



Dear Applicant:

Thank you for your interest in the Loyola University Medical Center Emergency Medical Technician-Basic (EMT-B) program. This 200-hour course meets and exceeds the requirements of the National Standard Curriculum for EMT education, and will prepare you for taking the certification examination to obtain your EMT-Basic license.

The Loyola EMS System will conduct its next EMT-Basic program from **Tuesday May 8 thru Tuesday September 4, 2012**. Classes will be held every Tuesday and Thursday evening from 5:30 pm to 9:30 pm and one Saturday a month* from 9:00 am – 4:30 pm in the EMS Department classroom at Loyola University Medical Center. Tuition for the course is \$650.00, which includes all textbooks, lab fees, and a clinical uniform shirt. (Students are responsible for parking and licensing exam fees.) * Saturday dates: May 26, June 23, July 28 and August 18

The following application materials are required for admission into the Loyola University Medical Center EMT-Basic program and **must be submitted to the Loyola EMS System office on or before 12:00 noon on Monday, April 9, 2012**.

- Proof of age – minimum of 18 years of age
- Copy of high school diploma or equivalency
- Completed Application form
- Completed Essay form
- Copy of valid Illinois driver's license
- Copy of current CPR **Healthcare Provider** level card
(For information on CPR classes please call the Loyola training center at 708.216.3965 or the American Heart Association at 312.346.4675.)
- Completed Student Health form
- Copy of personal health insurance card (upon acceptance into program)
- \$35.00 application fee (*cash, credit card, cashier's check or money order made payable to Loyola EMS System – personal checks are not accepted*)

After you have submitted your application to the EMS office, you must schedule an appointment for your Fingerprint-based Criminal Background Check by contacting the EMS Office at **708.327.2547**.

Please feel free to contact me at 708.327.2531 if you have any questions regarding the application process or any of our educational programs.

Sincerely,

Steve Ausmann, EMT-P, CCEMT-P
EMS Lead Instructor
Loyola University Medical Center

SA/db



LOYOLA UNIVERSITY MEDICAL CENTER
EMT-Basic Program



2012 Application

Name

(Last)

(First)

(Middle Initial)

Social Security Number

Residence Address

Home Phone Number

City State Zip

Work Phone Number

E-mail Address

Pager Number

Name of Nearest Relative

Phone Number

Are you at least 18 years of age? Yes No

Date of Birth

EDUCATION

Do you have a high school diploma or
 GED certificate ? Date Received

Name of high school attended
City/State

Name of college attended City/State

Highest grade completed in school

EMPLOYMENT

Employer City/State

Job Title

Duties/Responsibilities

Length of Employment

PERSONAL BACKGROUND

Have you ever been convicted of a Disqualifying Offence as listed in IDPH Administrative Code 955.160 <http://www.idph.state.il.us/>

No Yes

If yes, please explain, giving dates, details and dispositions.

Applicant Authorization and Certification: I authorize the Loyola University Medical Center EMT-Basic Program and its agents to obtain any information relating to the facts provided in the application from schools, employers, criminal justice agencies and other individuals. I certify that the statements herein are true to the best of my knowledge.

Signature

Date



2012
STUDENT HEALTH FORM

Last name		First name		Social Security Number	
Home address		City		State	Zip
Home phone		Date of Birth		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
In case of emergency notify (name)				Relationship	
Address				Home phone	Work phone
Health insurance carrier (attach copy of insurance card)				Phone	Group plan #
Personal physician		Address			Phone

HOSPITALIZATIONS: Reason and Date		SOCIAL HISTORY			
1)			Yes	No	
2)		Tobacco Use			
3)		Alcohol Use			
		History of treatment if yes			
		Drug Use			
		History of treatment if yes			

PERSONAL HISTORY: Please comment on all yes answers in the space below or on an additional sheet									
Have you had?	No	Yes	No	Yes	No	Yes	No		
Yes									
Allergies, seasonal		Depression		Headache, recurrent		Sinusitis			
Anemia		Diabetes		Heart Condition/Murmur		Stomach Disorder			
Anxiety/Panic attacks		Dizziness/Fainting		Hepatitis		Strep Throat, recurrent			
Asthma, chronic		Ear, nose, throat, Disorder		High Blood Pressure		Surgery			
Asthma, exercise induced		Eating Disorder		HIV/AIDS		Appendectomy			
Back Problem		Epilepsy		Kidney Infection/Stone		Tonsillectomy			
Bronchitis, recurrent		Eye Problem		Menstrual Problems		Other			
Cancer/Tumor/Cyst		Fracture/Sprain		Mononucleosis		Thyroid Disorder			
Chicken Pox		Gallbladder Disease		Pneumonia		Tuberculosis			
Counseling		Head Injury		Rheumatic Fever		Weight Gain/Loss, recent			

List medications (any used on a regular basis):	COMMENTS
List allergies to drugs, foods, pollen, molds, other:	
List any illness or injury other than already noted:	
List any physical limitations or restrictions:	
SIGNATURE	DATE