

Summer/Fall 2024 EMT Basic Program

The St. Mary Medical Center EMS Training Academy is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession. Additionally, our programs have been verified and approved for training by the Indiana State Approving for veterans and other eligible VA beneficiaries. The Cost of the course is 1250.00

Our program is structured in an intense, accelerated format to accommodate need of the driven students with the goal of completing an EMT Basic training in approximately 6 months. The current winter schedule is as follows:

Monday May 13th, 2024 , Applications will be available by request. Please email emtclassatmmc@gmail.com to request an application packet or you may obtain an EMT packet online at:

<https://www.comhs.org/careers/professional-development/ems-training-academy/our-courses/emt-course-information>

- Packet Turn In **Application packet deadline for submission is July 1st, 2024 by 3:00 PM.**

You may turn in applications in person at the EMS Office Monday through Friday from 9AM to 3PM or you may email your application back in a single PDF Document to the above listed email address. You will still be responsible to confirm receipt of the email and the course deposit.

- | | |
|-----------------------------------|----------------------------------------------------|
| ▪ July 1st | Applications are due |
| ▪ July 9th | Required course deposit (\$600) due |
| ▪ TBA | Required BLS CPR Course (if not already certified) |
| ▪ July 9th | First day of class |
| ▪ July 16 th | Final Course Payment due(\$650.00) |
| ▪ January 9, 2025 | Course Final Exam-Tentative |
| ▪ 3 rd Week in January | Indiana psychomotor (skills) exam -Tentative |

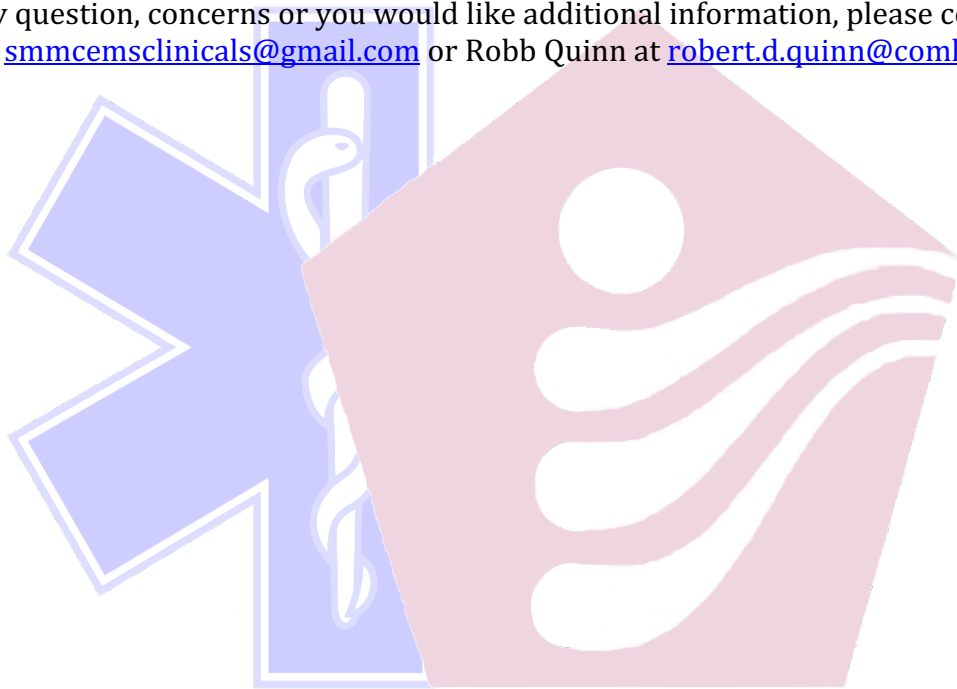
EMT Basic Students attend 8-12 hours a week in the classroom setting. Classes are held twice a week from 5:00 p.m.-9:00 p.m. on Wednesdays and Fridays ; however these are tentative. There are a chance that there MAYBE some Saturday or Sunday classes as opportunities may arise that require the class to meet on the weekend; however, every attempt is made NOT to have class on those days. If a weekend class is required of the course, the student will be given advanced notice of this requirement. During the program, the student will complete the following hour requirements. These are the **MINIUMUM hour** requirements to qualify for successful course completion. There are certain situations that develop in the course that require some students to complete additional hours for successful completion of the course.

