classroom, hospital clinical time & field internship. The course is divided into the following seven (7) modules:

Preparatory  
Airway Management  
Patient Assessment  
Medical Emergencies  
Trauma Emergencies  
Pediatric Emergencies  
Special Operations

Classes meet on Monday & Thursday evenings from 6:00 pm to 10:00 pm with an occasional Saturday class which is scheduled in advance for specialized training such as EVOC (emergency vehicle operations), EMS Response to Terrorism, water rescue and vehicle extrication. Each course is about five months in length.

The cost of the course is \$1000.00 which does not include a \$25 deposit. \$500 is due the first night of class with the remaining balance of \$500 due prior to the beginning of module 4. The course fee covers all books, workbooks, EMT equipment and a class polo shirt for clinical rotations.

If interested in attending our EMT course, please complete and return the following documents to our office. We must receive the application with all required documentation and a non-refundable deposit in the amount of \$25. Applications are accepted on a first come-first serve basis.

## **Applicant Instructions:**

Please read and follow each step in the application process, carefully

- 1] Review the Program Requirements.
- 2] Complete the Enrollment Application, carefully. Please do not leave any questions blank, place N/A in a space, if not applicable. Please type or print in black ink.
- 3] Include all of the following supportive documentation with the application package. Any application, which is incomplete, may be returned to the applicant for completion. Failure to submit a complete application packet or failure to pass the CPR course with an 84 percent or better will result in your inability to attend the course.
  - ☐ Letter indicating your motivation for wanting to pursue a career as an EMT.
  - ☐ Completed background check (form provided)
  - ☐ A photocopy of the following documents:
    - ☐ Driver's License or Birth Certificate
    - ☐ Proof of Immunizations or titer results (Mumps, Measles, Rubella, Hepatitis B)
    - ☐ TB Test results
    - ☐ Flu Vaccination results
    - ☐ 10 Panel Drug Screen results
    - ☐ AHA BLS Professional Provider Card (offered 1 week prior to class, \$35 fee)
    - ☐ Any additional pertinent credentials (i.e., firefighter, NIMS credentials etc.)
- 5] The Completed Application Packet with all documents as above must be returned to the EMS Academy Office no later than 4:30pm on the application deadline. Please indicate on the application which EMT course you are applying for. Late applications will not be accepted. Please include a \$25 nonrefundable application fee in the form of a check or money order only. Cash payments will not be accepted.

**Mail To:** Franciscan Health Crown Point  
EMS Academy  
1201 S. Main Street  
Crown Point, IN 46307  
(219) 757-6334

***The Enrollment Application and all supportive documentation become and remain the property of Franciscan Health Crown Point.***

## Application:

### PERSONAL

Last Name	First	Middle Initial	Date of Birth
Current Address	City	State	Zip Code
Home Phone Number	Permanent Address	City	State
Mobile Phone Number	Zip Code	Email Address:	Driver's License or State ID #

### EDUCATION/SKILLS

School	Name and Address	Course of Study	Last Year Completed				Did you graduate?	Diploma or Degree
High			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

### PROFESSIONAL LICENSES AND/OR CREDENTIALS

Are you currently:		<input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified		Are you Eligible to be::		<input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified	
If licensed, registered, or certified	Type	Date	Valid Through		Number		
	Type	Date	Valid Through		Number		
	Type	Date	Valid Through		Number		
NIMS		<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 700	<input type="checkbox"/> 800
Name of Sponsoring Provider:							

Have you previously been enrolled in a EMT Training Program? ☐ Yes  
☐ No

If yes, Explain

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**WORK EXPERIENCE – For the past three (3) years beginning with the most recent.**

Organization	Dates of Employment
Address	
Position Held	Supervisor
Responsibilities	
Organization	Dates of Employment
Address	
Position Held	Supervisor
Responsibilities	
Organization	Dates of Employment
Address	
Position Held	Supervisor
Responsibilities	

## Emergency Contact

List the names, relationship to you, addresses and phone numbers of the three persons that we may contact on your behalf in case of an emergency.

Name		Relationship	
Address, City	State	Zip Code	Phone
Name		Relationship	
Address, City	State	Zip Code	Phone
Name		Relationship	
Address, City	State	Zip Code	Phone

## SUMMARY

Did you serve in the US Armed Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Branch:
Have you volunteered your time or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where:
Briefly describe duties and skills acquired as above			

Have you ever been convicted of a felony under state or federal law? ☐ YES  
☐ NO

How did you hear of the Franciscan Crown Point EMS Academy EMT Training Program?

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Do you have any questions or concerns that need to be discussed with our Faculty?

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I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an admission decision and I release all such persons from any liability regarding the provision or use of such information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY		
Application Checklist		Application Processing Information
<input type="checkbox"/> Application	<input type="checkbox"/> DL/BC	<input type="checkbox"/> Received
<input type="checkbox"/> Deposit	<input type="checkbox"/> TB Test	<input type="checkbox"/> Reviewed
<input type="checkbox"/> Drug Test	<input type="checkbox"/> MMR	<input type="checkbox"/> Acceptance Letter
<input type="checkbox"/> CPR Cert.	<input type="checkbox"/> Flu	<input type="checkbox"/> Payment Agreement