

PARAMEDIC

Initial Education Class

WHEN:

Wednesdays

July 12, 2023 to February 28, 2025

0830 to 1630

WHERE:

ECIEMS Classroom

408 South Neil, Champaign IL

COST: \$6,500

Includes textbooks, online codes, uniform and certification courses. Payment options available.

osfhealthcare.org

Program Director: Janna.Hodge@osfhealthcare.org

Lead Instructor: Leslie.R.Mennenga@osfhealthcare.org

www.osfhealthcare.org/ems/eciems



(217) 359- 6619

East Central Illinois EMS





Introduction

Thank you for your interest in applying for East Central Illinois EMS Paramedic Program. In this packet, you will find or be informed with everything required for you to apply and/or turn in to be considered for a position in our program. Please read carefully and be sure to have the **Application for Paramedic Program with two letters of recommendation** turned into the ECIEMS office no later than June 23rd, 2023.

Program Goals

The goal for ECIEMS is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder Levels.

Pre-Qualifications

To be qualified for review you must have:

- Proof of identification that you are or will be the age of 18 by the testing date.
- A high school diploma or equivalent of a 12 year certificate.
- A current State of Illinois EMT license for at least 6 months and in good standing in current EMS System. EMT license must stay current and active for the duration of the Paramedic program.
- A current CPR (AHA BLS or equivalent)
- A completed ECIEMS Paramedic Program Application.
- Two letters of recommendation from colleagues approving your skills, work ethic, character and potential as a future paramedic.
- A satisfactory background check.
- Completed Paramedic Entry Exam online by appointment.
- Completed a sitting, oral interview.
- A completed ECIEMS System Entry Application (**upon request only**).

Note: Candidates will be ranked based on completion of admission requirements and performance during an oral interview.

Note: Submitting the application requirements will result in an admission decision. It will not guarantee acceptance to the program. All program admissions are dependent seat availability in the class room.

Discrimination

East Central Illinois EMS, a department of the OSF Healthcare System, considers students, employees, applicants for admission or employment and those seeking access to system programs on the basis of individual merit. OSF Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Criminal Background Check

All health care workers and student health care workers are required to undergo a criminal background check in order to work in a clinical setting. A student with a positive background check containing disqualifying conditions as defined by Federal and State law will not be allowed to enter the clinical portion of the program. A student with a positive background check containing disqualifying conditions

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as defined by Illinois State Law ([225ILCS46/25](#)) and 77 Ill Adm. Code 955 Section [955.160](#) will not be allowed to enter the clinical portion of this program, thus preventing the student from obtaining mandated certification and/or licensure.

NOTE: You may have been convicted and not sent to jail. People are often fined or given probation or conditional discharge rather than jail time, but these are still considered convictions. If you are unsure as to whether an arrest resulted in a conviction, contact the county in which you were arrested and speak to a representative in the Circuit Clerk's office, State's Attorney's office or your attorney.

Criminal background checks are completed during the application phase of the Paramedic program prior to taking the entrance exams. Payment shall be made at this time via credit card through the Platinum testing service. The student is responsible for all fees. The fee for background check is \$35*.

Health and Immunization

All students are required to have purchased, maintain and keep valid comprehensive health insurance through the entire length of chosen program. The student is responsible for any medical costs associated with participation in the chosen program.

All students shall comply with the required immunizations and health screening to be considered for enrollment in the Paramedic Program. The student is responsible for all costs associated with obtaining and maintaining these requirements. All related documents, upon submission, will remain confidential and will be securely filed with the student's personal file throughout the duration of the Paramedic Program. The listed fees are estimates from area vendors. Actual charges may vary, and the student is responsible for any and all costs associated with application.

