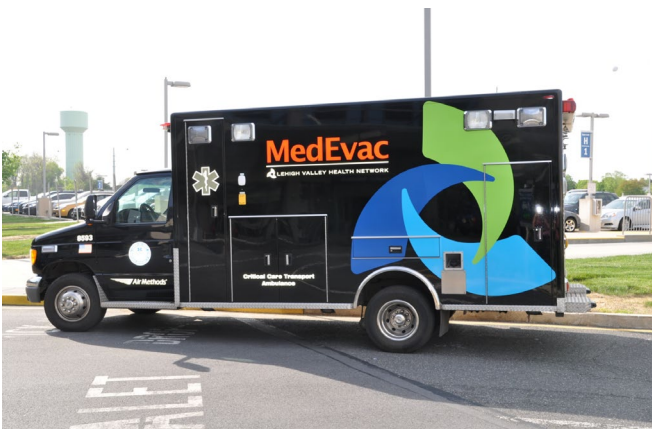


***The George E. Moerkirk
Emergency Medicine Institute***

Lehigh Valley Health Network

2025

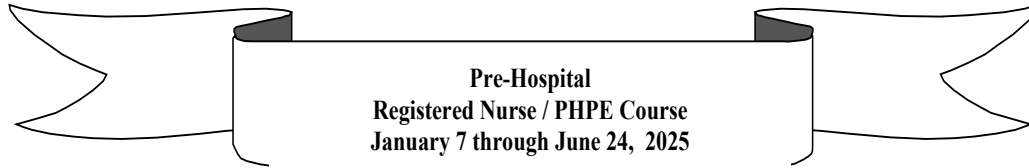
***State of Pennsylvania
Prehospital Registered Nurse Course/ Prehospital Physician Extender
Application***



LEHIGH VALLEY HEALTH NETWORK

GEORGE E. MOERKIRK EMERGENCY MEDICINE INSTITUTE

Presents:



GENERAL INFORMATION

The Prehospital Registered Nurse / PHPE Course is designed to teach registered nurses/ physician assistants to function as advanced life support care providers in the prehospital environment and introduce them to critical care transportation. Didactic classes are held at the George E. Moerkirk Emergency Medicine Institute of the Lehigh Valley Health Network, located on the ground floor at 2100 Mack Blvd, Allentown, Pennsylvania. Didactic includes ACLS, PALS, and PHTLS courses.

Classroom instruction begins on January 7, 2025, and runs to June 24, 2025. Class is conducted on Tuesdays from 8:00 A.M. - 2:00 P.M.

Classes consist of lectures and frequent workshops. This complete training program includes didactic, clinical, and field experiences provided by the Lehigh Valley Hospital Health Network and selected local ambulance corps.

To successfully complete the course, students must:

- 1) Complete the didactic
- 2) Pass the field internship,
- 3) Pass the EMT Basic practical test (administered by the Eastern PA EMS Council), unless you are already certified as an EMT
- 4) Pass the National Registry written assessment examination
- 5) Electronic device- IPAD, Laptop, etc with webcam is required

REGISTRATION

Enrollment is limited to current Registered Nurses/ PA's licensed in PA with current CPR provider status. Only 30 students will be accepted in the class. **Applications must be completed and postmarked no later than midnight, November 30, 2024. Acceptance is based on date of submission!**

ADDITIONAL INFORMATION

If you have any questions about the Pre-hospital Registered Nurse/ PHPE Course, please email Tom Rothrock, at Thomas.Rothrock@lvhn.org, call 484-884-0051(voice mail).

CLINICAL ROTATIONS

Rotations are provided at Lehigh Valley Hospital Health Network Facilities. Every attempt is made to schedule clinical rotations at times convenient to the student. A few require a morning shift.

Clinical Areas May Include

Emergency Department	Trauma Neuro ICU
Anesthesia Department	Burn Center
Operating Suite	Coronary Care Units
Psychiatric Unit	Respiratory Care
Pathology	Pediatric and Neonatal
Labor and Delivery	

Exemption will be granted for work experience in certain areas.

