



2010

EMT-PARAMEDIC PROGRAM APPLICATION INSTRUCTIONS

REQUIRED DOCUMENTATION

Applicants must submit ALL of the following documentation in order to be considered for acceptance into the EMT-Paramedic Program. **Applications must be submitted by 4:00 p.m. Wednesday July 29, 2009.**

- 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)
- Letter of recommendation outlining your strengths
- Completed Student Health Form
- Completed Immunization Verification Form with lab results attached
- \$50.00 application fee (*cashier's check or money order payable to Loyola EMS*)

PRE-ADMISSION TESTING

Pre-Admission Testing consists of three sections – reading, math and EMT-Basic. Applicants must score at the 12th grade level or higher on the Nelson-Denny Reading Comprehension and Basic Math exams, and at least an 80% on the EMT-Basic exam.

TESTING DATES

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

Friday, August 7, 2009	9:00 am	(gold shift)
Monday, August 17, 2009	9:00 am	(black shift)
Thursday, August 27, 2009	9:00 am	(red shift)



2010 EMT-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

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 ____ months / ____ years Department/Company Name	<input type="checkbox"/> Volunteer number of ____ months / ____ years Department/Company Name
<input type="checkbox"/> 911 (primary response service) Approximate hours per week _____	<input type="checkbox"/> Private (2 nd response service) 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>I authorize</i> the Loyola University Medical Center Program EMT-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>I release</i> 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 EMT-Paramedic Program.</p> <p><i>I certify</i> 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>I agree</i> to submit to such tests as the Loyola University Medical Center EMT-Paramedic Program may require.</p>
<p>Signature _____ Date _____</p>