All required:

- Physical Examination: \$70.00

If deficit or missing:

- 2 Step TB Skin Test: \$25.00
- Chest X-Ray (if TB is positive): \$70.00
- MMR Titer: \$143.80
- Varicella Titer: \$70.00
- Hepatitis B Vaccine (per vaccine): \$100.00
- Hepatitis B Titer: \$55.00
- TDdap Vaccine: \$75.00
- Covid 19 Vaccine: Recommended but not required
- Influenza Vaccine: Varies. Average between \$30.00-\$40.00
- Venipuncture Fee (for lab draws): \$20.00
- Injection fee (for vaccines): \$20.00

Note: Candidates may complete the physical assessment after notification of admission decision. Physical shall be completed prior to start of Module 1 (9/27/2023). Failure to successfully complete any component of the health screening or immunization requirements shall result in dismissal from the program and forfeiture of any associated fees.

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Course Fees

- The fee for the ECIEMS Paramedic Program is \$6,500.
- Fees for courses offered by ECIEMS will include the required textbooks with access codes and includes required uniforms.
- Course fees do not include National Registry certification exam fees or State of Illinois Licensing fee.
- Course fees may be set up on a payment plan to be broken down into five payments. The first payment will be due on or before the first day of class.
 - Second through fifth payment will be due **at the start** of modules 1, 2, 3, 4 respectively.
 - Non-payment of a payment plan more than 2 weeks after the start of a module shall incur a fee up to 10% of total remaining balance.
 - Non-payment of a payment plan more than 4 weeks after the start of a module shall result in removal from the program.

Withdrawing from a Course and Reimbursement of Course Fees

1. Any student withdrawing from an ECIEMS class **prior** to the **start** date will receive full reimbursement of the amount paid **minus** the cost of the textbook with the access code.
 - a. Textbooks can be considered for buyback if a student should withdrawal from the program **prior** to the start class **if** the following conditions have been met:
 - i. The textbook shall be in “**NEW**” condition and free of defects not normally associated with a newly purchased look.
 - ii. All access codes must be concealed behind the **original** scratch off cover.
 - iii. Any and all supplemental materials included with the book must also be returned and in “**NEW**” condition.
2. Any student withdrawing from the program within the first two weeks of a module will be eligible for up to a 50% reimbursement of the amount paid in that module, minus the cost of the textbook with the access code.

Attendance

Students are expected to attend all scheduled classes and clinicals on time.

- Tardiness greater than 15 minutes on more than two occasions in a rolling 8 weeks disqualifies you from completing the program
- Absences exceeding 10% of classroom time disqualifies you from completing the program

Note: Classes cancelled due to weather will be announced. Any extraordinary circumstances causing attendance complications, please contact the Lead EMS Instructor as soon as possible.

Dress Code

1. Program uniform will be provided and shall be worn in every classroom setting, during all clinical appointments and during all internship time.
 - a. Initial uniform cost is included in the Paramedic Program fees.
2. Black duty boots shall be worn during all classes, clinical appointments and internship time.
 - a. Duty boot cost is the responsibility of the student.

Professional Liability Insurance

We feel it is important for every student and Paramedic to take proactive steps to protect themselves in every manner possible. Due to this, ECIEMS requires each student to submit proof of a valid professional liability policy which remains in effect from the start of Field Clinical Experiences through the remainder of the Paramedic Program. Good insurance protects someone in court cases and license hearings when



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malpractice has been claimed by a patient and has the interests of the individual in mind, not the employer or program. Costs vary and may be reoccurring.

You are free to choose any provider using the following guidelines:

- Coverage should include at least \$1,000,000 in professional liability
- Provide up to \$3,000,000 aggregated professional liability coverage-which is the total amount of yearly coverage you will receive for medical malpractice claims
- Should be occurrence-based coverage
- A great insurance company includes the Defense costs in coverage as well as deposition representation
- The policy should also include license protection and representation during a board hearing
- In addition, paramedics will find some companies that provide 24 hour coverage- including during work hours, after work hours with curbside recommendation lawsuits and be individual-case based.

Letter of Review Status

The OSF Heart of Mary Medical Center d/b/a East Central Illinois EMS Paramedic Program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:

214-703-8445

www.coaemsp.org

In this packet you will find:

- East Central Illinois EMS Paramedic Program application
- East Central Illinois EMS medical exam and immunization form
- East Central Illinois EMS Introduction

The ECIEMS Paramedic Program Application, two letters of recommendation, and supporting licenses and certifications must be submitted by June 23rd, 2023 to be considered for the program.