- Didactic (classroom) : 160 Hours
- Clinical (hospital): 16 Hours
- Clinical(Field) : 24 Hours

Clinicals will be performed at St. Mary Medical Center, Hobart Fire Department, South Haven Fire Department, Superior Air Ground Ambulance of Indiana, Portage Fire Department, La Porte County EMS, Lakes of Four Season Fire Force and Valparaiso Fire Department. Students must successfully complete and pass the cognitive (knowledge), psychomotor (skills), and affective (behavior) portions of both didactic (classroom) and clinical (internships) portions of our program to be eligible for graduation and successful course completion.

Community Healthcare System

If there are any question, concerns or you would like additional information, please contact Joe Lavendusky at smmcemsclinicals@gmail.com or Robb Quinn at robert.d.quinn@comhs.org .



**St. Mary Medical Center
Hobart, Indiana**

EMS TRAINING ACADEMY

EMT Course Application Instructions Summer 2024

1. Those interested in applying to the St. Mary Medical Center Paramedic Program must meet the following requirements:

- Applicant must possess a high school diploma or equivalent (copy required)
- Applicant must be a minimum of 18 years of age
- Applicant agrees to complete all Health Services requirements
- Applicant must provide copy of valid driver's license

2. Complete EMT Program Application, including:

Due before July 1, 2024 at 3:00 PM

- Copy of high school diploma or equivalent
- Copy of driver's license (**front & back**)
- Copy of immunization or titers for Hepatitis B, measles, mumps, rubella & COVID 19 Vaccination (if applicable)
- Copy of 2 step TB test within past 90 days (Two steps means two separate tests)
- Copy of general health systems review performed by a physician within past 90 days
- Federal background check completed by Universal Background (Must be applied for within a week of your application being turned in)
- Copy of negative five-panel drug screen within past 90 day
- A letter of your intent to enroll in the St. Mary Medical Center EMT Program addressing why you wish to attend our program, and your qualifications that will contribute towards your success in our program.

5. Upon application into the EMT program, a non-refundable payment of \$600 is due. Should you not be able to pay this deposit, you will forfeit your class seat, and the seat will be offered to the next eligible candidate. The remaining \$650 is due on or before the end of the second week of class. Failure to pay or make payment arrangements will result in removal from class.

*Should you have any questions, please do not hesitate to contact Robb Quinn at 219-947-6874 or robert.d.quinn@comhs.org *



1500 South Lake Park Avenue, Hobart, IN 46342

EMS Training Academy

Office: (219) 947-6874 or (219) 947-6347

Fax: (219)947-6119

Today's Date: _____

Course Start Date: _____

EMT Program Application

Name:			Phone:		
Address:			Email:		
City:	State:	Zip:			
DOB:		SSN:		DL # & State:	
Age at end of course:					

Current Employer:		Supervisor:	
Address:		Phone number:	
City:		Schedule/Hrs per wk:	
Brief job description:			
Previous EMS experience? () () No		Previous fire experience? () Yes () No	
If yes, when and where?		PSID # :	
Service type: () Private () Municipal () Volunteer () Combination			
Reason for leaving:			

Education	Name of Institution	Dates attended	Area of study	Degree/Diploma
High school:				
College:				
College:				
Other:				

Copy of high school diploma or transcript to be submitted with completed application

Have you ever applied for/attended an EMT training program before?	() Yes	() No
Program applied for:	Dates:	
Reason for not completing: _____		

Have you ever been convicted of a felony or misdemeanor?	() Yes	() No
Have you ever had your certification or patient care privileges suspended or revoked?	() Yes	() No
Do you have any medical problems or allergies that we should be aware of?	() Yes	
Do you require any special accommodations in accordance with ADA?	() Yes	() No

If you answered yes to any above question, you must provide a typed, accurate account of each special circumstance

(over)

HIPAA

During this course you will be required to complete clinical time in the hospital and on an ambulance. You will be privy to private, sensitive information about patients during these clinical experiences and must understand that you shall not disclose any private information that you may learn. Privacy is a legal right afforded to all patients. Violations of patient privacy will not be tolerated. Evidence of violation will result in immediate dismissal from our course.

Do you understand that patient confidentiality is of the utmost importance and that, if admitted to this course, you are not to discuss patient information with others? () Yes () No Initials:

Student Agreement

By signing below, I understand that should I fail to comply with any specific requirements listed in this application, or should there be any misrepresentation or intentional forgery of this document, that I may be denied admittance, dismissed from the program, or denied my certificate of course completion, without a refund of fees paid or fees due. I also understand that submission of my application does not guarantee acceptance into the St. Mary Medical Center EMT Program, as acceptance into any SMMC program is determined by the SMMC Educational Staff without the bias of race, color, nationality, ancestry, marital status, gender, sexual orientation, religion, age, disability or veteran's status.

