



To Prospective Paramedic Student,

Thank you for expressing interest in our Paramedic training program. The following is general information for our paramedic program. The SMMC Paramedic Program will run Tuesdays and Fridays starting the Tuesday after Labor Day and runs through the middle of June. Capstone (Final Stage) precepting must be completed by August 31st. Clinicals will be at St. Medical Center and field clinicals will only be with departments we have a clinical agreement with. The projected cost of the course is \$6200 with \$1000 deposit due when accepting your spot in the class. The rest of the information is below.

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. Our program is structured in an intense, accelerated format to accommodate needs of the driven students with the goal of completing paramedicine training in less than one calendar year. As we get closer to the opening of the application period, we will get more specific with the dates, but a rough outline is listed below.

Course Timeline

Request for entrance packets- Packets will be available via email request at smmcpmclass@gmail.com. These can be requested at any time. Packets need to be requested by each individual applicant and will only be submitted to the applicant. The application packets will also be available at our website at <https://www.comhs.org/careers/professional-development/ems-training-academy/our-courses/paramedic-course-information>

No application packets will be available for pick up in person from the EMS office.

Application Period Opens – Application period will open May 16th and will close on July 12th at noon. Applicants should remit fully completed application packets to smmcpmclass@gmail.com. Application packets should be sent in one PDF document. Application packets submitted that are incomplete or missing documents will NOT be

accepted. **There will be no in person option to turn in completed application packets.** Applications will not be accepted until the application period opens and will also not be accepted once it closes.

Timeline for Important Dates

- May 16, 2024 Application Process for Cohort 14 Opens. Applications are available by email smmcpmclass@gmail.com
- July 12, 2024. Deadline for paramedic school applications
- July 18th, 2024 Paramedic School Written and Skills exams
- July 24th, 2024 Oral Interviews
- Middle of August @ 6:00pm Required Student and Family Orientation
- Tuesday September 17th, 2024, First Day of Class. **PLEASE NOTICE WE ARE NOT STARTING ON THE DAY AFTER LABOR DAY THIS YEAR.**
- Middle of June, Course Final Exam-Tentative

If you have any other questions, please do not hesitate to contact me at robert.d.quinn@comhs.org or 219-947-6874.

Thanks,

Robb Quinn
EMS Programs Manager
St. Mary Medical Center
1350 S. Lake Park Ave Suite C.
Hobart, Indiana 46342



Paramedic Course Application Instructions

1. Those interested in applying for the St. Mary Medical Center Paramedic Program must meet the following minimum requirements.
 - Applicant must possess a high school diploma or equivalent (copy required)
 - Applicant must be a minimum of 18 years of age
 - Applicant must be a certified Indiana EMT or higher prior to the beginning to the course of eligible for Indiana reciprocity
 - It is highly encouraged that the applicant have a minimum of 2 years working in the field as an EMT or above.
 - Applicant must possess a valid AHA BLS CPR certification
 - Applicant will comply with all health service requirements
 - Applicant must have a valid drivers license and provide a copy
 - RNs wishing to become certified paramedics must have an Indiana EMT certification and should reference IAC 836 and SMMC Program Policy for Prior Credit and additional guidelines

2. Complete Paramedic Program Application Package, including
 - Signature from your employer
 - Signature from your EMS System Coordinator
 - Copy of current and Valid EMT Certification (minimum NREMT to apply and must be eligible for immediate reciprocity and obtain said prior to the start of class)
 - Copy of current AHA BLS CPR Certification
 - Copy High School Diploma or Equivalent
 - Copy of Drivers License (Front and Back)
 - Copy of immunization titers for Hepatitis B, measles, mumps, rubella, and Covid 19 if applicable
 - Copy of two step TB test in the last 90 days **(This means two separate tests)**
 - Copy of general health systems review performed by a physician within the last 90 days.
 - Federal Background Check completed by Universal Background
 - Copy of negative five panel drug screen within the past 90 days
 - Two professional letters of recommendation using the forms provided dated within the last 90 days.

- A letter of intent to enroll in the St. Mary Medical Center Paramedic Program written by the candidate addressing why you wish to attend our program and how your attendance will contribute to the program.
3. Attend Entrance Testing Program (Written and skills)
 - Attendance is mandatory for entrance
 - Successfully complete the written BLS comprehensive exam with a score of 70% or higher
 - Successfully complete BLS skills stations
 4. Attend Interview with EMS Review Board
 - Those scoring a 70% on the written exam will be invited for an interview with the EMS Selection committee. Interviews will last approximately 30 minutes and it is recommended you dress and prepare as you would for any job interview.
 5. Upon acceptance into the paramedic program, a \$1,000 a non-refundable \$1000 deposit is due within 7 days of your acceptance. This deposit is not refundable because it will be utilized to order supplies and texts for the class immediately after your acceptance. Should you not be able to pay this deposit, you will forfeit your spot in the program.