You must provide your own copy of your identification, EMT license, CPR card and letters of recommendation. It is your responsibility to ensure all paperwork is filled out completely and submitted to ECIEMS.

If you have any questions, please do not hesitate to call East Central Illinois EMS at 217-359-6619 Mon-Fri 0800-1630.

Thank you for your interest in applying for the East Central Illinois Paramedic Program. We look forward to meeting with you.

*Prices are subject to change without notice

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Application for Paramedic Program *Personal Information (please print)*

Full Name: _____

Street Address: _____

City, State, ZIP: _____

County: _____

Phone: _____ Alternate phone: _____

E-mail: _____ Date of Birth: ____/____/____

S.S.#: _____ - _____ - _____ Driver's License _____

IDPH License #: _____ (include a copy of your license with the application)

Affiliation/Department: _____ (if applicable)

Education: High School Attended: _____

Graduation Year: _____ or Year GED obtained: _____

Health Care Provider CPR Card Expiration Date: _____

Applicant Affidavit:

I hereby certify that all of the information provided is true, and that I:

- am 18 or will be 18 or older prior to taking the licensure exam
- have a high school diploma or equivalent
- have a current CPR certification at the Healthcare Provider level as required for this course
- have a current State of Illinois EMT license for 6 months and in good standing.

By signing this affidavit, I:

- authorize the East Central Illinois EMS System to request any and all records of my licensure, continuing education, or past EMS history from the Illinois Department of Public Health or the Illinois Department of Professional Regulation, and from my current EMS System Coordinator.
- give my consent for this form to be reviewed by the program director and released to clinical agencies for compliance audits.
- understand that failure to comply with policies including the grading scale and attendance requirements may result in corrective action, which could include dismissal from the course and denial of my ability to take a Licensure Examination.
- agree to abide by all of the policies of the course.

My signature indicates that I have read and understand this affidavit.

Signature of Applicant

_____/_____/_____
Date

Printed Name of Applicant

EAST CENTRAL ILLINOIS EMS CORE EDUCATION PROGRAMS

Physical Examination Form



___ EMS - Paramedic

___ EMS - Prehospital
Registered Nurse

Nondiscrimination Policy OSF HealthCare complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. OSF HealthCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (Except where disability may be a factor in the occupational qualifications).

Submit completed forms to:

**OSF HealthCare Heart of Mary Medical
Center East Central Illinois EMS
1400 W Park St.
Urbana, IL
61801
Phone: 217-359-6619
www.osfhealthcare.org/ems/eciems/**

LM 6/8/2023

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Program Descriptions

Please refer to the following descriptions of technical standards for each core education program. Please see Part IV.

Emergency Medical Services - Emergency Medical Technician

Students in the Emergency Medical Technician (EMT) Program must attend a minimum of **24** hours of clinical training in which he/she will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretcher; perform CPR; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds; possess the ability to communicate sufficiently to serve the needs of patients, the public, and members of the health care team.

Emergency Medical Services - Paramedic

Students in the Paramedic Program must attend a minimum of **600** hours of clinical training in which he/she will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretcher; perform CPR; demonstrate fine motor skills in accessing IV sites; possess the ability to communicate sufficiently to serve the needs of patients, the public, and members of the health care team; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds.

Prehospital Registered Nurse

Students in the Prehospital Registered Nurse (PHRN) Program must attend a minimum of **48** hours of clinical training in which he/she will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretcher; perform CPR; demonstrate fine motor skills in accessing IV sites; possess the ability to communicate sufficiently to serve the needs of patients, the public, and members of the health care team; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds.

CORE EDUCATION Physical Examination Form

Part I

APPLICANT: Complete this section. Please **PRINT**.