FIELD INTERNSHIP

There are two phases for the field internship. Phase one occurs during the didactic portion of the program. Students will precept with EMS providers in order to gain EMS experience. Upon completion of the didactic portion, phase two begins and this is where the student will take the role of the team leader to direct and run the calls. This entire field internship requires an average of 140 to 170 hours of pre-hospital emergency care and is performed with selected local ambulance corps. Field experience will include direct patient contacts including complete patient assessment and treatment, ambulance communication skills, as well as, completely documented pre-hospital trip report. Successful completion of the field internship is based on National Curriculum Competency Standards. Field evaluations will be conducted in the pre-hospital setting by approved preceptors.

COST OF THE PROGRAM

The total tuition amount is \$ 2,450. This fee includes course registration, textbooks, handouts, PHTLS, PALS and ACLS certifications, uniform shirt for the field internship and certification exam at the completion of the course. Upon acceptance, a \$ 150 non-refundable deposit will be required to retain a seat in the class (this is applied to the total tuition). \$ 500 is due the first day of class. The remaining \$ 1800 can be paid in a variety of payment plans: i.e.: one payment, two payments, or monthly payments. Accepted methods of payment include a check or money order (made payable to the GEM- Emergency Medicine Institute), VISA, MasterCard, American Express, or Discover. There will be a \$30 fee charged for any returned checks or declined charges.

Each student will be encouraged to have their own personal liability coverage.

Application must be postmarked by midnight, November 30, 2024.

ONCE ACCEPTED, THE FOLLOWING ARE REQUIRED

- Immunization record- form will be provided
- \$ 150 deposit (applied toward total tuition, non-refundable)
- Child Abuse, FBI and PSP Clearances
- Proof of Health Insurance

Course Coordinator: Tom Rothrock, R.N., MSN, CFRN, NRP
Asst. Coordinator: Matthew Kershes, BS, NRP,
Medical Director: Robert Tomsho, DO, MS

LEHIGH VALLEY HEALTH NETWORK
 GEM-Emergency Medicine Institute
 PHRN/ PHPE Application 2025
PLEASE TYPE OR PRINT CLEARLY

DATE / /

<u>PERSONAL INFORMATION:</u>			
NAME: (Last Name)		(First Name)	
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE #:	Cell #:	Email:	
STATE EMT # _____ EMT EXPIRATION DATE: _____ (If applicable) RN Lic. # _____ Exp Date _____			

<u>EDUCATIONAL BACKGROUND:</u>				
Circle the <u>highest level completed</u> , or indicate possession of Graduate Equivalent Degree (G.E.D.) (You must obtain copies of college transcripts and attach)				
Name of High School	1	2	3	4
Name of College	1	2	3	4
Name of Graduate School	1	2	3	4
Other (Explain)				

<u>DIPLOMAS OR DEGREES AWARDED:</u>			
List your educational Diplomas or Degrees. Start with your most recent first.			
NAME OF INSTITUTION	DEGREE	MAJOR	YEARS ATTENDED FROM - TO

<u>OCCUPATIONAL INFORMATION:</u>				
Provide the information requested below for all present employers. Also include self-employed information and part-time employers.				
EMPLOYER'S NAME AND ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME	YOUR TITLE AND DUTIES	DAYS AND HOURS OF YOUR SCHEDULE

EMERGENCY MEDICAL EXPERIENCE:(IF APPLICABLE)

List most recent experience first.

NAME OF ORGANIZATION	TYPE OF EXPERIENCE (AMBULANCE, ER, ICU, ETC)	DUTIES	FROM - TO (MONTH/YEAR)

SPECIALIZED TRAINING/EDUCATION:

(Include copies of your certificates and/or wallet cards with this application)

COURSE TITLE	DATE OF INITIAL CERTIFICATION	DATE EXPIRED	LICENSE NUMBER (If Applicable)
Basic Cardiac Life Support			
PA EMT (Basic)			
Additional (If Applicable)			
Additional (If Applicable)			

REFERENCES

List four (4) references that are familiar with your performance in Emergency Medical Care.
(No family members may be used as references.)