Printed Name: _____
Applicant Signature: _____

Date: _____

Please provide all of the below items upon submitting your application to the EMS Office at 1350 South Lake Park Ave Suite C ,
Hobart, IN 46342

Checklist

<input type="checkbox"/> Copy of DL or ID	<input type="checkbox"/> TB Screen
<input type="checkbox"/> Immunization record	<input type="checkbox"/> 5 Panel drug screen

Date rc'd:
Date rv'd:
Letter:



1350 S Lake Park Ave
 Suite C
 Hobart, Indiana 46342
 219-947-6874
 robert.d.quinn@comhs.org

PHYSICAL FORM

(CIRCLE NAME OF SCHOOL)

DENTAL COLLEGE OF HEALTH PROFESSIONS: Paramedic School / EMT School
 (Name of Department)
 MEDICINE PHARMACY PODIATRY

NAME: _____
 LAST FIRST

SSN#: _____

DOB: ____/____/____

TO THE EXAMINING HEALTHCARE PROVIDER: Please review the student's attached health data and complete this form. The information supplied will be used as a background for providing health care, if this is necessary; and for identifying any need for accommodation to facilitate the student's academic success. This information will be handled in accordance with all applicable law.

Date of exam: _____ BP: R _____ L _____ PULSE: _____ HEIGHT: _____ WEIGHT: _____

	Normal	Abnormal	Remarks
General Health			
Skin			
Ears			
Eyes (include funduscopic exam)			
Neck (include thyroid exam)			
Lungs			
Heart			
Abdomen/hernia check			
Back			
Extremities			
Neurologic exam			

VISION: Uncorrected: OD _____ OS _____ Corrected: OD _____ OS _____

This Student is able to participate in all educational, physical and patient care activities: _____ Yes _____ No
 If No, please indicate what restrictions, accommodations, or modifications, if any, will be required for this student.

Medical Summary: Note problems or suggestions for care:

Health Care Provider (please print): Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ MD/DO/CRNP Date: _____



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:

Emergency Contact #1:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact #2

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

Yes

No

If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Uniforms for clinical

Polos & pullovers - Please see attached ordering form for polos and pullovers. Orders and monies are due to the EMS office no later than Friday, July 29th, 2022. One polo and one pullover are required for the course; however, it is suggested that more than one polo be purchased as students will wear the uniform at least twice a week. The EMS Office is located at St. Mary Medical Center in the Spectrum Building. The address is 1350 S. Lake Park Avenue, Suite C. Hobart, Indiana 46342.

Pants- Must be dark navy blue either four or six pocket pants. The pants must fit at the natural waist. Pants must be correct length with footwear. Suggested locations to are: Meijer, Walmart, Amazon, Star Uniform.

Footwear- Black, closed toe footwear must be worn during clinical. Footwear must be all leather and slip resistant. It is suggested that boots be worn; however, black shoes are acceptable as well. Black socks are to worn with the footwear. Suggested locations to purchase would be Walmart, Meijer, Amazon or Star Uniform.

Other items- Students must have a watch (with a second hand) that functions. A plain, leather black belt with buckle. Belts may NOT have any studs, glitter or other items for decoration. Students may want to wear long sleeves during the winter months. All undershirts must be navy blue, black or white in color with NO designs visible. All students are HIGHLY encouraged to wear an undershirt or tank top at ALL clinical rotations. Undershirts or tank tops must be navy blue, black or white in color and no visible designs. During the winter months students may wear stocking caps and gloves if they choose.

Visible tattoos & piercings - Any student with a tattoo that is visible while in the EMS uniform will be required to cover the tattoo during clinical time. Facial piercing are NOT permitted in the clinical setting and must be removed PRIOR to the clinical rotation.



Two step TB(Tuberculosis) testing

St. Mary Medical Center offers the two step Tuberculosis (TB) testing at no charge to the students or parents. The Brickie Community Health Clinic at Hobart High School, 2211 East 10th Street Hobart, IN. Appointments need to be made through MyChart link : <https://mychart.comhs.org/MyChart/> . Parents must accompany students to the clinic so that a consent for treatment may be signed at the clinic. If any issue with MyChart, please call: 219-226-2313. **Appointments may be scheduled AFTER Wednesday, June 1st, 2022.**

Student/parents may complete the TB testing with their physician or another clinic; however this will be at the student/parent's cost. Results must turned into the EMS office of St. Mary Medical Center in person, by email to Melissa.a.siegel@comghs.org or fax 219-947-6119.

