



***The George E. Moerkirk
Emergency Medicine Institute
Lehigh Valley Health Network***

&

Lehigh Carbon Community College

2019

***NREMT-Paramedic Training Program
Application***



NREMT-Paramedic TRAINING PROGRAM

With National Registry Paramedic Testing

COURSE: January 2, 2019- December 6, 2019

GENERAL COURSE INFORMATION

Lehigh Valley Health Network's George E. Moerkirk Emergency Medicine Institute (EMI) is accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). **The National Registry requires that you attend an accredited paramedic program in order to be eligible to take the national registry exam.** EMI follows the National Standard Paramedic Curriculum which prepares the paramedic student to take the National Registry exam, the State of Pennsylvania's official Paramedic Examination. Once you have successfully completed your testing, you will receive your National Registry and PA State paramedic certifications.

The paramedic program is held in the classroom and simulation labs of the Emergency Medicine Institute, which is located on the first floor of Lehigh Valley Health Network Mack building, 2100 Mack Blvd, Allentown, Pennsylvania. The class will use a telecommunications program at LVHN Pocono and Pottsville EMS; students will be able to attend a large majority of the didactic material at those sites. Clinical and field rotations are held locally within our hospital network, additional hospitals that have agreements with the network, and through our EMS system partners.

The program is held on Monday and Wednesday evenings from 6:30PM-10PM, beginning January 2, 2019. There are usually one or two monthly weekend class(es) on a Saturday or Sunday from 8AM-3PM throughout the year. The course will end December 6, 2019 with national registry practical examination.

Selection of students for this course is highly competitive. Those with the best combination of experience, knowledge and attitude will be considered the top candidates. Extensive training includes didactic classroom lectures, workshops and labs using our human patient simulators (instructor to student ratio 1:5), clinical rotations in various medical disciplines and field experience through preceptorships with selected Advanced Life Support Ambulance services. The course also provides ACLS, PALS, PHTLS, and 12 Lead EKG training.

REQUIREMENTS

- Current Pennsylvania EMT Certification
- At least 1 year current active experience is strongly preferred
- High School Diploma or GED
- Successful completion of entrance examinations administered at EMI
- Exceptional team-work, attitude and an interest in people, medicine, science, and learning
- 30 spare hours a week to devote to this intense learning experience.
- Electronic device- IPAD, Laptop, etc is required

CLINICAL ROTATIONS

Enhanced clinical rotations at Lehigh Valley Hospital-Cedar Crest, a Level I Trauma and Burn Center; Lehigh Valley Hospital - 17th & Chew; Lehigh Valley Hospital - Muhlenberg, and Lehigh Valley-Pocono; are scheduled between 7:00 A.M. and 11:00 P.M. These rotations allow for education and practice in patient assessment, med administrations, I.V. starts, respiratory treatments, and airway management. Clinical Areas Include:

Emergency Department	Trauma / Neuro ICU
Anesthesia Department	Pediatrics/ Pediatric ICU
Cath Lab	Burn Center
Coronary Care Unit	EP Lab
Labor & Delivery	

Any questions, contact Tom Rothrock, at Thomas.Rothrock@lvhn.org, voicemail 484-884-0051, or cell, 610-462-5995.

FIELD INTERNSHIPS

Field internships are your chance to put your clinical practice and didactic education into action under the close supervision of experienced paramedics. Our partner ALS squads provide you with real-world education and training in the demanding arena of advanced life support.

COST OF THE PROGRAM

The tuition is \$4,750, plus textbook costs of \$ 1000, and a \$125 computer scheduling program fee (**TOTAL FEES FOR PROGRAM \$5,875**). This fee includes registration, course materials, lab fees, computer scheduling program, textbooks (including ACLS, PALS, PHTLS Main textbook, and EKG books), shirts for class, shirts for field time, lab coat, graduation and certification exam fees, There are several payment plans available also. In addition, EMI is offering one full scholarship to a student. There are also several EMS grants and loans, as well as Sallie Mae loans available. The initial National Registry examination fee is included with in the tuition. It is recommended that each student have their own personal liability insurance.