NAME	ADDRESS	TITLE	TELEPHONE NUMBER

EXPLAIN WHAT YOU WANT THE PRE-HOSPITAL REGISTERED NURSE CERTIFICATION TO DO FOR YOU:

CRIMINAL HISTORY RECORD:

Please fill out the enclosed "Criminal History Record" and attach to the application.

I certify that all of the information given in this application is accurate and true.

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN THE COMPLETED APPLICATION AND ALL SUPPORTING TRANSCRIPTS, CERTIFICATIONS, ETC. ATTACHED TO THE APPLICATION, postmarked by midnight November 30, 2024. Mail to:

GEM-EMERGENCY MEDICINE INSTITUTE
Attn: Tom Rothrock
Mack Building
2100 Mack Blvd, 1st Floor
Allentown, PA 18103.

Please note: If applications are incomplete, acceptance in the course will not be granted. Please use the attached "Application Checklist" to ensure proper submission of all required documents. Thank you!

LEHIGH VALLEY HEALTH NETWORK
GEM-Emergency Medicine Institute

APPLICATION CHECKLIST

The following items must be completed and/or included in your application:

- _____ Name
- _____ Address
- _____ Phone Number
- _____ College Transcripts
- _____ Specialized Training/Education Certificates and/or Wallet Cards
- _____ Additional Courses, Certifications, Registries Certificates and/or Wallet Cards
- _____ Completed and Signed Criminal History Record
- _____ Signature of Application
- _____ Copy of PA RN License
- _____ Copy of current CPR card

SECTION A – PERSONAL INFORMATION

Last Name (include Maiden Name, if applicable)	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Alternate Telephone Number	

Have you ever been convicted of a crime other than a summary or similar offense?

- Yes – Complete Sections B, C, D, E, & F
- No – Complete Sections C, D, E, & F

A conviction includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere. Accelerative Rehabilitative Disposition (ARD) is not considered a conviction.

Within the past 4 years, has your driver’s license been suspended or revoked? Yes No

SECTION B - CRIMINAL CONVICTION

Common Name of Offense & Grading (felony or misdemeanor, if known)	Date of Conviction	State of Conviction	County of Conviction

I provided my criminal history to the Bureau or a regional EMS council on a prior occasion when filing an application that was granted. **A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted to the Bureau of EMS.**

Describe the circumstances surrounding the crime(s) for which you were convicted:

Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as an EMS provider?

What are you doing to avoid criminal activity and to improve yourself?

Do you believe you have been rehabilitated? Why?

Are you on probation/parole? Yes No

Name of Probation/Parole Officer:

Telephone Number:

City/County/State of probation/parole?

Date of or projected date of completion of probation/parole?

Were you previously on probation/parole? Yes No

Name of former Probation/Parole Officer:

Telephone Number:

Was court ordered counseling classes/evaluation part of your probation/parole? Yes No (If yes, complete below)

Type of court ordered sessions:

Are you going to counseling voluntarily? Yes No (If yes, complete below)

Type of voluntary sessions:

Name of Counselor:

Telephone Number:

Date or projected date of successful completion of counseling/classes:

SECTION C – EMPLOYMENT

Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	

SECTION D – DISCIPLINARY ACTION DISCLOSURE

Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted? Yes No (If yes, provide circumstances of the disciplinary action):

You must provide the following if you have been convicted of a misdemeanor or felony (not previously reported):

1. An original signed copy of this form;
2. An original Pennsylvania State Police "Request for Criminal History Check" (SP4-164) and PSP rap sheet (SP4-1378); and
3. A certified copy of the court documents making the charges, disposing of the charges, and imposing sentences for all misdemeanor and felony offenses of which you have been convicted. These documents are most commonly called a 1) Criminal Complaint, 2) an Information or an Indictment, 3) and a Sentencing Order, Judgment/Probation Order, and/or a Commitment Order. Please note that the Bureau of EMS may require you to provide other certified copies of court documents depending on the disposition of your criminal case and/or the nature of your conviction.