EMT CLASS POLO/SWEATSHIRT ORDER FORM

Student's Name: _____

Phone number: _____

e-mail: _____

1. Polo Shirt(s):

- 60/40 Cotton/poly blend
- Color: Heather Grey
- Embroidered on left chest with EMS logo
- Sizes listed below are men's shirts

Size	Price	Quantity	Total
Small	\$25.00		
Medium	\$25.00		
Large	\$25.00		
X-Large	\$25.00		
XX-Large	\$25.00		
XXX-Large	\$30.00		

2. Sweat Shirt(s):

- 50/50 Ringspun cotton/poly blend
- Color: Heather Grey
- Embroidered on left chest with EMS logo
- Sizes listed below are men's sweat shirts

Size	Price	Quantity	Total
Small	\$27.00		
Medium	\$27.00		
Large	\$27.00		
X-Large	\$27.00		
XX-Large	\$29.00		
XXX-Large	\$31.00		
XXXX-Large	\$33.00		

Any questions or concerns, may contact Robb Quinn @ 219-947-6874 or Robert.d.quinn@comhs.org .
Payments must be made at time of order. Payment maybe made by cash or check. Credit cards are NOT
accepted.

*****Checks are made payable to St. Mary Medical Center EMS Academy*****

1350 S. Lake Park Avenue, Hobart Indiana 46342

EMT-Basic Program Recommendation Form #1

Instructions to Applicant: First, complete the following information below. Next, give this form to the person providing the recommendation on your behalf. **This form is to be sent in a SEALED envelope.**

Program for which you are applying (Month/Year):

Name:	Phone:
Address:	Email:
City: State: Zip:	

The Educational Amendment Act of 1974 grants students the right to have access to their letters of recommendation.
 I wish to waive my access to the letters: () Yes () No () Initials

To whom are you giving this form:	Relationship:
Applicant signature:	Date:

Instructions to Recommender: Please write a frank assessment of the applicant and attach to this form, letters can be on department or service letterhead. We are particularly interested in the applicant's strengths, weaknesses, and characteristics that would help the review committee judge the applicant's ability to succeed as an EMT. Please also give your impression of the applicant on the chart below by checking the appropriate rating. **Letters of recommendation must turned in by applicant in a SEALED envelope.**

	Excellent- top 10% of individual encountered	Good- top 25% of individuals encountered	Not an area of strength	Unable to assess
Problem solving ability				
Writing skills				
Verbal communication				
Breadth of EMT knowledge				
Ability to receive feedback & adjust				
Determination/commitment				
Maturity				
Humanity/empathy				
Motivation/initiative				
Leadership skills				
Overall professional potential				

Print name/Title:	Signature:
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Company name/address:	Date:
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Textbook: Emergency Care and Transportation of the Sick and Injured, 12th Edition

Pre-requisite

AHA BLS HCP

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Date	Session	Wk	Foundations	Assignment	Time	Day	Hours	Instructor
7/9/24	1	1	Introduction to SMMC		5:30p- 9p	T	2	Staff
			Hospital Tour				2	
7/11/24	2	1	Introduction to Emergency Medical Care	Chapter 1	5:30p-9p	TH	4	STAFF
			Class Overview					
7/16/24	3	2	Well being of the EMT	Chapter 2	5:30p-9p	T	2	STAFF
			Lifting and Moving Patients	Chapter 3			2	
7/18/24	4	2	Medical Legal and Ethical Issues	Chapter 4	5:30p-9p	TH	3	STAFF
			Medical Terminology	Chapter 5			1	

Date	Session	Wk	A&P / Patho	Assignment	Time	Day	Hours	Instructor
7/23/24	5	3	EXAM 1 (Chapter 1-5)		5:30p-9p	T	1	STAFF
			Lifting and Moving Lab/Skills				3	
7/25/24	6	3	Anatomy and physiology	Chapter 6	5:30p-9p	TH	4	STAFF
7/26/24	7	3	Skills Lab		5:30-9	Fr	4	STAFF
8/30/24	8	4	Principles of Pathophysiology	Chapter 7	5:30p-9p	T	4	STAFF
9/1/24	9	4	Life Span Development	Chapter 8	5:30p-9p	TH	4 3	STAFF

