Fall 2017 Paramedic Program Application Packet

Application deadline: June 15, 2017

Mercyhealth Prehospital and Emergency Services Center – Janesville
580 N. Washington St.
Janesville, WI  53548
(608) 756-6182
www.mercyems.org

Paramedic program
September 2017
Admission and program requirements

The paramedic program at the Mercyhealth Prehospital and Emergency Services Center – Janesville (The Program) is designed for career opportunities with ambulance services, fire departments, hospitals and rescue departments.

The Mercyhealth Prehospital and Emergency Services Center – Janesville paramedic program meets the requirements for education of paramedics as recommended by the U.S. Department of Transportation and required by the State of Wisconsin DHS 110.

The Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for EMS Professionals (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
25400 US Highway 19 North
Suite 158
Clearwater, FL 33763
(727) 210-2350
http://www.caahep.org/

Committee on Accreditation of Educational Programs for EMS Professionals
8301 Lakeview Pkwy., Ste. 111-312
Rowlett, TX 75088
(214) 703-8445
http://www.coaemsp.org/

Students are eligible to sit for the national registry exam for paramedics upon successful completion of the Program.

Application requirements
1. Must be at least 18 years old.
2. Must be a graduate of a standard four-year high school program; general education development (GED) accepted.
   - A photocopy of the high school diploma or general education development certificate must be included with the individual’s application.
3. Must submit copies of all college transcripts.
4. Must hold a valid license as an emergency medical technician -EMT (AEMT if applicable) issued by the State of Wisconsin.
• A photocopy of the certification must be included with the individual's application.
5. One (1) year of documented experience as an EMS Provider (preferred).
6. Must be able to reliably give and receive verbal and written instructions and directions.
7. Must demonstrate mature judgment, good moral character, motivation, and dependability.
8. Must be able to meet the requirements outlined in the Mercyhealth Prehospital and Emergency Services Center – Janesville Paramedic Program Technical Standards document.
9. Must submit three (3) letters of reference. Forms are provided in this packet for this purpose. Close friends and relatives cannot be used for this purpose.
10. Must demonstrate EMT knowledge and skills proficient at a level deemed appropriate by successfully completing entry exams that include written and/or practical sessions.
11. Must submit to a personal interview by the selection committee.
12. Must hold a current BLS Healthcare Provider card issued by the American Heart Association, or American Red Cross equivalent.
13. Must submit a summary letter describing why you are applying to the Program.

Application procedure
1. Complete the Mercyhealth Paramedic Program Application.
2. Complete the Paramedic Application Readiness Checklist found on the page after the application.
3. Request transcripts from technical colleges or universities using the Paramedic Program Transcript Release Form found at the end of this application.
   a. Transcripts must be sent directly from the school(s) to the training center
4. Personal interviews and testing will be scheduled after your complete application package has been received and reviewed by Program staff.

Selection process
➢ Candidate selection is competitive.
➢ Successful completion of all program prerequisites is not a guarantee of program admission.
➢ Applications are reviewed only after all required information has been received by the Program.
➢ All candidates who meet the required prerequisites are scheduled for testing and an interview.
➢ All candidates will selected based on information from their application packet, performance on a written and/or practical testing, and their interview.
➢ Priority placement is considered for to sponsored by employers that are affiliated with the Mercyhealth EMS System.
➢ Once this offer has been made, the candidate is responsible for fulfilling all post-selection requirements in the defined time frame.

**Post-selection requirements**
Completion of the following requirements is mandatory. If not successfully completed, you forfeit your enrollment in the class.

➢ Completion of the Paramedic Student Commitment Contract.
➢ Submit a non-refundable payment of $250.00 to secure your position. This payment will be applied towards the course tuition.
➢ Successfully complete a physical/health assessment conducted by your physician.
➢ Provide documentation:
  o Hepatitis B titer demonstrating immunity
  o Proof of immunization for mumps, rubella, rubeola and chickenpox
  o Proof of current Influenza vaccine and Tetanus status
➢ A Mantoux TB skin test will be administered prior to any clinical portion of the program.
➢ Provide proof of health care insurance coverage that will extend throughout the course.
➢ Complete Wisconsin Department of Health and Family Services Background Information Disclosure background check

*Wisconsin Department of Health and Family Services Background Information Disclosure:* The State of Wisconsin requires that any individual who is registered with, licensed with or certified with the Department of Health Services must pass a caregiver background check. Failure to pass this check results in a loss of the candidate’s/student’s position in the program.

➢ Complete the Paramedic Training Permit Application through Wisconsin E-licensing (student must obtain DHS approval before scheduled clinical/field rotations).
➢ Complete the Mercyhealth Confidentiality and Security Agreement.

Forms to complete these requirements will be sent to the candidate along with an acceptance letter once the student is selected.