PROGRAM check one:

EMS - Paramedic

EMS - PHRN

Name _____
First MI Last

Address _____
Street City State Zip Code

Email _____ Birth date ____/____/____
Month Day Year

Telephone _____
(Primary) (Secondary)

NOTE: The student is required to maintain health insurance and/or be responsible for medical expenses incurred during a clinical rotation or field internship.

I request that this report be submitted to the appropriate Program Director at East Central Illinois EMS, OSF HealthCare Heart of Mary Medical Center, 1400 W Park St. Urbana, IL 61801.

I hereby attest that medical information supplied includes all medical conditions that would affect my participation in a health professions program. I authorize release of current medical information on my medical history or current condition to clinical affiliates.

If false information is given, or if significant medical information is withheld, I understand I will be dismissed from the program.

Applicant Signature: _____ Date: _____

CORE EDUCATION Immunization Record

Part II

NOTE: The following immunizations or titers are required. A shot record must document all immunizations/titers unless immunization is given the day of the physical exam. **In addition to completing the physical form, if applicable, please provide a copy of all results & titer results.** Express results in numerical values. Titers and alternative testing, located on Appendix A.

TB skin test PPD	Applicant must undergo a two-step PPD* prior to beginning the clinical experience. Any two-step PPD dated within one year from the end of the course will be accepted.	PPD 1 st PPD 2 nd PPD	<u>Date</u> ____/____/____ ____/____/____	<u>Results in mm</u> _____ _____
*The second PPD should be completed 7-10 days after the first test is completed.				
Mumps Rubeola Rubella MMR	The applicant must have documented proof of two (2) MMR vaccinations.	MMR 1 st MMR injection 2 nd MMR injection	<u>Date</u> ____/____/____ ____/____/____	
Varicella Chicken Pox	The applicant must have documented proof of two (2) Varicella vaccinations.	Varicella 1 st Varicella injection 2 nd Varicella injection	<u>Date</u> ____/____/____ ____/____/____	
Hepatitis B	The applicant must have documented proof of Hepatitis B vaccination series.	Hepatitis B 1 st Hepatitis injection 2 nd Hepatitis injection 3 rd Hepatitis injection	<u>Date</u> ____/____/____ ____/____/____ ____/____/____	
Tdap	The applicant must have documented proof of current tetanus toxoid vaccination within the past 10 years.	Tdap Tdap injection	<u>Date</u> ____/____/____	
Influenza	The applicant must have documented proof of current seasonal flu shot. (Courses starting within October 1 to April 30 only).	Flu Shot Flu Shot injection	<u>Date</u> ____/____/____	
COVID-19	The COVID-19 Vaccination is recommended. Single dose vaccines mark N/A for 2 nd injection.	COVID-19 1 st COVID injection 2 nd COVID injection	<u>Date</u> ____/____/____ ____/____/____	<u>Manufacture</u> _____ _____

Applicant Name: _____

CORE EDUCATION Immunization Record

Appendix A

NOTE: This form is to supplement the Immunization Record. **Please provide a copy of all immunological results & titer results.** Use of this page is only indicated for missing or incomplete data on the Immunization Record.

Express results in numerical values.

TB If your current or any previous TB skin test resulted positive, a chest x-ray and reading will be required. If you received a QuantiFERON®-TB Gold blood test, note those results here.		TB Chest X-Ray QuantiFERON®-TB Gold	<u>Date</u> / / / /	<u>Results</u> _____ _____
Mumps Rubeola Rubella MMR	MMR titers may be used to prove immunity. <u>If the applicant is not immune to MMR, they are required to obtain the MMR vaccination.</u>	MMR Mumps titer Rubeola titer Rubella titer 1 st MMR 2 nd MMR	<u>Date</u> / / / / / / / / / /	<u>Titer Results</u> _____ _____ _____ _____ _____
Varicella Chicken Pox	Varicella titers may be used to prove immunity. Childhood infection is not proof of immunity. <u>If the applicant is not immune to Varicella, they are required to obtain two (2) Varicella vaccinations.</u>	Varicella Varicella titer 1 st Varicella injection 2 nd Varicella injection	<u>Date</u> / / / / / /	<u>Titer Results</u> _____ _____ _____
Hepatitis B	Hepatitis B titers may be used to prove immunity. <u>If the applicant is not immune to Hep. B, they are required to obtain the Hep. B vaccination</u>	Hepatitis B Hepatitis B titer 1 st Hep. B 2 nd Hep. B 3 rd Hep. B	<u>Date</u> / / / / / /	<u>Titer Results</u> _____ _____ _____ _____

