



DYER/HAMMOND

EMS Academy Course Application

| | | |
|--|---------------|--|
| Full Name | | Date |
| Address | | Apt |
| City | State | Zip |
| Home Phone | | Cell Phone |
| DL# | | D.O.B. |
| Email Address: | | PSID# (if you have one) |
| Emergency Contact Name and Phone Number | | |
| High School | Graduated Y/N | College Degree(s) |
| Other Certifications | | Shirt Size: S-XXXL _____ |
| Emergency Service Affiliation | | Have you ever been convicted of a Felony? Y / N |
| The applicant MUST submit the following for the Application to be complete: <ul style="list-style-type: none"> ○ Proof of Age (DL+Birth Cert or SS card) ○ TB test results ○ Flu Shot ○ 10 panel Drug Test ○ Non-refundable deposit \$200 ○ High School Diploma/GED/transcripts | | <u>\$1200 Course Fee Includes:</u> <ul style="list-style-type: none"> ✓ Textbook & Workbook ✓ Fisdap Assessment Package ✓ Navigate 2.0 Program ✓ Embroidered Polo Shirt ✓ Blood Pressure Cuff & Stethoscope ✓ Clinical Malpractice Insurance ✓ Medical Direction |

| FOR OFFICE USE ONLY | | |
|-----------------------|----------------------------|--------------------------|
| Application Checklist | | Application Status |
| ○ Application | ○ Liability Waiver | ○ Received |
| ○ Deposit | ○ Diploma/GED/Transcripts | ○ Reviewed |
| ○ Drug Test | ○ Immunization/Declination | ○ Acceptance Letter Sent |
| ○ Flu Shot | ○ TB Test | ○ Declined |



Franciscan HEALTH

DYER/HAMMOND

PLEASE READ AND FOLLOW THESE APPLICATION INSTRUCTIONS CAREFULLY!

Thank you for your interest in applying for the Franciscan Health Dyer/Hammond EMS Academy. Follow these instructions closely to fully register for class:

STEP 1 (submitting your application):

Complete the attached application on the previous page. Along with the application form, you must also scan in the following:

- Copy of Driver's License
- Copy of another form of ID (Birth Certificate, Passport, etc.)
- Proof of High school graduation (Diploma, high school or college transcripts or GED)

Once you have these 4 documents together as an electronic file, **email** the entire packet to matthew.eddy@franciscanalliance.org

STEP 2 (Drug Test and TB Test):

Print out the attached copy of the Working Well Medical Treatment Authorization Form and bring it to any Working Well location (see map). This form is required to obtain these services. You will need a valid ID and you will be responsible for the following costs.

- 10-panel drug screen \$25
- TB test \$10

Once the tests are completed, the results will be emailed to the program director for review. We also accept TB tests that have been documented less than 6 months prior to the start of class. If you fit this criteria and you wish to waive the TB test, your results must be emailed with your initial application packet. A flu vaccination is required within a year and before the hospital clinical experience. Because flu shots are only available at certain times of the year, you may not be able to acquire one prior to the start of the class but may have to get one during the class. Working Well offers these vaccinations for \$28 but you are free to obtain these wherever you wish.

STEP 3 (Deposit):

You must make a \$200 nonrefundable deposit to complete your registration. To do so, please make an appointment with the Program Director to meet in the EMS wing of the hospital in Hammond or to take your credit card information over the phone. Cash may also be accepted.

Email matthew.eddy@franciscanalliance.org to make payment arrangements.

Once you have successfully completed all of these steps, and your application has been reviewed and accepted, you will receive an acceptance letter and be added to the official class roster.

It is highly advised to complete your registration as soon as you are able as classes fill up very quickly. Class Maximum is 25 Students. If the class is full at the time that you enroll, you may have the option of enrolling in the following class. Those enrolled in the following class will also be placed on a waiting list for the current class. If anyone from the current class roster withdraws prior to or on the first day of class, those on the waiting list will be contacted and given the option to take their place. We are only adding 10 applicants to the waiting list. After this list is full, we will no longer accept applications or deposits. If both the current roster and the waiting list are full, we will take your name and information and contact you to advise when we begin to accept applications for the following class.

