

2/9/2025

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

**Enrollment Dates and Times: Beginning Immediately until March 30, 2025
Daily (Monday through Friday) at the Regional Coordination Center 9:00 AM - 3:00 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 **\$ 1,300.00**. A minimum deposit of **\$ 300.00** is required to register for the class, 1st payment of **\$ 350.00** will be due on the first day of class. Final payments will be broken into payments of **\$ 162.50** over four payments will be due on the first of the month each month. Affiliated Services and all Volunteer Fire Departments will receive 10% discount.

If you register for the EMT course after 3/20/2025 a late fee of \$100.00 will be assessed.

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 \$300.00 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) Must complete and successfully pass a background check
- 3) Available to attend scheduled classes.
- 4) Complete course registration application.
- 5) Total Payment is **\$1,300.00** (This includes CPR) **(NO personal checks will be accepted.)** Payment must be Money Order, or only approved Business Checks
- 6) High School Diploma or GED (at time of completion)
- 7) Letter of Recommendation
 - a. Must include how they feel you will be successful in an accelerated program
- 8) Letter from the student to describe how they will be successful in an accelerated program.

Midlake Campus Site:

EMT Class Starting Date

April 6, 2025

State Practical Exam:

July, 2025

Classroom Location:

EMS Classroom

2269 West 25th Avenue

Gary, IN 46404

Days/Times of Class:

Hybrid Program

Google Classroom &

In-Person Classes on Fridays

Primary Instructor:

Tom Fentress

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, NRP, PI, CFI

EMS Director

The Methodist Hospitals

Office: (219) 881-3715

tomfentress@gmail.com

Course Checklist

Name: _____

_____ **Date of application submission**

_____ **Background Check completed**

_____ **Public Safety Identification (PSID) completed PSID: _____**

_____ **Enrolled into the course through ACADIS**

\$_____ **Deposit paid**

_____ **Date Deposit Paid**

_____ **High School Diploma / GED Copy Submitted**

_____ **Drivers License / State Issued ID.**

_____ **Letters of Recommendations (1 from other person / 1 from self)**

_____ **Late Payment Fee (if necessary)**

The Methodist Hospitals
Northwest Indiana
Regional Coordination Center
Emergency Medical Technician - Basic

Course Rules and Regulations

Pre-requisites

1. Must be 18 years of age on or before the date of the State Written Examination.
2. Must complete a background check and have no felonies on record.
3. Meet all requirements set forth by The Methodist Hospitals, Northwest Indiana Regional Coordination Center.
4. Provide documentation of High School Diploma or GED.
 - a. Unless the student is currently a senior in high school, and will be 18 prior to graduation of this program

Attendance

1. Student will be expected to attend and participate in all classes, hospital clinical, and field internship.
2. Each student will be allowed **two excused absences** and no unexcused absences from class. On the third absence the student will be dismissed from the course.
 - a. 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.
 - b. For each absence from class a student must submit in writing the reason for the absence, when to returning to the next scheduled class.
 - i. If late for any scheduled class, clinical or precepting, the student will be considered tardy.
 - ii. Each tardy after 15 minutes will be calculated. After 5 instances, the student will be considered a habitual offender and a consultation will happen.
 - iii. 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.

- c. Any violation of the above will result in dismissal from class.

Grading Policy

Grades represent the results of the performance of the student's Didactic, Practical Skills Evaluation, Hospital Clinical and Field Internship 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%.**
2. Successful completion of the course will depend on the student acquiring and maintaining a passing grade average.
 - a. Each student must achieve an 75% grade average at Midterm
 - i. The course grade will be determined by averaging all test grades, quiz grades scheduled or unscheduled and homework.
 - b. Grades are calculated based on the following:
 - i. Homework
 - ii. Quizzes
 - iii. Scheduled Exams
 - iv. Midterm Exam
 - v. Final Exam
 - c. Final successful completion is based upon:
 - i. A final grade average of at least 75 %
 - ii. A final exam grade of at least 75 %
 - iii. Successful completion of 0 hours Emergency Room Clinical
 - iv. Successful completion of a minimum of 48 hours Ambulance
 1. Total of 10 patient encounters through hospital clinicals and field internships.
 - d. If during the course the students course average drops below a 70% 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. Retest Policy

- a. A student will be allowed to retest the midterm and the final if the student is above the 75% threshold that is required to be in good standing within the class.
- b. After the student uses their retest, an average of the two scores will be calculated as the final score the student shall receive.
- c. If the student fails to score a 75% or better on the final after 2 attempts, that student has failed the program.