Applicant Name: _____

CORE EDUCATION Physical Examination Form

Part III

INSTRUCTIONS: Physician or official designee must complete parts II, III, IV, and V of this form and affix his/her signature at the bottom of the last page. Copies of lab reports, vaccination records, and titers, **MUST** be attached.

PHYSICIAN:

Please complete **all sections** of this form and return it to **patient**.

1. Height: ____
2. Weight: ____
3. T:____P:____R:____BP:____/____
4. Vision: OD____OS____OU____Corrected?____Yes____No
5. General appearance:
6. Ears:
7. Nose:
8. Throat:
9. Neck:
10. Breasts:
11. Chest:
12. Cardiovascular system:
13. Abdomen:
14. GI system:
15. GU system:
16. CNS/Reflexes:
17. Back:
18. Fine Motor Control:
19. Is there evidence of current misuse of illicit drugs or alcohol:____Yes____No
20. Describe any conditions currently being treated:

21. Allergies:

Applicant Name: _____

CORE EDUCATION Technical Standards

Part IV

To ensure patient safety and welfare, the ECIEMS Core Educations Programs have established technical standards which must be met by the applicants.

PHYSICIAN:

Please consider the following technical standards when answering question number four (4) in Part V of the Physical Form.

YES

NO

Sufficient eyesight to observe patients, read patient records, manipulate equipment and accessories, visually monitor patients in dimmed light via video monitors, evaluate ECG/EKG paper strips/video monitors for quality, and see distinct colors on video monitors.

Sufficient hearing to communicate with patients and other members of the health care team, monitor patients via audio monitors and hear background sounds during equipment operations.

Satisfactory speaking, reading, listening, and writing skills to communicate in English effectively and promptly.

Sufficient gross and fine motor coordination to manipulate equipment and accessories, lift a minimum of 125 pounds and to stoop, bend or promptly assist patients who become unstable.

Satisfactory physical strength and endurance to move immobile patients to or from a stretcher or wheelchair to a stretcher or hospital bed, work with arms extended overhead, stand in place for long periods of time and carry 125 pounds while walking.

Satisfactory intellectual and emotional functions to ensure patient safety and exercise independent judgment and discretion in the performance of assigned responsibilities.

Remarks:

Applicant Name: _____

CORE EDUCATION Physical Examination Form

Part V

PHYSICIAN: Fill in pertinent information regarding applicant including comments where required.

- | | | |
|---|------------------------------|--------------|
| 1. Is there anything in the applicant's past medical history that would preclude his/her successful completion of a core education program?
<i>If yes, please explain:</i> | YES | NO |
| | _____ | _____ |
| 2. After reviewing the questions in Part IV on the previous page, does this person have any physical or mental condition or disability, which would prevent him/her from attending this program?
<i>If yes, please explain:</i> | YES | NO |
| | _____ | _____ |
| 3. After examination, does this applicant have any evidence of illness or injury which would prohibit participation in clinical or internship components including use of an OSHA approved HEPA respirator?
<i>If yes, please explain:</i> | YES | NO |
| | _____ | _____ |
| 4. Does this person meet the technical standards indicated in Part IV for the program to which he/she is applying?
<i>If it does not meet, please explain:</i> | DOES
NOT
MEET | MEETS |
| | _____ | _____ |

I have this date given _____ a careful physical examination and found him/her

to be in _____ health. Date: ____/____/ ____

Signature: _____ M.D., or **official** designee.

_____ M.D. or **official** designee.

Print

Address

City State Zip

Telephone

Applicant Name: _____