STEP 4 (Obtaining a PSID#):

This step is not necessary to be considered enrolled in the class, but must be done before class begins.

Visit acadisportal.in.gov

If you do not have a PSID#, click on the link "New PSID requests" and follow the instructions. Once you have a PSID# assigned (it may take 3-5 days) you will get an email showing your login credentials for Acadis.

Full payment (less the deposit) is due by the midterm exam. Payments may be made in cash or credit/debit card. Card payments may be made over the phone or in person at:

**EMS Office: 3rd floor
Franciscan Health Hammond Hospital
5454 Hohman Ave
Hammond, IN**

Please make an appointment to make a payment

CPR Certification: The student must have a valid AHA Healthcare Provider CPR card before they can attend their clinical rotations. The instructor may be able to offer a CPR class to accommodate this requirement. Please call for details.

Hepatitis B Vaccination: It is highly recommended to anyone pursuing employment in the healthcare field to be immunized against Hepatitis B. If the applicant has been immunized in the past then he/she must provide a record of such immunization or a Titer Test. If he/she is unable to provide such documentation, then the Hepatitis Declination form must be signed.

If you have any questions regarding the course or the application process please contact:

Matthew Eddy, Program Director/Primary Instructor

219-407-6344

Matthew.eddy@franciscanalliance.org

MEDICAL TREATMENT AUTHORIZATION

Employees presenting for a Drug Screen or Breath Alcohol Test must have a Photo ID

*After Hours Injuries & Post-Accident Drug Screening: Complete the form below and present to Emergency Department.

EMPLOYEE NAME: _____ DATE OF BIRTH: _____

COMPANY NAME: EMS Academy Franciscan Health HM, DY, MN TODAY'S DATE: _____

COMPANY PHONE: (219) 933-2428 RESULTS: SEE INSTRUCTIONS

COMPANY REP AUTHORIZING TREATMENT: _____

SIGNATURE: _____ VERBAL AUTH TIME: _____ INITIALS: _____

ABOVE EMPLOYEE IS SCHEDULED ON: _____ (Date/Time)

Please mark all that apply:

*****STUDENT TO PAY AT TIME OF SERVICE*****

Purpose for Testing:

- Pre-employment
- Random
- Post-accident
- Reasonable Cause
- Follow-up
- Return to Duty
- Other _____

Urine Drug Screens:

- Instant 10 Panel

Pre-Employment Screening:

- PPD/TB Test
- Instant 10 Panel
- Flu Vaccination

Routine Surveillance:

- PPD/TB Test
- Flu Vaccination

LOCATIONS:

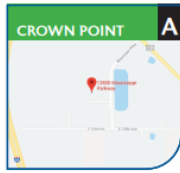
Munster: 219-836-4690/(F) 219-836-3609
Rensselaer: 219-866-0411/(F) 219-866-1920
Portage: 219-764-8439/(F) 219-764-8463
Hobart: 219-945-9530/(F) 219-945-9541

Crown Point: 219-662-5500/(F) 219-662-9684
Valparaiso: 219-464-7073/(F) 219-464-7543
Michigan City: 219-879-5400/(F) 219-879-5900
St. John: 219-627-5077/(F) 219-365-3185

Visit first **WorkingWell** locations during open hours.

Visit after **WorkingWell** closes during open hours.

Visit when all other locations are closed.