_Mercyhealth Prehospital and Emergency Services Center – Janesville reserves the right to change the requirements and program curriculum as deemed necessary by the program director and/or medical director based on Accreditation Standards and/or federal and state rules, regulations and guidelines._
Mercyhealth Prehospital and Emergency Services Center – Janesville
Fall 2017
Paramedic Program Application

Please print
Name (last, first, middle initial)

Permanent address

Home phone (     )  Cell phone (     )

Current Wisconsin EMT certification: □ Yes □ No
EMT/AEMT certification number: _________________  Exp. date: _________________
College or Training Center of EMT/AEMT Training: __________________________
Initial EMT (and AEMT If applicable) certification date(s): _________________
BLS CPR certification exp. date: _________________

Name and address of sponsoring EMS organization (if applicable)

Email

Scholastic background
High school attended:

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Grade point average __________ on a scale of __________ as of date ____________
List courses to be completed before graduation (if applicable) ______________________
## Work experience

List work experiences you have had. Use another sheet, if necessary.

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## References

List the names, titles and addresses of the three persons you have asked to submit a recommendation form on your behalf. Select references that are in a position to comment competently on your probability of success in the program.

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Please attach a summary letter indicating your reasons for applying to the program.
Paramedic Application Readiness Checklist

Candidate name: ____________________________________________________________

All required documentation must be received before acceptance into the program.

Have you completed and submitted official documentation of the following prerequisites?

___  Completed application form
___  Current Wisconsin EMT (AEMT if applicable) license
___  Copy of high school diploma or GED certificate
___  Copies of all college transcripts
___  Current AHA BLS Healthcare Provider certification (or ARC equivalent)
___  Copy of driver’s license or other photo ID
___  Copy of health insurance card showing proof of insurance coverage over the duration of the course
___  Documentation of one year experience as an EMT or AEMT (if applicable)
___  Three letters of reference
___  Summary letter indicating your reasons for applying to the program.
Paramedic Program Letter of Intent

I do hereby certify that:

I am the applicant named and that I am requesting admission into the Mercyhealth Prehospital and Emergency Services Center – Janesville Paramedic Program.

I have read and understand the Program prerequisites and technical standards and do hereby meet those requirements unless exceptions have been identified.

I understand that my application will not be complete until letters of reference and transcripts have been received, and that I have completed any and all necessary entrance examinations and interviews.

I understand that admission into the program does not guarantee paramedic licensure.

I understand that completion of this educational program will not authorize me any right to perform those advanced life support activities in which I will be trained.

I have read all of the above statements and do declare these statements to be true to the best of my knowledge.

I understand that all statements made in this application are accurate and complete, and are subject to verification. Should falsification of this document be demonstrated, I may be denied admission; or, if I have begun training, I will be subject to immediate expulsion without refund of tuition and/or fees paid.

_________________________________________________       _______________________________________
Signature                                           Date
Paramedic Program
Transcript Release Form

Note to candidate:

Sign and send, or give directly, to all Post – Secondary Schools attended (Technical College, Universities, etc.)

Your transcript cannot be sent without signed permission.

Please print.

I, ________________________________ , hereby (Name)

request ________________________________, to (School name)

send an official transcript of my school record to:

Beth Natter, RN, BSN, NREMT
Program Director
Mercyhealth Prehospital and Emergency Services Center – Janesville
580 N. Washington St.
Janesville, WI 53548

__________________________________________
Date of birth

__________________________________________
Date graduated or last attended

__________________________________________
School address

__________________________________________
City, state, ZIP

__________________________________________
Applicant’s signature

__________________________________________
Date
Paramedic Program Reference Letter

To the applicant:
Fill in the information requested below and present this form to the person you have designated as a reference. When the form has been completed by your reference, it must be mailed directly to:

Beth Natter, RN, BSN, NREMT
Program Director
Mercyhealth Prehospital and Emergency Services Center – Janesville
580 N. Washington St.
Janesville, WI 53548
If you have questions, call (608) 756-6182.

You must provide references from the following categories:
- (2 References) Individual familiar with your EMS skills/EMS experience or EMS education
- (1 Reference) Present or past employer.

Name of paramedic applicant (last, first, MI)

Name of reference (last, first) | Home phone (   )
--- | ---
Reference's title/position
Address
City | State | ZIP

To the respondent:
We are particularly interested in your assessment of the applicant's ability to follow orders reliably, maturity of judgment, attitude, motivation and dependability, and his/her potential as a future paramedic. Also, identifying any areas the applicant needs to concentrate for continuing development will be of assistance.

A brief letter explaining your response is requested.

Please check:
___ Highly recommend
___ Recommend
___ Recommend with reservation
___ Not recommend
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Please check:
__ Highly recommend
__ Recommend
__ Recommend with reservation
__ Not recommend
Paramedic Program EMS Service Verification

___________________________________
Date

___________________________________
Applicant’s name

This shall serve as verification that the above named individual has participated in at least one (1) year of active ambulance duty as an EMS Provider.

___________________________________
Signature of chief executive officer

___________________________________
Print name

___________________________________
Ambulance service provider