

November 22, 2016

Dear Interested EMT Training Candidate,

Beginning immediately, The Methodist Hospitals, REGIONAL COORDINATION CENTER will be accepting applications for enrollment in the next Emergency Medical Technician Training Programs to be held at Methodist Hospitals – Midlake Campus and if needed The Ross Twp. Fire Protection District (Merrillville Station 1).

**Enrollment Dates and Times: Beginning Immediately
Daily (Monday through Friday) at the Regional Coordination Center 9:00 AM - 4:00 PM
2269 W. 25th Ave. Room 165
Gary, IN 46404**

Acceptance into the program will be on a **first come** basis of individuals who fulfill enrollment requirements until all available positions are filled. Class sizes are limited.

Enrollment Location:

Registration and enrollment for both classes will be conducted at The Methodist Hospitals – Midlake Campus, 2269 West 25th Avenue, Gary, IN. Room 165. No registrations will be accepted over the telephone. Course Fees will be \$1,000.00. A minimum deposit of \$250.00 is required to register for the class, ½ of the remaining fee (\$375.00) is due by the first night of class (including deposit), with the balance due no later than Monday March 13, 2017. Affiliated Services and all Volunteer Fire Departments will receive 10% discount.

Request for refund/withdrawal will be processed ONLY if presented in writing, no later than the first day of class, to the REGIONAL COORDINATION CENTER, 2269 West 25th Ave, Gary, IN 46404. Attn: Tom Fentress. Students withdrawing prior to class will be charged \$100.00 Administration fee. **No refunds will be given after the first night of class.**

Enrollment Requirements:

- 1) Must be at least 18 years old (at time of completion)
- 2) Available to attend all scheduled classes.
- 3) Complete course registration application.
- 4) Total Payment is **\$1,000.00** (This includes CPR) **(NO personal checks will be accepted.)** Payment must be Money Order, or only approved Business Checks
- 5) High School Diploma or GED (at time of completion)

Midlake Campus Site:

EMT Class Starting Date

February 13, 2017

State Practical Exam:

August 26, 2017

Classroom Location:

EMS Classroom
2269 West 25th Avenue
Gary, IN 46404

Days/Times of Class:

Monday & Thursday
6:00 pm – 10:00 pm

Primary Instructor:

Kevin Smith

Merrillville Fire Dept Site: (If Needed)

EMT Class Starting Date

TBA

State Practical Exam:

TBA

Classroom Location:

Merrillville Station 1

Second Floor Classroom

26 W. 73rd Ave.

Merrillville, IN 46410

Days/Times of Class:

Tuesday & Thursday

6:00 pm – 10:00 pm

Primary Instructor:

TBD

Proposed completion date for both classes is August 24, 2017. Course textbooks & handouts will be distributed on the first day of class. Stethoscope and Clinical Polo shirt are included in the course fee and will be distributed during the course. In the event we do not have sufficient enrollment, courses may be combined or cancelled.

For further information, please contact:

Tom Fentress, MBA ©, BS, NRP / PI

EMS Coordinator

The Methodist Hospitals

Office: (219) 881-3715

tomfentress@gmail.com

The Methodist Hospitals
Northwest Indiana
Regional Coordination Center
Emergency Medical Technician - Basic
Course Rules and Regulations

A. Pre-requisites

1. Must be 18 years of age on or before the date of the State Written Examination.
2. Meet all requirements set forth by The Methodist Hospitals, Northwest Indiana Regional Coordination Center.
3. Provide documentation of High School Diploma or GED.

B. Attendance

1. Student will be expected to attend and participate in all classes, clinical experience and precepting. (Ambulance ride along)
2. Each student will be allowed five excused absences and no unexcused absences from class. On the sixth absence the student will be dismissed from the course.
3. An excused absence shall be defined as one due to a student or immediate family illness, death in the immediate family or other emergency situations that may arise. In all instances, you **must** contact the Course Instructor at their provided numbers prior to the missed class. Failure to do so may result in your dismissal from class. If the instructor is not available, then you must contact Tom Fentress at 219-881-3715 and leave a message. This machine has a time stamp and will confirm your attempt to notify administration prior to class starting.
4. For each absence from class a student must submit in writing the reason for the absence, when to returning to the next scheduled class.
 - a. If late for any scheduled class, clinical or precepting, the student will be considered tardy.
 - b. Each tardy up to thirty minutes after class has commenced, will be considered one half absence. After thirty minutes the tardiness will be considered one complete absence.
 - c. An un-excused absence is one in which the student fails to provide a reason for an absence from a scheduled session or fails to submit in writing the reason as set forth above.
 - d. Any violation of the above will result in dismissal from class.

C. Grading Policy

Grades represent the results of the performance of the student=s Didactic, Practical Skills Evaluation, Hospital Clinical and Field Preceptorship in the program.

1. Classroom Performance & Written Evaluations

- a. Quizzes - scheduled and/or unscheduled based upon lecture material covered or to be covered during one or more classroom sessions.
- b. Exams - Exams are based upon course materials previously covered. All exams will cover material from the most recently covered material, as well as comprehensive material from previous modules.
- c. Final Exam - scheduled. This will encompass all material presented in the course. The Final Examination is designed to evaluate the total knowledge base of the student at the conclusion of the classroom portion. **The required minimum score on the Final Comprehensive Exam is 75%.**
- d. Homework assigned by your instructor will not count for more than 5% of your total grade.

