Region IX

PARAMEDIC TRAINING COURSE APPLICATION

Site applying for: St. Joseph Hospital Elgin in affiliation with Elgin Community College

PLEASE TYPE OR PRINT LEGIBLY

STUDENT INFORMATION						
Name:	Но	Home Phone #:				
Address: Apt:	Da	Date of Birth:				
City:	So	ocial Sec	curity	#:		
State: Zip Code:			ouriey			
Email Address:						
Employer: Current C		Occupation:				
Address:	Ph	Phone:				
EI	DUCATIO	N				
Note: official high school or college diploma	ı/transcript n	nust be	provi	ded to EMS office upon request		
High School Education			Year Graduated:			
School Attended:						
Address:		1				
Undergraduate Education				s Completed: 1 2 3 4		
College Attended:			Degree Earned:			
Address:			Date:			
		Years Completed: 1 2 3 4				
Address:			Degree Earned: Date:			
Other Education			Daic.	•		
School Attended:						
Address:						
EMT-B/ EMT-I INFORMATION						
Training Site:	Da	Date Completed:				
EMT-B Employer:	Ту	Type of Provider:				
Address:		□ Private □ Municipal □ Volunteer				
Your Status: Date of Hire/		ire/A	ctive Service			
□ Full-time □ Part-time □ Paid-on-call □Vo	lunteer Fr	om:		Го:		
LICENCING ACTION	N AND FE	LONY	ST	ATEMENT		
□ Yes □ No Have you ever been subject to limitation, suspension,				If you answered "yes" to either		
or termination of your right to practice in a health care occupation or			or	question, you must provide		
voluntarily surrendered a health care licensure in any state or to an				official documentation that		
agency authorizing the legal right to work? □ Yes □ No Have you ever been convicted of a felony?				fully describes the offense,		
1165 1140 Have you ever been convicted	or a relony?			current status, and disposition of the case.		

FIELD EXPERIENCE AGREEMENT						
Complete this side if you will be	riding with a	Complete this side if you will be riding				
department where you are an	O	with a department where you are	NOT an			
employee/member		employee/member				
Employer Agreement:		Non-Employer Agreement:				
I hereby affirm and declare that the a	applicant is	I hereby confirm the applicant is not e	mployed by			
currently employed as and EMT-B and is in good		this agency/department. However, I agree to				
standing with this department. I agr		provide opportunity for supervised field				
in the training of the applicant, provi		experience to the applicant during his/her				
for supervised field experience, assu		paramedic training and assure completion of				
blood borne pathogen training, and p	-	blood borne pathogen training. This agreement in				
opportunity for Hepatitis B immuniz		no way constitutes an employer/employee				
understand that false statements may be considered		relationship.				
sufficient cause for removal of the a	pplicant from the					
training course.						
Signature of Employer	Title	Signature of Agency Representative	Title			
Agency	Date	Agency	Date			
		URSE AGREEMENT				
	pleted ONLY for	students attending an out-of-system	program			
To be completed by student:						
Primary System:			_			
Reason for not attending primary sys	stem course:					
To be completed by Primary Hospital EMS System Coordinator:						
I hereby confirm that is a member of (Name of applicant) (Name of Ambulance Agency/ Fire Dept)						
and is a participant in the EMS System. I am aware that						
(Name of applicant)						
is applying for acceptance into the <u>St. Joseph Hospital (#600685)</u> Paramedic Training Program. I approve						
of this application and agree to permit this student to obtain his/her field internship requirements riding in						
this system, thus meeting the requirements set forth by the <u>St. Joseph Hospital (#600685)</u> Paramedic						
Training Program.						
Training Frogram.						
Signature of EMS System Coordi	nator	Date				
APPLICANT AGREEMENT						
Have you ever applied for a paramed						
If yes, Site:		Date:				
Reason for not attending?		Dutc				
reason for not attending.						
Have you ever attended a paramedic	training course be	fore? Yes No				
If yes, Site:		Date:				
Reason for not completing program?	?					
I homeby affirm and deal and that the few	againg statement	to true and connect I we denote a deal info-	mation or			
		re true and correct. I understand false infor al from the Paramedic Training Course	manon or			
statements may be considered as sufficient cause for removal from the Paramedic Training Course. Signature of applicant: Date:						
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