Thank you for your interest in our program. Should you have any additional questions or concerns, please contact EMS Programs Manager Robb Quinn at 219-947-6874.

Semester Summary and Clinical Breakdown
Cohort #14
SMMC 2024-25 Paramedic Class

Didactic Content
Hrs/Shifts

Clinical

First Semester 9-17-24 to 11/22/24

| | | |
|------------------------------|-----------|-----------|
| Prep and Introductory Skills | IV Team | 16/2 2 8s |
| Anatomy and Physiology | Ambulance | 48 4 12s |
| Pathophysiology | ER | 48 |
| | Total | 112 |

Second Semester 11/23/24 to 1/17/25

| | | |
|--------------------------------|-----------|-------------|
| Intro to Pharmacology | ER | 60 |
| Respiratory | Ambulance | 120 |
| Cardiology/EKG Interpretations | OR | 36/12 Tubes |
| Respiratory | Resp Tx | 16 |
| | Total | 228 |

Holiday Break 12/21/24 to 1/6/25

Third Semester 1/18/25 to 4/5/25

| | | |
|--------------|------------------|-----|
| Medical/AMLS | ER | 48 |
| Trauma/PHTLS | Ambulance | 96 |
| | Cath Lab | 16 |
| | ICU/CCU | 8 |
| | Medical Director | 16 |
| | Total | 192 |

Fourth Semester 4/6/25 to 6/27/25

| | | |
|----------------------------------|---------------------|-----|
| Special Considerations/PALS/GEMS | ER | 60 |
| Preparatory/Operations | OB/Labor | 16 |
| | NICU | 4 |
| | Stoke ICU (Munster) | 8 |
| | Ambulance | 96 |
| | Total | 196 |

| | |
|--|--------------|
| Didactic/Lab Hours | 576 |
| Post Class Clinical Experience/Capstone 1 and 2 | 144 |
| Post Class Didactic Weekly Platinum Adaptive Test | One required |
| per week once out of school which will be due upon completion of Capstone phase. | |
| Community Service | 24 hours |

Total Clinical Hours 728

Total Course Hours

1472 hours

Cohort #13 of St. Mary Medical Center's Paramedic Program will utilize Platinum Education's EMS Testing and Platinum Planner for tracking individual and class competencies and progression of skills as well as the students will keep hard copies as to their clinical/lab/ and field performance of said skills. The paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels, with a 90% success rate utilizing endotracheal intubation models in their last twelve (12) attempts. The paramedic student needs to be 100% successful in the management of their last twenty (20) attempts at airway management. The majority of airway attempts should be emphasized with live intubations, realistic simulations labs, or both. Students will be required to maintain their record all of the hours, contacts, skills and clinical and precepting they participate in while in the program in their Platinum Planner. As with all other required skills, terminal competency needs to be validated by the program medical director's signature.

1500 South Lake Park Avenue, Hobart, IN 46342

Paramedic Program Application

Course Start Date:

| | | | | | |
|----------------------------|--------|-------------------|----------------------|--|--|
| Name: | | | Phone: | | |
| Address: | | | Email: | | |
| City: | State: | Zip: | | | |
| DOB: | | SSN: | DL # & State: | | |
| PSID: | | EMT Renewal date: | CPR Renewal date: | | |
| EMT Training Institution: | | | EMT Course Location: | | |
| Course Primary Instructor: | | | Completion Date: | | |

Copy of current EMT and AHA HCP CPR certifications to be submitted with completed application

| | | | |
|---|--|----------------------|--|
| Current Employer: | | Supervisor: | |
| Address: | | Phone number: | |
| City: | | Schedule/Hrs per wk: | |
| Service type: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination | | | |
| EMS Training Institution Affiliation: | | | |
| Service Affiliated: | | | |
| Service type: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination | | | |
| EMS Training Institution Affiliation: | | | |
| Service Affiliated: | | | |
| Service type: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination | | | |

| Education | 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

Additional EMS or Fire Certifications (provide copies): _____

| | |
|---|--|
| Have you ever applied for/attended a paramedic training program before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Program applied for: | Dates: |
| Reason for not completing: _____ | |

| | |
|---|--|
| Have you ever been convicted of a felony or misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had your certification or patient care privileges suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Field experience/Employer sponsor

By signing below, I hereby affirm and declare that the applicant is currently employed as an EMT or higher, and that he/she is in our service. The applicant has provided patient care in the role of an EMT or higher for at least one year. I

Revised 5/16/2011 JLL

good standing with our service. The applicant has provided patient care in the role of an EMT or higher for at least one year. I agree to participate in the training of this employee by allowing the opportunity to attend class and clinical sessions. Our service will provide blood-borne pathogen training, and provide the option of Hepatitis B vaccination to the applicant. I understand false statements can allow for the dismissal of the applicant from the SMMC paramedic program.

