The EMS Education faculty and staff at Franciscan Indianapolis would like to thank you for choosing to apply for our program in pursuit of your goal of becoming a paramedic. We are here to assist if you have any questions throughout the process. On these instruction pages you will find: general information, instructions for completing and submitting the application, and instructions for completing the required background check.

4/1/20 - MESSAGE REGARDING COVID-19 PANDEMIC IMPACT ON THIS COURSE:
While the information contained in the application is accurate to the best of our knowledge, the timeline of this course may change dependent upon restrictions due to our shared public health crisis. We need healthcare workers now more than ever. It is certainly our intention to keep this class to the scheduled timeline as much as is possible. – Sara J. Brown, EMS Education Program Director

Costs
Application fee is $50. Background check is $48 (payable directly to the “Verify Students” service). Once offered a seat in the class, a $38 drug screen is also required. Both volumes of the textbook, Nancy Caroline’s Emergency Care in the Streets-8th edition, are required. To contain program costs, the student obtains the textbook on their own and may choose to borrow, buy used, or buy new.

The cost for the program (precourse and course) is $5,500.00:

- **Tuition** $3,900.00
  - Classroom Instruction
  - Lab Instruction
  - Clinical and Field Instruction
  - Sub-course Instruction (ACLS, PALS, ITLS)
- **Educational Tools** $850.00
  - FISDAP
  - EMS Testing
  - Online Learning Management System
  - Uniform shirts and scrubs
- **Supplies** $750.00
  - Use of Equipment
  - Medical Supplies
  - ID Badge
  - Photocopied class handouts
  - Organic and other perishable materials

Ways to pay:
Checks or Money Orders should be made payable to: FHIN EMS Education
Credit and/or debit cards are also accepted
Cash payments should be made in person

When to pay:
- Application fee must accompany the application by the due date of June 9, 2020.
- Fee for background check is payable when requesting the service online and also must be completed by June 9th.
- $250 deposit upon acceptance into precourse is due within 7 days of notice (~July 24th)
- Sept. 14, 2020 $1125.00 (Remainder of precourse tuition installment)
- Nov. 16, 2020 $1375.00
- Feb. 25, 2021 $1375.00
- Mar. 15, 2021 $1375.00

Discounts:
Discounts are available for persons who:
- successfully completed EMT class at Franciscan Health Indianapolis
- work full-time or part-time for Franciscan Health
- work full-time for any of our affiliated provider organizations or our field precepting sites
- are recommended by the EMT program faculty (limit to one recommendation/year) from one of our partnered EMT programs in the area

Only one discount is allowed per student. Documentation of eligibility is required.
Selection Process

- Review of application and supporting documentation
- EMT knowledge exam
  - Review of a current EMT textbook is recommended to prepare for this exam
- Formal interview

Correspondence regarding scheduling of the exam and interview will be conducted by email.

Notifications regarding acceptance into precourse are expected to be made in July. Within 7 calendar days of this notification, a drug screen and a $250.00 non-refundable deposit are required to secure your position. This deposit will be applied toward the first tuition installment.

Accepted applicants are required to attend “Orientation Night” on Tuesday, August 26, 2020 at 1830. A friend or family member is strongly encouraged to attend, as well, to learn about the program and expectations. Due to space constraints, each student may only bring one guest.

Precourse is expected to begin Monday, Sept. 14, 2020.

Application Instructions

For all pages, ensure all blanks are filled in and your name is in upper right corner for pages 2-5.

Page 1
- Attach a photo of the applicant’s face (passport style photograph)
- Complete the background check at www.VerifyStudents.com
  - Create a new account
  - Use promotional code FRAND32D

Page 2
- Circle shirt size
- Please let us know how you heard about us

Page 3
- This page is used to determine which applicants will need a FERPA information release form.
- Complete as appropriate for your situation

Page 4
- Note that medical records do not need to be submitted with the application

Page 5
- Request a copy of the draft course policy manual, if you did not receive it with the application.
- Review the list at the bottom of Page 5 to ensure your application is complete

Submitting the Application

Completed applications must be received no later than: June 9, 2020 at 1200 hrs.

Applications may be submitted by either of these means:

US Mail to: Franciscan Health Indianapolis
EMS Education
421 N Emerson Avenue
Greenwood, IN, 46143
ATTN: Sara Brown

Hand Delivered: Call Lynlee Lafary at 317-528-3534 to make an appointment
Monday-Friday from 0800-1600.

Questions Should be Directed to
Sara Brown at Sara.Brown2@FranciscanAlliance.org
Personal Data

Name: ___________________________________________  _____________________________
   Last          First          Middle

Address: ____________________________________________  ________________________________
   Street       City/State     Zip

Primary Phone: ___________________________ Social Security Number: __________________

Email address (required): ___________________________________________________________

Date Verify Students background check was requested by applicant __________________
If applicant attended EMT class at Franciscan and completed this check within the last 24 months, then it is not required with this application.

