



Dear Applicant:

Thank you for your interest in the Loyola University Medical Center Emergency Medical Services Emergency Medical Technician (EMT) Program. This 196-hour course meets and exceeds the requirements of the US DOT National EMS Education Standards (2009) and NHTSA National EMS Scope of Practice Model (2007) for EMS instruction. Upon successful completion of the course of studies, Loyola EMT candidates are eligible to challenge either the National Registry examination for EMTs or the Illinois Department of Public Health examination to gain their licensure as an EMT-Basic by the State of Illinois.

Loyola EMS will conduct its next EMT Program from **Tuesday, July 11 through Monday, November 20, 2017**. Classes will be held every Tuesday and Thursday evening from 5:30 pm to 9:30 pm and on two Saturdays\* from 10:00 am to 2:00 pm in the EMS classroom at Loyola University Medical Center. Tuition for the course is \$1,000.00, which includes all textbooks, lab fees, and a clinical uniform shirt. (Students are responsible for parking and licensing exam fees.)

\* **Saturday dates: August 12 and September 30, 2017.**

The following application materials are required for admission into the LUMC EMS EMT Program and **must be submitted to the Loyola EMS office on or before 12:00 noon on Friday, June 9, 2017. Background checks and drug screens will be scheduled for the following 2 weeks.** Frequently the class is filled prior to the deadline. It is recommended that you submit your application as soon as possible.

- Proof of age – minimum of 18 years of age
- Copy of high school diploma or equivalency
- Completed Application form
- Completed Essay form
- Copy of current CPR **Healthcare Provider** level card  
(For information on CPR classes please call the Loyola training center at 708.216.3965)
- Criminal background check (upon qualifying for class)
- Drug screen (upon qualifying for class)
- Copy of personal health insurance card (upon acceptance into program)
- \$200.00 non-refundable application fee (*cash, credit card, cashier's check or money order made payable to **Loyola EMS System** – personal checks are not accepted*)

Please feel free to contact me at 708.327.2531 or [sausmann@lumc.edu](mailto:sausmann@lumc.edu) if you have any questions regarding the application process or any of our educational programs.

Sincerely,

Steve Ausmann  
EMT Course Coordinator  
Loyola University Medical Center

SA/yc



LOYOLA UNIVERSITY MEDICAL CENTER  
EMT Program  
2017 Application



Name

(Last)

(First)

(Middle Initial)

Social Security Number

Residence Address

Primary Phone Number

City

State

Zip

Alternate Phone Number

E-mail Address

Are you at least 18 years of age?

Yes

No

Date of Birth

Emergency Contact Person Name

Emergency Contact Phone Number

### 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 Offense as listed in IDPH Administrative Code 955.160\*?

\*Accessed at <http://www.idph.state.il.us/nar/disconvictions.htm>

No  Yes

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

**Applicant Authorization and Certification:** I authorize the Loyola University Medical Center EMT 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