Date	Session	Wk	Airway Management, artificial ventilation	Assignment	Time	Day	Hours	Instructor
8/6/24	10	5	Airway Management	Chapter 9	5:30p-9p	T	3	STAFF
			Lab				1	
8/8/24	11	5	Respiration and artificial ventilation	Chapter 10	5:30p-9p	TH	3	STAFF
			LAB				1	
8/13/24	12	6	EXAM 2 (Chapters 6-10)		5:30p-9p	T	1	STAFF
			LAB: Airway Management, artificial ventilation Oxygenation				3	

Date	Session	Wk	Patient Assessment	Assignment	Time	Day	Hours	Instructor
8/15/24	13	6	Scene Size-up	Chapter 11	5:30p-9p	TH	3	STAFF
			LAB				1	
8/20/24	14	7	Primary Assessment	Chapter 12	5:30p-9p	T	3	STAFF
			LAB				1	
8/22/24	15	7	Vital Signs and Monitoring Devices	Chapter 13	5:30p-9p	TH	4	STAFF
8/23/24	16		Skills Lab		5:30-9	Fr	4	STAFF
8/27/24	17	8	Principles of Assessment	Chapter 14	5:30p-9p	T	4	STAFF
8/29/24	18	8	LAB		5:30p-9p	TH	4	STAFF
			Vital signs assessment and monitoring devices					
9/3/24	19	9	Secondary Assessment	Chapter 15	5:30p-9p	T	3	STAFF
			Reassessment	Chapter 16			1	
9/5/24	20	9	EXAM 3 (Chapters 11-16)		5:30p-9p	TH	1	STAFF
			Communication and Documentation	Chapter 17			3	

Date	Session	Wk	Medical Emergencies	Assignment	Time	Day	Hours	Instructor
9/10/24	21	10	General Pharmacology	Chapter 18	5:30p-9p	T	4	STAFF
9/12/24	22	10	Respiratory Emergencies	Chapter 19	5:30p-9p	TH	4	STAFF
9/17/24	23	11	Cardiac Emergencies	Chapter 20	5:30p-9p	T	1	STAFF
							3	
9/19/24	24	11	Resuscitation	Chapter 21	5:30p-9p	TH	4	STAFF
9/20/24	25		Skills Lab		5:30-9	Fr	4	STAFF
9/24/24	26	12	LAB: Cardiovascular Emergencies		5:30p-9p	T	2	STAFF
			LAB: Medical Skills				2	
9/26/24	27	12	EXAM 4 (Chapters 17-21)		5:30p-	TH	1	STAFF

10/20/24	27	12	LAB		9p		3	STAFF
10/1/24	28	13	Diabetic Emergencies and AMS	Chapter 22	5:30p-9p	T	2	STAFF
			Allergic Reaction	Chapter 23			2	
10/3/24	29	13	Infectious Disease Sepsis	Chapter 24	5:30p-9p	TH	4	STAFF
10/8/24	30	14	Poisoning and Overdose Emergencies	Chapter 25	5:30p-9p	Tu	4	STAFF
10/10/24	31		Skills Lab		5:30-9	Th	4	STAFF
10/15/24	32	14	Abdominal Emergencies	Chapter 26	5:30p-9p	Tu	4	STAFF
10/17/24	33	15	Behavioral and Psychiatric Emergencies and Suicide	Chapter 27	5:30p-9p	Th	2	STAFF
			Hematologic and Renal Emergencies	Chapter 28			2	
10/18/24	34	15	LAB		5:30p-9p	Fr	4	STAFF
10/22/24	35	16	EXAM 5 (Chapters 22-28)		5:30p-9p	Tu	1	STAFF
			LAB				3	

Date	Session	Wk	Trauma Emergencies	Assignment	Time	Day	Hours	Instructor
10/24/24	36	16	LAB		5:30p-9p	Th	3	STAFF
							1	
10/29/24	37	17	Bleeding and Shock	Chapter 29	5:30p-9p	Tu	4	STAFF
11/5/24	38	17	Soft Tissue Trauma	Chapter 30	5:30p-9p	T	4	STAFF
11/7/24	38		Skills Lab		5:30-9	Th	4	STAFF
11/12/24	39	18	Chest and Abdominal Trauma	Chapter 31	5:30p-9p	Tu	4	STAFF
11/14/24	40	18	Musculoskeletal Trauma	Chapter 32	5:30p-9p	Th	2	STAFF
			Trauma to the Head Neck and Spine	Chapter 33			2	
11/19/24	41	19	Multisystems Trauma	Chapter 34	5:30p-9p	Tu	2	STAFF
			Environmental Emergencies	Chapter 35			2	
11/21/24	41	19	LAB: Trauma Skills		5:30p-9p	Th	4	STAFF
11/22/24	42	20	EXAM 6 (Chapters 29-35)		5:30p-9p	Fri	1	STAFF
			LAB				3	