Clinical Performance:

1. Clinicals will be scheduled through the training institution and Primary instructor
 - a. Each student is responsible for attending the scheduled clinical sessions
 - b. Failure to attend a scheduled clinical will count as an absence from class. (See Attendance Policy).
 - i. If a student misses a second scheduled clinical, it will result in a double absence, and the student will be placed on clinical probation.
 - ii. A third absence will disqualify the student from class and he/she will be immediately dismissed from class.
 - c. 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)
 - iii. During Clinical and precepting, each student is to be attire in dark blue or black trousers or pants and the provided Forest Green Polo Shirt.
 - iv. Shoes need to be dark and clean, boots are recommended for the field internship setting.
 - v. 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.

Counseling:

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

Dismissal from the Class:

1. Will result immediately upon detection of dishonesty during examinations.
2. May result if the student does not maintain the academic guidelines as outlined above.
3. Will result upon detection of dishonesty and / or falsification of any records concerning either the didactic or clinical portions of the class.
4. Will result if student displays disruptive behavior in the classroom or clinical setting as determined by course coordinator, clinical coordinator, Primary Instructor, or preceptor.
5. 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.
6. Cell phones will be allowed only in cases of emergency situations and must be kept on vibrate as not to interrupt class.
 - a. Tablets and Laptops must be used only in conjunction with class activities.
 - b. Due to advances in technology, recording capabilities are now present on cell phones and Tablets. Due to these capabilities, all devices must be turned off during any module, midterm, or final exam.
 - i. If the student needs their cell phone on, then said phone must be left with the instructor during testing.

General Student Behavior:

1. Student will conduct themselves in a professional and ethical manner at all times while enrolled in the course.
2. Student will maintain a professional attitude and accountability.
 - a) Having adopted the ethical standards of the emergency medical technician profession the student is charged with the responsibility for the behavior of his or her colleagues as well as their own.
 - b) Knowingly producing false evidence or false statements, making charges in bad faith against any other person or making false statements about one's own behavior related to educational or professional matters.
3. Student will maintain good personal hygiene in the class and clinical areas.
4. Student agrees to the following in course behavior requirements:
 - a) No guns or weapons allowed in the classroom, clinical areas (including field clinicals), or on hospital property.
 - b) No smoking is allowed on hospital premises.
 - i) Use of smokeless tobacco will not be permitted during class.
 - c) No student will be permitted to be "on call" during lecture, lab, clinical, or field internship.

- d) Sleeping during lecture, lab, clinical, and field internship may result in immediate suspension and probation including progressive disciplinary action.
5. The following activities will not be tolerated:
- a) Abuse or inconsiderate treatment of patients, visitors, staff, or fellow students.
 - b) Insubordination.
 - c) Theft, gambling, fighting or disorderly conduct.
 - d) Willful destruction of Hospital property or clinical area property.
 - e) Exhibiting behavior which is disruptive to the learning process or to the academic or community environment including immoral behavior.
 - f) Profanity.
 - g) Intoxication, drinking or possession of alcohol while engaged in program activities, or habitual or excessive use of intoxicants or illegal drugs.
 - h) Unauthorized use or possession of drugs.
 - i) Gross negligence or carelessness that may result in injury to self or others.
 - j) Performance of any unauthorized skills outside of the class setting.
 - k) To report for duty in any physical or mental condition unfit for duty.
 - l) Social Networking Violations
 - m) Any behavior that would reflect adversely on the Hospital or Education Program in the community that it serves.
 - n) Any reported activity described above may result in immediate suspension from the program and probation including progressive disciplinary action.
6. Students will be held to a code of honor for testing during the course. Any student found cheating during any testing will be considered in violation of the code and will be dismissed from the program.
- a) Program students are responsible for conducting themselves in a manner which is above reproach at all times. The program faculty maintains that above all, ethical conduct, especially honesty, is one of the most important attributes of a competent health care professional.
 - b) Submitting material in class assignments, examination or other academic work which is based upon sources prohibited or the furnishing to another person for the purpose of aiding another person to cheat.
 - c) Submitting material in assignments, examinations and other academic work which is not the work of the student.
7. Student agrees to abide by all policies and procedures of the hospitals providing clinical experience and services providing field internship.

Sexual Harassment:

- 8. The Emergency Medical Technician Education Program and The Methodist Hospitals are committed to fair and equitable treatment for all program participants.
- 9. The Education Program and Hospital will not tolerate or condone sexual harassment of program participants in any form whether committed by supervisory, non-supervisory personnel or by non-participants.

10. The Program and Hospital's policy is in compliance with the Exec's definition of sexual harassment which includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - a) submission to such conduct is made either explicitly or implicitly a term or conditions of an individual's participation;
 - b) submission to or rejection of such conduct by an individual is used as the basis for decisions affecting successful completion of that individual; or
 - c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
11. The Education Program and The Hospital encourage any person who believes he/she is a victim of harassment to confront the offender directly.
12. Please inform the harasser in clear and certain terms that the behavior is unwelcome. However it is recognized that some situations, such direct confrontation may be difficult, particularly where there is a perceived difference in the apparent power and status of the harasser and the victim.
13. Any incident of perceived sexual harassment should be reported as quickly as possible, in confidence to the program faculty or administration so that an immediate investigation may be conducted.
14. Every effort will be made to properly investigate any allegations of sexual harassment in as confidential a manner as possible/practicable to the extent permitted by applicable law, and appropriate action will be taken where warranted.
15. The Education program will follow all policies and procedures for reporting as outlined in the hospital policy and procedures.
16. The Hospital understands that false accusations of harassment can have a very serious detrimental impact on innocent persons. False charges shall also subject the accuser to appropriate corrective action up and including termination from the program.