You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy, doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced in 2 and 3 above, as well as a copy of the statute under which you were convicted.

Background checks may be performed to verify the information you provide on this form. If you have made a false statement or failed to identify all relevant conditions, disciplinary action may be initiated against you by the Department and/or a Criminal Justice Agency and that action may impact upon any certification or recognition you have received or may receive from the Department.

SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

Pursuant to section 4304.1(a)(2) of the Domestic Relations Code, 23 Pa.C.S. § 4304.1(a)(2), government agencies are required to collect the Social Security Number of an individual who has one on any application for a professional or occupational license or certification. Any information collected pursuant to this section shall be confidential except as permitted by law. The information may be provided to, and used by, the Department of Public Welfare, upon its request, or a court or domestic relations section solely for the purpose of child and spousal support enforcement and, to the extent allowed by Federal law, for administration of public assistance programs. The Bureau of EMS may also use this information for purposes of a criminal history check.

Section 2603 of the State Government Code, 71 P.S. § 2603, allows an individual applying for or renewing a professional or occupational license or certification to provide an alternate form of identification in lieu of a Social Security Number. Alternate forms of identification acceptable to the Bureau are an individual's Pennsylvania Driver's License Number or a Pennsylvania Non-Driver's Identification Card Number issued by the Pennsylvania Department of Transportation (PennDOT). Out-of-state driver's license numbers or non-driver's identification card numbers (or similar documents) are not acceptable.

Please note that if you provide a PennDOT identification number in lieu of your Social Security Number, the Department of Health is still required to obtain your Social Security Number pursuant to 23 Pa.C.S. § 4304.1(a)(2). The Department of Health will contact PennDOT and provide your PennDOT identification number in order to obtain your Social Security Number. The Bureau of EMS will not process your paperwork for certification until it receives your Social Security Number from PennDOT. Be aware that this will delay the issuance of any EMS certification or recognition for which you may qualify.

If you do not have a Social Security Number, your paperwork will be forwarded to the Bureau of EMS and you may be required to obtain from the Social Security Administration documentation showing that you have applied for a Social Security Number or a certification that you are not eligible for one. If you are not eligible for a Social Security Number, you may be required to obtain an Individual Taxpayer Identification Number (ITIN) from the Internal Revenue Service before you will be granted EMS certification.

Name (as it appears on card)	Social Security Number

In lieu of a Social Security Number, I am providing: PA Driver's License PA Non-Driver's Identification Card

Name (as it appears on card)	Address (as it appears on card)	Number

By affixing my driver's license number or non-driver's identification number issued by the Pennsylvania Department of Transportation, I authorize the Pennsylvania Department of Transportation to release my Social Security Number to the Pennsylvania Department of Health for the limited purpose of complying with 23 Pa.C.S. § 4304.1(a)(2).

NOTICE: Section 4904 of the PA Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
 - (1) Makes any written false statement which he does not believe to be true; or
 - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.
- (b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

SECTION F – WAIVER AND SIGNATURE

I hereby certify that the information provided in this form is **true and complete** to the best of my knowledge, information and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge that I have read the above Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code. I authorize and hold harmless the Pennsylvania Department of Health to contact the law enforcement, correctional officers, present and past employers, counseling programs, and anyone specifically noted on this application and any other persons that might have information pertaining to my conviction(s). I further authorize these entities to release information as allowed by law related to my convictions. I agree to sign any waivers or authorizations from these entities to release information related to my convictions if they require I do so. I understand that if I am denied certification or have disciplinary sanctions imposed against me by the Department it may publish information of its action and reasons for its decision on its web page. I further understand that completion of an EMS course does not guarantee issuance of certification.

Printed Name

Signature

Date

04/12