



Dear Applicant:

Thank you for your interest in the Loyola University Medical Center Emergency Medical Services Emergency Medical Technician (EMT) HYBRID Program. This 237-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 the National Registry examination to gain their licensure as an EMT-Basic by the State of Illinois.

Loyola EMS will conduct its next HYBRID EMT Program from **June 1st, 2021 to August 30th, 2021**. The course will be conducted via online, pre-recorded lecture and seven live, in person sessions. Broken into 5 modules, students will complete each module before moving on to the next, concluding with an in person 8 hour skills session.

Upon successful completion of all 5 modules with an average no less than 80%, the student must then complete an in person written cognitive and psychomotor examination. Once all classroom requirements are met, the student will then be given opportunities to complete 36 hours of clinical experience in an emergency room and local fire department.

Tuition for the course is \$1,300.00, which 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 May 29th, 2021**. Frequently the class is filled prior to the deadline. It is recommended that you submit your application as soon as possible.

Please submit the following requirements either in person or via email to sausmann@lumc.edu.

- Proof of age – minimum of 18 years of age
- Copy of high school diploma or equivalency
- Completed Application 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 cost of \$37. Information will be given by the program director 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 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 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
2020 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

