



2018 PARAMEDIC PROGRAM APPLICATION INSTRUCTIONS

REQUIRED DOCUMENTATION

Applicants must submit ALL of the following documentation in order to be considered for acceptance into the Paramedic Program. **Applications must be submitted by 12:00 noon on Monday July 10, 2017.**

- Completed *Application* form**
- Copy of high school diploma or equivalency**
- Copy of college transcripts (if attended)**
- Copy of Illinois driver's license**
- Copy of current Illinois EMT-Basic license**
- Copy of current *American Heart Association Healthcare Provider CPR/BLS* or *American Red Cross CPR for the Healthcare Provider* course completion card**
- Letter from employer/supervisor verifying your experience as an EMT-B (Recommended six months minimum)**
- One or two Letter(s) of recommendation outlining your strengths**
- \$50.00 application fee (*Personal checks are not accepted*)**

PRE-ADMISSION TESTING

Pre-Admission Testing consists of three sections – a standardized reading comprehension exam, a mathematics exam, and an EMT-Basic exam. Applicants who meet or exceed the minimum scores on all three exams and have submitted a complete application packet will be invited to interview with the program coordinator and/or the lead instructor.

TESTING DATES

Applicants must register for **one** of the following testing sessions. **Please call the Loyola EMS office 708-327-2547 to schedule.**

Monday, July 31, 2017	9:00 am
Tuesday, Aug 1, 2017	9:00 am
Wednesday, Aug 2, 2017	9:00 am



2018 PARAMEDIC PROGRAM APPLICATION

Last Name	First	Middle Initial	Social Security Number
Residence Address			Home Phone Number
City	State	Zip	Cell Phone Number
Email Address			Pager Number

Name of Nearest Relative	Phone Number
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EMT COURSE INFORMATION	
Name of EMT School	Completion Date
Name of Primary Instructor	Phone Number
Illinois State EMT ID Number	Expiration Date
National Registry ID Number	Expiration Date

EDUCATION HISTORY				
Do you have a: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED certificate?				Date Received
Name of High School Attended				City/State
College, University or Graduate School <i>(if more space is needed, provide an attachment)</i>				
Name and Location of School	Dates Attended	Total Credit Hours Semester/Quarter	Major/Minor or Subject Area	Degree Received and Year
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			

EMT-BASIC EXPERIENCE			
<input type="checkbox"/> Paid	number of ____ years / ____ months	<input type="checkbox"/> Volunteer	number of ____ years / ____ months
Department/Company Name		Department/Company Name	
<input type="checkbox"/> 911 (primary response service)		<input type="checkbox"/> Private (2 ^o response service)	
Approximate hours per week _____		Approximate hours per week _____	

EMPLOYMENT HISTORY			
Current Job Title	Name of Supervisor		Supervisor's Phone Number
Company Name/City State of Employer	Employment Dates From:	To:	Reason for Leaving
Duties/Responsibilities			
May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Job Title	Name of Supervisor		Supervisor's Phone Number
Company Name/City State of Employer	Employment Dates From	To:	Reason for Leaving:
Duties/Responsibilities			

Job Title	Name of Supervisor		Supervisor's Phone Number
Company Name/City State of Employer	Employment Dates From	To:	Reason for Leaving:
Duties/Responsibilities			

(May attach resume if more space is needed)



APPLICANT AUTHORIZATION AND CERTIFICATION
<p>I authorize the Loyola University Medical Center Paramedic Program and its agents to obtain any information relating to the facts provided in this application from schools, employers, criminal justice agencies or other individuals. This information may include but is not necessarily limited to, academic, performance, attendance, achievement, personal history, disciplinary action, arrest and conviction records.</p> <p>I release any employer, including individuals such as record custodians, from any and all liabilities that may result from the release of information to the Loyola University Medical Center Paramedic Program.</p> <p>I certify that the statements provided herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading, false or incorrect information given in this application may result in the rejection of my application. Such information may also render an acceptance void and/or can be cause for dismissal upon discovery.</p> <p>I agree to submit to such tests as the Loyola University Medical Center Paramedic Program may require.</p>
<p>Signature _____ Date _____</p>