



Community Health Network

TO: Paramedic Program Applicants
FROM: Community Health Network EMS Education Staff
RE: Application Process

Enclosed is the Paramedic Program Application Packet that you have requested from **Community Health Network EMS Education**. Please be sure to read each document carefully and in its entirety. Enclosed you shall find the following information:

- Pre-Admission Requirements Schedule
- Pre-Admission Policy
- Pre-Requisites
- Application
- Physical Form
- Application Checklist
- Tuition, Fees, & Expenses

The paramedic program that **Community Health Network** offers will be approximately fourteen months in length. The program itself will be broken down into didactic, clinical, and internship components. Classes will be held Monday and Thursday from 8:30am to 4:30pm at Community Hospital East, EMS Classroom. Clinical and internship rotations will be scheduled outside of, and in addition to, the classroom hours.

All applicants who meet the pre-requisites and the application requirements will be scheduled for the pre-testing and the interview section of the application process. Failure to meet all requirements in the application process will result in the applicant being dropped from the application process.

The deadline for the Application Packet in its **ENTIRETY** along with a \$50.00 non-refundable application fee is noon on:

January 7th, 2010

Applications submitted without the application fee will NOT be considered.

Please contact the Community Health Network EMS Education Staff if you have questions regarding the Application Packet or the Paramedic Program at (317) 355-2311 or (317) 355-2433.



Community Health Network

Emergency Medical Services Education Paramedic Application Checklist

The following checklist will help you complete all of the admission requirements necessary for the Paramedic Program. **Please make a copy of the entire application packet prior to submitting it. DO NOT SUBMIT AN INCOMPLETE APPLICATION!**

- Application for Admission:** Complete both pages.
- Transcript:** Submit a transcript from the last academic institution attended.
- Copy of High School Diploma or GED**
- Immunizations:** Update and submit with the Application Packet, the following immunization records:
 - Hepatitis B
 - Tetanus
 - T.B. (skin or chest x-ray)
 - MMR
- Physical Examination:** The two-page physical exam form **MUST** be completed and signed by a physician. Exam **MUST** be within the last six (6) months.
- Reference Letters:** Three letters of recommendation are required: one (1) from a current or recent supervisor and two (2) from people of your choice.
- Proof of EMT Certification:** Submit copies of EMT or AEMT card or certificate indicating proof of Indiana certification.
- Application Fee:** \$50.00
- Copy of CPR Card:** Current American Heart Association CPR for Healthcare Provider only.
- Copy of Criminal Record:** This may be obtained from the Indiana State Police at the Indiana Government Center, 400 West Washington, Indianapolis. This must be a certified copy, not an internet copy.
- Copy of Indiana Driving Record:** This must be a certified copy, not an internet copy.
- Proof of Health Insurance**
- Copy of Indiana Driver's Licence**

SUBMIT ALL APPLICATION COMPONENTS TO:
Community Health Network EMS Education
1500 North Ritter Avenue
Indianapolis, IN 46219
(317) 355-2311



Community Health Network

EMS Education

2010-2011 Pre-Admission Requirements Schedule

| | |
|---|---|
| January 7 th , 2010 | Application Deadline along with \$50.00 Non-refundable application fee. |
| January 11 th and 12 th , 2010 | Entry exams 1000 - 1400 hours (Please call 355-2433 to register for your entrance exams, plan to arrive by 0930 on day of exam.) |
| January 11 th and 12 th , 20 th , 2010 | Personal interviews (Please call 355-2433 to set up your interview time) |
| January 25 th , 2010 | Notification letters mailed |
| February 1 st , 2010 | Tuition due to reserve seat |
| February 18 th , 2010 | Course Orientation (0800-1800) |

- ◆ Applicants must call Community Health Network EMS Education, (317) 355-2433 to schedule the exams and interview. No one will be scheduled prior to completing the application, including submission of the application fee.
- ◆ The Physical Form must be completed and submitted with application.
- ◆ Personal interviews are scheduled by appointment. Applicants will be scheduled on a first come, first served basis after their completed application packet and application fee are received.
- ◆ **Do not submit an incomplete packet. It will be returned to you if not completed.**



Community Health Network

EMS Education

Pre-Admission Policy

Community Health Network EMS Education recognizes the importance of producing the best well-rounded professional paramedic that we can. It is understood that the professional paramedic must not only have a complete cognitive understanding and strong skill foundation, they must also have excellent interpersonal communication skills and sound judgment in a variety of situations.