Employer EMS Print: Sign: Date:
 Director/Coordinator:

Employee Supervisor: Print: Sign: Date:

Applicant: Print: Sign: Date:

EMS System Agreement

I hereby confirm that the applicant is a member/employee of EMS SERVICE , and is a participant in good standing with EMS system. I am aware that the applicant is seeking admission into the St. Mary Medical Center Paramedic Program. I approve of this application, and I agree to allow the student to complete the required necessary didactic, clinical and field requirements within the SMMC EMS System, as outlined by the SMMC Paramedic Program.

System EMS Coordinator: Print: Sign: Date:

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 Paramedic 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. I additionally agree to allow St. Mary Medical Center Educational Staff to conduct the necessary employer and background checks necessary to process this application. Finally, I acknowledge the financial obligation of \$5,200.00 for the course, with \$1,000.00 (non-refundable) due within seven days of acceptance into the program. Failure to meet any financial obligations will result in dismissal from the program.

A full refund is available prior to the first day of class. After the first class, there is a strict, no-refund policy. Students who have paid in full are welcome to attend a future SMMC paramedic course at no additional fee.

Applicant: Print: Sign: Date:

Checklist

| | |
|--------------------------------|--|
| Driver's License Copy | |
| EMT Certification Copy | |
| Physical with 5 panel UDS & TB | |
| HS Diploma Copy | |
| Immunizations Copy | |

| | |
|---------------------------|--|
| HCP CPR Copy | |
| Personal letter of intent | |
| ISP Criminal Background | |
| 2 Recommendation letters | |
| Completed Application | |

Questions or concerns contact Jessica Lawley at jllawley@comhs.org or (219) 545-2393



**COMMUNITY
HEALTHCARE SYSTEM®**

St. Mary Medical Center
Emergency Medical Services
Training Academy
 1350 S Lake Park Ave.
 Suite C Hobart, IN 46342

off (219) 947-6874
 Robert.D.Quinn@comhs.org

PHYSICAL FORM

(CIRCLE NAME OF SCHOOL)

DENTAL COLLEGE OF HEALTH PROFESSIONS: _____
 (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:** _____



Urine Drug Screen

All students participating in the EMT program must complete and pass a five panel urine drug screen. St. Mary Medical Center does offer this service to all students participating in the EMT class at no additional cost. Students who are going to go St. Mary Medical Center please read the information below:

- Students can complete the drug screen Monday thru Friday from 8:00 a.m. to 3:00 p.m. No appointments will be available on Wednesdays.
- Appointments MUST be made with the main lab of the hospital in order to complete the drug screen. .
- The lab is located on the 5th floor of St. Mary Medical Center, 1500 S. Lake Park Ave, Hobart, IN 46342. Please use the east entrance of the hospital, which is the entrance that faces Rt. 51.
- Any student under the age of 18 at the time of the drug test will need to complete and bring with them the attached “Permission to Treat a Minor” form.
- Students will need to bring to the drug screen a state issued photo identification card that is current.
- Students will need to know their social security number for the testing.

Student may also complete this testing through their primary physician or another clinic. However, results must be sent to the EMS office by either fax (219-947-6119) or email robert.d.quinn@comhs.org. Completing the drug testing outside of the hospital will be done at the cost to the student. While we realize that certain drugs have been legalized in many states throughout the country and their use has become widely accepted, they still have no place for healthcare workers and are not legal in Indiana and will not be acceptable in our program.

**All testing needs to be completed and results finalized by
Friday, July 12th, 2024.**



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 or lab 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 3rd 2024.**

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 robert.d.quinn@comhs.org or fax 219-947-6119.

DEADLINE FOR BOTH TB TESTING DONE (BOTH RESULTS READ) BY Friday, July 12th, 2024

Fall 2024 Paramedic 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 a paramedic. 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. All letters are due to the EMS office no later than by July 14th, 2023.**

| | 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: |
|-------------------|------------|

| | |
|-----------------------|-------|
| Company name/address: | Date: |
|-----------------------|-------|

Fall 2024 Paramedic Program Recommendation Form #2

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 a paramedic. 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. All letters are due to the EMS office no later than by July 14th, 2023.**

| | 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: |
|-------------------|------------|

| | |
|-----------------------|-------|
| Company name/address: | Date: |
|-----------------------|-------|