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:	Home	Phone #	‡ :		
Address: Ap	ot: Date of	f Birth:			
City:	Social	Security	v #:		
State: Zip Code:	Count		,		
Email Address:					
Employer:	Curre	nt Occup	pation:		
Address:	Phone	:			
	EDUCATION				
Note: official high school or college a	liploma/transcript musi	be prov	rided to EMS office upon request		
High School Education			Year Graduated:		
School Attended:					
Address:					
Undergraduate Education			rs Completed: 1 2 3 4		
College Attended:		Degree Earned:			
Address:		Date			
Graduate Education			rs Completed: 1 2 3 4		
College Attended: Address:			Degree Earned: Date:		
Other Education		Dan	··		
School Attended:					
Address:					
EMT-B/ EMT-I INFORMATION					
Training Site:	Date (Date Completed:			
EMT-B Employer:	Type	Type of Provider:			
Address:	□ Priv	□ Private □ Municipal □ Volunteer			
		of Hire/Active Service			
□ Full-time □ Part-time □ Paid-on-call □Volunteer From:			To:		
LICENCING AC	CTION AND FELC	NY ST	<u> </u>		
\square Yes \square No Have you ever been sub	-		If you answered "yes" to either		
or termination of your right to practice in a health care occupation 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,			
□ Yes □ No Have you ever been cor	ivicted of a felony?		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		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 agree		provide opportunity for supervised fie			
in the training of the applicant, provide opportunity		experience to the applicant during his/			
for supervised field experience, assure completion of		paramedic training and assure comple			
blood borne pathogen training, and provide		blood borne pathogen training. This a	greement in		
opportunity for Hepatitis B immunization. I		no way constitutes an employer/emplo	oyee		
understand that false statements may	be considered	relationship.			
sufficient cause for removal of the ap	oplicant from the				
training course.					
Signature of Employer	Title	Signature of Agency Representative	Title		
Agency	Date	Agency	Date		
OUT-OF-	SYSTEM COU	URSE AGREEMENT			
Note: This section must be com	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:				
T. I 1.4.11. D II	'A LEMO C	C. P. A.			
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.					
Signature of EMS System Coordi	nator	Date	_		
	PPLICANT A	CDEEMENT			
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?					
II					
I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or					
statements may be considered as sufficient cause for removal from the Paramedic Training Course. Signature of applicant: Date:					
Signature of applicant.		Date.			