It is with this in mind that **Community Health Network** EMS Education Staff and the Student Selection Committee will select students for the Paramedic Program who possess the above stated qualities, and in addition to these qualities, not be subject to any condition or infirmity of body and mind which may render the applicant unfit to perform these essential functions so crucial to Paramedicine.

The selection of students is made without regard to race, sex, age (within statutory limits), color, religion, national origin, or handicap.

PROCEDURE

All applicants wishing to be admitted into the **Community** Health Network EMS Education Paramedic Program must comply with the following Pre-Admission Requirements:

- I. **Basic EMT Examination:** This is a 100 question comprehensive examination that is designed to test the applicant's knowledge base of basic emergency care.
- II. **General Aptitude Examination (TABE):** This examination is designed to test the applicant's basic cognitive understanding in the areas of Math, Sentence Completion, and Reading Comprehension.
- III. **EMT Skills Hypothetical Situation Examination:** This Examination is designed to test the applicant's ability to deal with a high stress situation while role-playing with members of the Student Selection Committee.
- IV. **Personal Interview:** All applicants will meet with a Student Selection Committee. The Selection Committee will review the results of ALL previous testing. This committee will evaluate the applicant with respect to mental qualifications, communications skills, the EMT's base knowledge on a verbal standpoint, and aptitude to become a paramedic.

Applicants will be allowed to take all examinations only one (1) time. The Basic EMT written exam will be graded based on 100% being a perfect score. The aptitude exam will be graded as the average of the four aptitude scores as one grade. The EMT Skills Hypothetical Situation Examination is graded on a Pass or Fail basis. These results will be utilized to determine the applicant's ability to participate in the Paramedic Program at **Community Health Network**. Applicants will be notified by mail of the decisions made by the selection committee.



Community Health Network

Emergency Medical Services Education Paramedic Program Application

DATE REC'D. _____ / _____ / _____

APPLICANT INFORMATION

| | |
|---------------------------------------|------------------------------|
| Name: _____ | SSN: _____ |
| | (Required) |
| Date of Birth: _____ | |
| Home Address: _____ | County: _____ |
| City, State, Zip: _____ | |
| Home Phone: () _____ | Work Phone: () _____ |
| Veteran? YES NO | Date of Discharge: / / |
| IN CASE OF EMERGENCY, CONTACT: | |
| Mr. _____ | |
| Mrs. _____ | |
| Ms. _____ | |
| Relationship: _____ | Phone Number: () _____ |

EMERGENCY MEDICAL SERVICES INFORMATION

| | |
|--|-----------------------------------|
| Indiana Certification #: _____ | Expiration Date: _____ |
| Date of Initial - EMT Certification: _____ | EMT Level: EMT AEMT |
| Provider Name: _____ | Phone () _____ |
| Provider Address: _____ | |

EDUCATIONAL INFORMATION

High School (Name, City, State): _____

Graduation Date: _____

SAT Scores: Math: _____ Verbal: _____

Business / Technical School: _____

Dates Attended: _____ Degree: _____

College: _____

Dates Attended: _____ Degree, Major: _____

Please submit a copy of your high school diploma or GED to:
Community Health Network
Attn: EMS Education
1500 North Ritter Avenue
Indianapolis, IN 46219

Have you ever been convicted of a felony under state or federal law? YES NO
Explain in full: _____

Conviction of a felony, which may relate to the Paramedic Program, may have a bearing on your acceptance into the program. A copy of your criminal record must be submitted with your application.