ANATOMY AND PHYSIOLOGY

Anatomy and Physiology is now a prerequisite. The A&P course will run from September 5 through October 29, 2018. If you have successfully completed EMI's A&P class within the last 3 years, you do not have to retake A&P. If it's been 3—5 years since you successfully passed A&P at EMI you may "test-out". If you have taken a semester of a college A&P course within the last 5 years earning a "C" or better, send us the schedule and you may "test-out" of the A&P class. If it has been greater than 5 years, you will have to take the A&P class. Additional information available if needed.

HOW DO I APPLY?

You will need to complete this LVHN/Paramedic application. A **letter of recommendation from your primary EMS service and a signed Employer Awareness Form are also required.**

Next, you will need to complete an entrance exam which will include: EMT final exam type questions as well as anatomy, physiology, reading, and mathematics. This entrance test is required for all applicants and you must pass the EMT portion of the test to qualify for an interview. The A&P, reading and math portions are used to obtain a baseline and do not count toward the EMT portion of the test. Testing is done at EMI, 2100 Mack Blvd., First Floor, Allentown, PA. This testing may be scheduled starting August 6th and must be completed before October 31, 2018, call (484) 884-0012 and speak to Mary Ellen Dischnat at EMI to schedule the tests. There is a \$ 30 testing fee that will need to be paid to take the test.

The final step will be a personal interview which will be scheduled in early November, 2018. You will be contacted to schedule the interview, following successful completion of the EMT portion of the entrance exam and submission of all other requirements. **PLEASE REMEMBER, applications must be completed and postmarked no later than midnight October 31, 2018 to be considered for the 2019 class.**

REQUIRED UPON ACCEPTANCE, PRIOR TO START OF CLASS

- Child abuse, FBI and State Police Clearances
- Proof of Health Insurance
- \$ 150 Deposit (applied towards tuition costs, non-refundable)
- Drug testing, Physical Exam, & Immunization records due before clinicals

Program Director:	Tom Rothrock, R.N., MSN, CFRN, NRP
Course Coordinator:	Joseph Rycek, R.N., BSN, CFRN, NRP
Course Clinical Coordinator:	Tara Henry- Morrow, EMT-P
Medical Director:	Robert Tomsho, DO, MS

LEHIGH VALLEY HEALTH NETWORK

Emergency Medicine Institute

Paramedic Application: 2019

PLEASE PRINT CLEARLY

APPLICATION DATE / /

PERSONAL INFORMATION:

NAME: (Last Name) (First Name) (Middle initial)

ADDRESS:

CITY: STATE: ZIP: COUNTY:

HOME PHONE #: WORK PHONE #: CELL#: EMAIL:

SOCIAL SECURITY NUMBER (LAST 4 #'S): xxx - xx - STATE EMT # EMT EXPIRATION DATE:

EDUCATIONAL BACKGROUND:

Circle the highest level completed, or indicate possession of Graduate Equivalent Degree (G.E.D.)

(You must obtain copies of 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)				

DIPLOMAS OR DEGREES AWARDED:

List your educational Diplomas or Degrees. Start with your most recent first.

INSTITUTION	DEGREE	MAJOR	YEARS ATTENDED FROM - TO

OCCUPATIONAL INFORMATION:

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

NOTE: A COMPLETED AND SIGNED "EMPLOYER AWARENESS FORM" MUST BE ATTACHED TO APPLICATION FOR EACH EMPLOYER IDENTIFIED

EMERGENCY MEDICAL EXPERIENCE:

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	CURRENT EXPIRATION DATE	CERTIFICATION NUMBER (If Applicable)
Basic Cardiac Life Support			
PA EMT (Basic)			
PA EMT (Instructor) (If Applicable)			

ADDITIONAL COURSES, CERTIFICATIONS, REGISTRIES, ETC:

List below any additional courses, etc., you wish to support your application.
(Include copies of your certificates and/or wallet card for each course listed)
(Examples: Registered Nurse, L.P.N., CPR Instructor, Instructor-Trainer, etc)

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

Tell us why you wish to become a paramedic at this stage of your career:

By signing this application, I acknowledge that for me to be considered for this paramedic training program, I must successfully attain minimum competency in all required paramedic pre-tests to qualify for the interview process for the Lehigh Valley Health Network Paramedic Program. This includes all entrance examinations as explained above. I further agree that if I am accepted into the Paramedic program I will pay all tuition and costs associated with the program on the payment plan that I agree to. I specifically acknowledge that I will not be allowed to test or complete any final examinations or receive a certificate of completion until and unless I have paid all costs in full. I agree that I will owe 50% of the total tuition if I fail or leave the class for any reason before the mid-term test, and I agree that I will owe 100% of the total tuition if I fail or leave for any reason after the mid-term test.

