



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, January 15 through Thursday, May 24, 2019**. Classes will be held every Tuesday and Thursday evening from 5:00 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.)

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, January 4, 2019. 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
(We can provide the CPR Healthcare Provider course for an additional \$45.00, registration is required)
- 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
- Immunization Form (**Completion of Immunizations is Mandatory**)
- 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 708.327.2547 or sausmann@lumc.edu if you have any questions regarding the application process or any of our educational programs.

Sincerely,

Lt. Steve Ausmann
EMT Course Coordinator
Loyola University Medical Center



LOYOLA UNIVERSITY MEDICAL CENTER
EMT Program
2019 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