Do you have any disabilities that could directly affect your performance as a paramedic student? YES NO
Explain in full: _____

I certify that my answers are true and complete. I understand that I will be subject to immediate termination from the Paramedic Program for any information that has been falsified.

I hereby give consent to release my transcripts to Community Health Network EMS Education Department for the sole purpose of documentation of my educational background. (INCLUDE MAIDEN NAME IF APPLICABLE.)

Signature of Applicant: _____ Date: _____



Community Health Network

EMS Education Paramedic Program Physical Examination

Name: _____ Date: ____/____/____
Last First M.I.

Sex: M F Age: _____ Height: _____ Weight: _____

Blood Pressure: ____/____ Pulse: _____ Respirations: _____

Vision: w/o glasses: R 20/____ L 20/____ Color Vision Testing _____
with glasses: R 20/____ L 20/____

| AREA | CODE | NL: NORMAL | AB: ABNORMAL | N/A; | (describe abnormal findings) |
|---------------|------|------------|--------------|------|------------------------------|
| Head & Neck | | | | | |
| Eyes | | | | | |
| Ears | | | | | |
| Nose | | | | | |
| Mouth | | | | | |
| Throat | | | | | |
| Teeth & Gums | | | | | |
| Chest & Lungs | | | | | |
| Breast | | | | | |
| Heart | | | | | |
| Abdomen | | | | | |
| Skin | | | | | |
| Lymph Nodes | | | | | |
| Neurological | | | | | |
| Hernia | | | | | |
| Genitalia | | | | | |
| ↓ Extremities | | | | | |
| ↑ Extremities | | | | | |
| Other | | | | | |

Reflexes: Patellar: _____

Achilles: _____

Spine: Straight Scoliosis Kyphosis Rotation

Recommendations / Remarks: _____

As a duly licensed physician in the State of Indiana, I have personally examined the above named person and have found said person to be physically able to participate in the Paramedic Program at **Community Health Network**.

Physician's signature: _____ Date: / /

Printed: _____

Physician's Address: _____

By my signature, I authorize the examining physician to disclose upon inquiry from anyone representing Community Health Network any facts that this examination may reveal.

Applicant's signature: _____ Date: / /



Community Health Network

Emergency Medical Services Education 2010-2011 Paramedic Program-Tuition, Fees & Expenses

Application Fee: \$50.00

Due with the application prior to scheduling exams. Non-refundable.

Tuition: \$3,450.00

Includes: One Community Health Network EMS Uniform Shirt
One PPC or PALS Course
One PHTLS Course
One ACLS Course

**** Tuition is due in full on February 1st, 2010 unless other arrangements have been made in advance. ****

Textbooks: \$875.00

Lab and Technical Fees: \$450.00

Refunds:

Students submitting written requests to withdraw from the course prior to the following dates may receive partial tuition refunds according to the following schedule: (If paid in full)

| | |
|-------------------------------|---|
| March 11 th , 2010 | 75% of tuition, excluding books and Lab fees. |
| March 18 th , 2010 | 50% of tuition, excluding books and Lab fees. |
| March 25 th , 2010 | 25% of tuition, excluding books and Lab fees. |

Without exception, there will be no tuition refund for anyone withdrawing from the course on or after March 26th, 2010. No refunds will be given for textbooks or lab fees.

Additional Costs:

The student is responsible for all additional costs, including, but not limited to:

- ◆ Additional uniform shirts and other uniform clothing
- ◆ Dark blue EMS cargo pants.
- ◆ Black belt, black shoes, black socks.
- ◆ Scrub pants and shirt, color to be announced.
- ◆ White leather tennis shoes or nurse's shoes.
- ◆ Additional PALS, ACLS, and PHTLS courses as needed
- ◆ Personal items such as stethoscope, ECG calipers, pens, etc.
- ◆ Supplementary, non-mandatory texts, study guides, etc.
- ◆ **National Registry testing and certification fees.**

All tuition, fees, and expenses must be paid by cash, money order, or credit card.

******* No personal checks will be accepted. *******