2. Successful completion of the course will depend on the student acquiring and maintaining a passing grade average.

- a. Each student must achieve an 80% grade average at Midterm
 - i. The course grade will be determined by averaging all test grades, quiz grades scheduled or unscheduled and homework. As previously stated homework will count for no more than 5% of your total average.
 - ii. Grades are weighted as follows:
 - Homework 5 % of your total grade
 - Quizzes 15 % of your total grade
 - Scheduled Exams 20 % of your total grade
 - Midterm 25 % of your total grade
 - Final 35 % of your total grade
 - iii. Final successful completion is based upon:
 - A final grade average of at least 80.0 %
 - A final exam grade of at least 75.0 %
 - Successful completion of 16 hours Emergency Room Clinical
 - Successful completion of a minimum of 12 hours Ambulance Observation:
 - * Total of 12 patient encounters through ER & Ambulance Shifts

b. If during the course the students course average drops below an 80% the student will be notified. The Instructor will complete a counseling form for the student to sign. Failure to rectify the documented deficiency will result in the student being dismissed from the course.

3. Clinical Performance:

- a. Clinicals will be scheduled through the training institution and Primary instructor
- b. Each student is responsible for attending the scheduled clinical sessions
- c. Failure to attend a scheduled clinical will count as an absence from class. (See Attendance Policy). If a student misses a second scheduled clinical, it will result in a double absence, and the student will be placed on clinical probation. A

third absence will disqualify the student from class and he/she will be immediately dismissed from class.

d. All students are to be present at their clinical site at least 15 minutes prior to start time. Students will be solely responsible for signing in the EMS clinical book located in the Emergency Room. Students must also complete the ER Clinical Observation Form and turn it in to the Primary Instructor, the next scheduled class. Failure to complete the form, and/or not signing in the EMS book will result in an absence. (See C above)

i. During Clinical and precepting, each student is to be attire in dark blue trousers or pants and the provided Forest Green Polo Shirt.

ii. Any student presenting themselves for clinical not in proper attire may be dismissed from the clinical area at the discretion of the clinical unit preceptor or charge person.

e. Counseling:

i. During the Training Program the students will be evaluated continually in academic and clinical performance. Students will be counseled and advised as necessary.

ii. Any student not meeting the Training Course standards will be counseled by the instructional staff, at which time a written counseling form will be issued and signed by the student.

f. Dismissal from the Class:

i. Will result immediately upon detection of dishonesty during examinations.

ii. May result if the student does not maintain the academic guidelines as outlined above.

iii. Will result upon detection of dishonesty and / or falsification of any records concerning either the didactic or clinical portions of the class.

iv. Will result if student displays disruptive behavior in the classroom or clinical setting as determined by course coordinator, clinical coordinator, Primary Instructor, or preceptor.

v. May result if the student demonstrates behavior that is unbecoming of a medical professional. This course is a professional level course. Casual attire, including blue jeans is acceptable. No shorts or tank tops will be allowed. Tops must not be low cut and or revealing. Any attire deemed unacceptable to the instructor will result in the student being sent home and receiving an absence. Cell phones will be allowed only in cases of emergency situations and must be kept on vibrate as not to interrupt class. PDA=s and personal computers must be used only in conjunction with class activities.

vi. Due to advances in technology, recording capabilities are now present on cell phones and PDA=s. Due to these capabilities, cell phones will not be allowed in the classroom during any module, midterm, or final exam.

The Methodist Hospitals
Northwest Indiana
Regional Coordination Center
EMT-Basic Training Program
Course Standards

I, the undersigned have read and understand the rules and regulations for the EMT-B Training Program provided by the Methodist Hospitals.

I agree to abide by each of the rules contained herein, which are required participation and successful completion in the course.

Student's Name (Print)

Student's Signature

Instructor/Coordinator Signature

Date

Valid Phone Number

CRIMINAL BACKGROUND DATA

I, _____ have been notified and acknowledge that while The Methodist Hospitals, Inc. does not currently conduct Criminal History Backgrounds, The State of Indiana requires disclosure of all criminal history except for minor traffic offenses prior to granting Certification. The State Department of Homeland Security makes the final decision about the appropriateness of granting Certification to previous misdemeanors and felony violators without the counsel or recommendation of this training institution.

My signature below verifies that enrollment and graduation in The Methodist Hospital EMT-B training program does not guarantee State of Indiana Certification in cases of candidates with a criminal history.

Any questions should be directed to:
Indiana State Department of Homeland Security
200 W. Washington St.
Room E-239
Indianapolis, IN 46204
(317) 232-3980

Student

Witness

Date

THE METHODIST HOSPITALS
NORTHWEST INDIANA
REGIONAL COORDINATION CENTER

EMT-B ENROLLMENT FORM

Midlake Campus: _____ Merrillville F.D.: _____ (if applicable)

Please print all information

Name: _____ D. License #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home _____ Cell: _____

Work: _____ Email: _____

Birth date: _____ Age: _____ Shirt size: _____

Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

EMS Affiliation: (If Any)

Emergency Contact: Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternative: _____

For Office Use only:

\$ _____ Deposit Made _____ Date _____ Initials

\$ _____ 1st Payment _____ Date \$ _____ 2nd Payment _____ Date