



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, August 17th 2021 through Tuesday, December 21st 2021**. Classes will be held every Tuesday and Thursday evening from 5:00 pm to 9:00 pm and on two Saturdays* from 9:00 am to 2:00 pm in the EMS classroom at Loyola University Medical Center. Tuition for the course is \$1,000 plus a \$300 non-refundable deposit. This includes all textbooks, lab fees, and a clinical uniform shirt. (Students are responsible for parking and licensing exam fees.)

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, July 23rd**. Frequently the class is filled prior to the deadline. It is recommended that you submit your application as soon as possible.

Classes will be held in-person at the Maywood Medical Center. Virtual, on-line options are available should adjustments need to be made due to the ongoing COVID-19 pandemic.

- Proof of age – minimum of 18 years of age
- Copy of high school diploma or equivalency
- Completed Application form
- Completed Essay form
- Copy of a current American Heart Association ***BLS Healthcare Provider*** CPR card
- Criminal background check (**students are responsible for background check, will have an additional cost of \$55.00. Information will be given by Program Coordinator upon acceptance to the program**)
- Drug screen (**students are responsible for the drug screen, will have an additional cost of \$37.00. Information will be given by Program Coordinator upon acceptance to the program**)
- Immunization Form (**Completion of Immunizations is Mandatory**)
- Copy of personal health insurance card (upon acceptance into program)
- \$300.00 non-refundable deposit (*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 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



LOYOLA UNIVERSITY MEDICAL CENTER
EMT Program
2021 Application



Name <small>(Last) (First) (Middle Initial)</small>			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 <input type="checkbox"/> high school diploma or <input type="checkbox"/> 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