I certify that all of the information given in this application is accurate and true to the best of my knowledge. I authorize the release all information pertinent to my paramedic certificate program administrator at Lehigh Valley Hospital. The information includes but is not limited to the following:

- High school transcripts
- Post secondary institution transcripts
- Assessment test scores/Admissions test scores
- Grades and Academic process evaluations
- Criminal and licensure background checks

SIGNATURE OF APPLICANT: _____

DATE: _____

RETURN THE COMPLETED APPLICATION, TOGETHER WITH THE \$ 30.00 EMT TESTING FEE, AND ALL SUPPORTING TRANSCRIPTS, CERTIFICATIONS, ETC. ATTACHED TO THE APPLICATION TO:

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

Please Note: If applications are incomplete, an interview **will not** be granted. Please use the following "Application Checklist" to ensure proper submission of all required documents.

Applications are to be received by or postmarked by October 31, 2018. Applications received after the deadline will not be considered for the 2019 class.

Entrance EXAMS must be completed by October 31, 2018 for the class. Call (484) 884-0012 to schedule these tests at EMI.

APPLICATION CHECKLIST

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

- _____ **Name**
- _____ **Address**
- _____ **Phone Number / Email address**
- _____ **School Transcripts**
- _____ **Employer Awareness Form(s) one for each employer**
- _____ **Specialized Training/Education Certificates and/or Wallet Cards**
- _____ **Additional Courses, Certifications, Registries Certificates and/or Wallet Cards**
- _____ **Signature of Application**
- _____ **Attach Testing Fee of \$ 30.00 if not already paid**
- _____ **Scheduled Entrance tests**
- _____ **Criminal History Form**
- _____ **Letter of recommendation from primary ambulance service**

LEHIGH VALLEY HEALTH NETWORK
Emergency Medicine Institute

"STATEMENT OF EMPLOYER AWARENESS FORM"

TO: Employers of Applicants to the National Standard Curriculum Paramedic Training Program

FROM: Lehigh Valley Hospital Network Emergency Medicine Institute Paramedic Program

SUBJECT: The 2019 National Standard Curriculum Paramedic Training Program

_____, one of your employees, is applying for admission to the Paramedic Training Program which is conducted at:

Lehigh Valley Health Network - George E. Moerkirk Emergency Medicine Institute
2100 Mack Blvd., First Floor
Allentown, PA 18103

Because of the nature of the training program, it is sometimes necessary for a student to arrange his schedule according to the needs of this course. This may involve shift changes, vacation days, leaves of absence, etc.

Listed below are some of the requirements of the course which may necessitate such schedule adjustments:

1. The course lectures are conducted on Monday and Wednesday from 6:30-10PM with a weekend class once or twice a month.
2. The course will last approximately 1 year.
3. During the course, a student will be required to gain skill competency in the technique of endotracheal intubation. This competency must be achieved in an operating room suite, and may take approximately eight to ten days to accomplish. Experiences in the operating suite are available only Monday through Friday, from 06:30 A.M. to early afternoon.
4. Some in-hospital experiences are available only at specific times; students are required to adjust their schedules to avail themselves for these experiences.
5. A student is not permitted to miss more than 40 unexcused hours during the course.

It is necessary for the applicant to attach this signed "Statement of Employer Awareness" to his/her application, in order to be considered for admission to the program. Thank you.

I have read the above, and I understand the implication of these statements, should my employee,

_____ be accepted into the Emergency Medicine Institute Paramedic Training Program.

(Place of Employment)

(Signature of Employer)

(Title of Individual)

(Date)

_____ All of the above not applicable, unemployed at present.



pennsylvania

DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

**Criminal History or Disciplinary
Action Reporting Form**

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