Current Employer: __________________________________________________________

Employer Address: ____________________________________________________________
   Street       City/State     Zip

Work Phone: ___________________________ Length of Employment: ____________ FT / PT
(If more than one, check here □ and list separately)

List ALL previous EMS Employers (If more than two, check here □ and list separately)

1) Employer Name: ______________________________________________________________

Employer Address: ____________________________________________________________
   Street       City/State     Zip

How long? __________ □ Part-time □ Full-time Supervising Hospital: __________________

Supervisor: ___________________________ Contact Number: __________________________

2) Employer Name: ______________________________________________________________

Employer Address: ____________________________________________________________
   Street       City/State     Zip

How long? __________ □ Part-time □ Full-time Supervising Hospital: __________________

Supervisor: ___________________________ Contact Number: __________________________
Emergency Notification

Primary Name: ___________________ Relationship: ____________________
Primary Phone: ___________________ Secondary Phone: ____________________
Secondary Name: ___________________ Relationship: ____________________
Secondary Phone: ____________________

Educational Background

☐ High School Graduate __________  or  ☐ GED __________

Post-secondary Education: ☐ Some college  ☐ Associate’s Degree  ☐ Bachelor’s Degree

EMT Course: Training Institution: __________________________________________________
Primary Instructor: ___________________ Month/Year of Course Completion: __________

IN PSID #: _________________________ Exp. Date: __________
Nationally Registered: ☐ Yes  ☐ No  Number: ___________________ Exp. Date: __________

Men’s T-shirt size (circle one):  S  M  L  XL  XXL  XXXL

How did you hear about this program/application process?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PAGE 3

**Financial Assistance Declaration**

The Family Education Rights and Privacy Act (FERPA) is a Federal Law designed to protect the privacy of a student’s education records. This act protects your personal and educational information from being disclosed to third parties.

If payment is received from any source other than the student, either a FERPA form must be submitted granting the source access to education records or the source must agree in writing they will have no access to the student’s education records.

**Please select the box which best applies to your situation:**

☐ I WILL be receiving financial assistance and my source will agree, in writing, they will not have access to my education records.

Source of financial assistance:
_____________________________________________________

☐ I WILL be receiving financial assistance and I will agree to grant access to my educational records to the financial assistance source.

Source of financial assistance:
_____________________________________________________

☐ All payments will come directly from me.

Applicant’s Signature ____________________________ Date __________

Printed Name ____________________________________

APPLICANT LAST NAME

 Franciscan HEALTH
 EMS EDUCATION
 Indianapolis

APPLICANT LAST NAME
Student Health Record

I understand that if accepted into the program, prior to September 14, 2020 I will be required to provide proof of:

- Negative TB status (not > 6 months old at class start)
- Hepatitis B vaccination
- Measles, Mumps, and Rubella (MMR) vaccination
- Diphtheria, Tetanus, and Pertussis (DTaP) vaccination
- Varicella vaccination (or attestation of having had Chickenpox)

Further, I will be required to provide proof of:

- Annual flu vaccination by November 30, 2020

The application can be submitted without the above medical records. They are required by the dates indicated above.

Students are strongly encouraged to have a physical examination and consult with their physician regarding their health status and physical readiness to participate in all aspects of the program.

___________________________________________________________  _______________________
Applicant’s Signature                                      Date

Release of Information Authorization

I authorize any:

- Current or former employers
- Current or former affiliating hospitals
- Current or former training institutions
- Sites of educational experiences
- Personal or professional references (if submitted)

to furnish Franciscan Health Indianapolis EMS Education with information regarding my performance and/or records of my achievements and standings. I release them and Franciscan Health Indianapolis from any and all liability whatsoever.

I understand that a copy of this document may be sent to any institution or individual named in this application and any included documentation.

___________________________________________________________  _______________________
Applicant’s Signature                                      Date
PAGE 5

Course Policies

(If needed, an electronic copy of the draft course policy manual may be requested by email at EMSEducation@FranciscanAlliance.org)

I have received a draft copy of the course policy manual. I understand this is a draft and the final version will be provided to me no later than the first day of precourse.

________________________________________
Applicant’s Signature

Date

Integrity Statement

I certify that the information contained in this entire application is true and complete to the best of my knowledge. I realize that any misrepresentation of facts, whether intentional or unintentional, found at any point may lead to the rejection of this application or immediate dismissal from the program without refund. I understand that final selection is contingent upon satisfactory completion of all portions of the competitive application process.

________________________________________
Applicant’s Signature

Date

Printed Name

In addition to the application fee, the following are to be included with the application (in this order):
  1. Copy of valid, government-issued photo ID (i.e. driver’s license)
  2. Proof of High School (or equivalent) graduation
  3. Proof of Indiana EMT certification (include a note if still in EMT class or awaiting certification)
  4. Copies of other EMS-related certifications or cards
  5. Any additional documentation the applicant would like to be considered during the student selection process, examples:
     a. Letters of recommendation
     b. Commendations
     c. Explanation of any negative information on background check

If there are delays in obtaining any of the needed documents, the incomplete application may be submitted. The applicant should include a note explaining the situation.