Date	Session	Wk	Special Populations	Assignment	Time	Day	Hours	Instructor
11/26/24	43	20	Obstetric and Gynecological Emergencies	Chapter 36	5:30p-9p	T	4	STAFF
12/3/24	44		Skills Lab		5:30-9	Tu	4	STAFF
12/5/24	45	21	Emergencies for Patients with Special Challenges	Chapter 37	5:30p-9p	Th	4	STAFF
12/6/24	46	21	EXAM 7 (Chapters 36-37)		5:30p-9p	Fr	1	STAFF
			LAB: Peds and OB				3	

Date	Session	Wk	Operations	Assignment	Time	Day	Hours	Instructor
12/10/24	47	22	EMS Operations	Chapter 38	5:30p-9p	Tu	2	STAFF
							2	
12/12/24	48	22	Hazardous Materials, MCI, and Incident Management	Chapter 39	5:30p-9p	Th	4	STAFF
12/17/24	49	23	Highway Traffic Safety EMS Response to Terrorism	Chapter 40 Chapter 41	5:30p-9p	Tu	2	STAFF
12/19/24	50	23	EXAM 8 (Chapters 38-41)		5:30p-9p	Th	4	STAFF
			LAB					
12/26/24	51		Skills Lab		5:30-9	Th	4	STAFF
12/27/24	52	24	Indiana Driving Laws		5:30p-9p	Fr	2	STAFF
			Registry Prep				2	
1/2/25	53	24	Registry Prep		5:30p-9p	Th	4	STAFF

Date	Session	Wk	Review and Exam prep	Assignment	Time	Day	Hours	Instructor
1/7/25	54	25	Final Prep		5p- 9p	Tu	4	STAFF
1/9/25	55	25	Final Exam		5p- 9p	Th	4	STAFF
1/14/25	56	26	PHTLS		5p- 9p	Tu	4	STAFF
1/16/25	57	26	PHTLS		5p- 9p	Th	4	STAFF

	58	27	Review		5p- 9p		4	STAFF
	59	27	Review		5p- 9p		4	STAFF
	60	28	Review		5p- 9p		4	STAFF
	61	28	Review		5p -9p		2	STAFF
TBD			STATE PRACTICAL---Tentative		7: 30am	Sat		SMMC Staff

Online requirements:	ICS 100.b, 200.b, 700.a, 800.b	8 hrs	265.5
	Autism	4	
	SIDS	2.5	
	POST	1	
	HazMat Awareness	4	
	AWR-160	8	
	MUST HAVE 10 DOUCMENTED LIVE PATIENT CONTACTS		
	FIELD CLINICAL MINIMUM	48	
	HOSPITAL ER CLINICAL MINIMUM	36	
	HOSPITAL TRIAGE CLINICAL MINIMUM	8	
		111.5	377

COLOR INDEX KEY for St. Mary Medical Center

NES Categories	Class hours	Text chapters
ANATOMY AND PHYSIOLOGY	8	1,2,3,4,5,6,7,8
AIRWAY/RESPIRATORY/VENTILATION	11	9, 10
PATIENT ASSESSMENT	24	11,12,13,14,15,16,17
MEDICAL EMERGENCIES	43	18-28
TRAUMA EMERGENCIES	36	29-35,PHTLS
SPECIAL POPULATIONS	22.5	36,37
EMS OPERATIONS	26	38-41
PREPARATORY	38	29-35
PATHOPHYSIOLOGY	12	36,37
PUBLIC HEALTH	0.5	38-41
MEDICAL TERMINOLOGY	1	
LIFESPAN DEVELOPMENT	3	
PHARMACOLOGY	4	29-35
SHOCK AND RESUSCITATION	4	38-41

CHAIN OF COMMAND FOR ANY ISSUES
FIRST POINT OF CONTACT

Primary Instructor Ryan Lopez
email: Rylopez36@gmail.com@gmail.com

IF UNABLE TO REACH FIRST POINT OF CONTACT

Secondary Instructor Joe Lavendusky
email: jlavenduskyhfd@yahoo.com

IF AN EMERGENCY AND UNABLE TO REACH PRIMARY OR SECONDARY

EMS Instructor Robb Quinn

Program director Robert Quinn (219) 947-6877
email: robert.d.quinn@comhs.org