CROWN POINT A

Franciscan WORKINGWell

12800 Mississippi Pkwy, Ste A204
Pavilion A, Suite A204
Crown Point, IN 46307
P: (219) 662-5500 F: (219) 662-9684
HOURS MON-FRI 7AM-5PM



HOBART B

Franciscan WORKINGWell

101 W 61st Avenue
Hobart, IN 46342
P: (219) 945-9530 F: (219) 945-9541
HOURS MON-SAT 8AM-6PM



MICHIGAN CITY C

Franciscan WORKINGWell

4111 S Franklin Street
Michigan City, IN 46360
P: (219) 879-5400 F: (219) 879-5900
HOURS MON-FRI 7AM-5PM



MUNSTER D

Franciscan WORKINGWell

7905 Calumet Avenue
Munster, IN 46321
P: (219) 836-4690 F: (219) 836-3609
HOURS MON-FRI 7AM-5PM



PORTAGE E

Franciscan WORKINGWell

3283 Willowcreek Road
Portage, IN 46368
P: (219) 764-8439 F: (219) 764-8463
HOURS MON-SAT 8AM-6PM



RENSSELAER F

Franciscan WORKINGWell

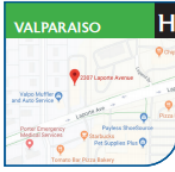
919 E Grace Street
Rensselaer, IN 47978
P: (219) 866-0411 F: (219) 866-1920
HOURS MON-SAT 8AM-6PM



ST JOHN G

Franciscan WORKINGWell

8345 Wicker Avenue
St John, IN 46373
P: (219) 627-5077 F: (219) 365-3185
HOURS MON-SAT 8AM-6PM



VALPARAISO H

Franciscan WORKINGWell

2307 LaPorte Avenue, Suite 8
Valparaiso, IN 46383 (Eastgate Plaza)
P: (219) 464-7073 F: (219) 464-7543
HOURS MON-SAT 8AM-6PM



CROWN POINT I

Franciscan EXPRESSCARE

12800 Mississippi Pkwy, Ste B100
Franciscan Point
Crown Point, IN 46307
P: (219) 662-5700 F: (219) 662-2569
HOURS MON-FRI 8AM-8PM
SAT-SUN 8AM-6PM



MICHIGAN CITY J1

Franciscan EXPRESSCARE

4111 S Franklin Street
Michigan City, IN 46360
P: (219) 873-2919 F: (219) 873-2909
HOURS MON-FRI 8AM-8PM
SAT-SUN 8AM-6PM



MICHIGAN CITY J2

Franciscan EXPRESSCARE

301 W Homer Street
Michigan City, IN 46360
P: (219) 214-4400 F: (219) 879-8564
HOURS MON-FRI 8AM-4:30PM



MUNSTER K

Franciscan EXPRESSCARE

7905 Calumet Avenue
Munster, IN 46321
P: (219) 934-9856 F: (219) 836-3048
HOURS MON-FRI 8AM-6PM
SAT-SUN 8AM-6PM



CHESTERTON L

Franciscan EMERGENCY CENTER
Chesterton

770 Indian Boundary Road
Chesterton, IN 46304
P: (219) 921-2000
24 HOURS 7 DAYS



CROWN POINT M

Franciscan HEALTH
Crown Point

Emergency Room
1201 S Main Street
Crown Point, IN 46307
P: (219) 757-6310
24 HOURS 7 DAYS



DYER N

Franciscan HEALTH
Dyer

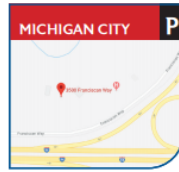
Emergency Room
24 Joliet Street
Dyer, IN 46311
P: (219) 865-2141
24 HOURS 7 DAYS



HAMMOND O

Franciscan HEALTH
Hammond

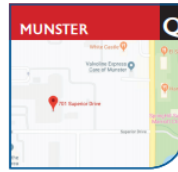
Emergency Room
5454 Hohman Avenue
Hammond, IN 46320
P: (219) 932-2300
24 HOURS 7 DAYS



MICHIGAN CITY P

Franciscan HEALTH
Michigan City

Emergency Room
3500 Franciscan Way
Michigan City, IN 46360
P: (219) 879-8511
24 HOURS 7 DAYS



MUNSTER Q

Franciscan HEALTH
Munster

Emergency Room
701 Superior Drive
Munster, IN 46321
P: (219) 934-9856
24 HOURS 7 DAYS