Disciplinary Action Policy:

17. Every member of the class is expected to conduct themselves in a professional manner with high morals and ethical standards. The hospital reserves the right to vary any necessary disciplinary action depending on the offense and circumstances, which may include dismissal. If it becomes necessary to discipline a student because of poor or disruptive attitude, attendance, behavior, or other reason, the following steps are usually taken:
 - a) Written record of verbal counseling from the Program Director or Instructor. Copy will be placed in student file.
 - b) Written reprimand, with student being placed on probation for the duration of the course. Copy will be placed in student file. Notification will be given to student's Provider Service and Program Administrator.
 - c) Dismissal from the course Copy will be placed in student file. Notification will be given to the student's Provider Service, Program Administrator and the Program Medical Director.

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 EDUCATION PROGRAM

Application

Midlake Campus

Please print all information

Personal Information

Name _____
Last First Middle

Street Address _____

City State Zip Code

E-Mail Address _____

Date of Birth ____/____/____ Home Phone (____) _____

Social Security Number ____-____-____ Work Phone (____) _____

Driver License Number & State _____ Cell Phone (____) _____

Shirt Size: _____

Military / Fire Dept. / EMS Affiliation: (If Any)

State Certification Number _____ Expiration Date ____/____/____

National Certification Number _____ Expiration Date ____/____/____

Total Length of public service experience: ____ year's ____ months
 Full Time Part Time Volunteer

Emergency Contact: Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternative: _____

Educational Background

High School (or G.E.D.) Name _____
Address _____
Graduation (or Certificate) Date _____

Vocational or Trade School Name _____
Address _____
Years Attended _____
Degree or Specialty _____

University or College Experience Name _____
Address _____
Years Attended _____
Degree or Specialty _____

In addition to EMS certification have you participated in a course related or are certified in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Emergency Dispatch | <input type="checkbox"/> Athletic Trainer |
| <input type="checkbox"/> EMS Instructor | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Fire Fighter Pd. <input type="checkbox"/> Vol. <input type="checkbox"/> |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> LPN <input type="checkbox"/> CNA |
| <input type="checkbox"/> Other _____ | | |

Have you ever been convicted of or plead guilty to, or had a judicial finding for:
any felony? Yes No

a violation of any federal, state, county or municipal narcotics laws Yes No

If you answered "Yes" to any of the above question you are required to submit additional explanation regarding the incident. Answering "yes" does not automatically disqualify the applicant from the admission process. Conviction of a felony may have a bearing on your ability to be certified as a paramedic in the State of Indiana.

Prior to entrance into the Education Program the applicant must submit:

- A completed application
- Copy of their Driver's License or State Issued ID.
- Copy of their High School Diploma / GED
- FISDAP Entrance Exam results

I understand that to be accepted into the program all documentation for application must be submitted by the designated deadline.

I acknowledge that all information on this application is correct and that any false statements of fact may be cause for refusal into or dismissal from the EMT Education Program.

Name of Applicant (Print) _____

Signature of Applicant _____ Date _____

The Methodist Hospitals Regional Coordination Center prohibits discrimination and harassment in its admissions, educational programs, activities and employment regardless of race, color, gender, national and ethnic origin, religion, sexual orientation, age, marital status, political affiliation, and veteran status. Any person having inquiries concerning The Methodist Hospital's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or other civil rights laws should contact the HUMAN RESOURCES Service of The Methodist Hospitals.

The Methodist Hospitals
Northwest Indiana Regional Coordination Center
Emergency Medical Technician
Education Program
Fiscal Responsibility

Student Tuition Agreement

This agreement is made and entered into by and between The Methodist Hospitals, Inc. (hereinafter referred to as "Methodist Hospitals") and _____ (hereinafter referred to as "Student") this _____ day of _____, 20__.

The student hereby agrees to pay to Methodist Hospitals, its successors and assigns, for the EMT Education Program given by Methodist Hospitals installments payable as follows:

\$300.00	Due on or before <u>March 30, 2025</u>
\$350.00	Due on or before <u>April 6, 2025</u>
\$162.50	Due on or before <u>May 2, 2025</u>
\$162.50	Due on or before <u>May 23, 2025</u>
\$162.50	Due on or before <u>June 6, 2025</u>
\$162.50	Due on or before <u>June 27, 2025</u>

and the entire amount of \$1,300.00 due on or before June 27, 2025

It is understood and agreed by the student that if payment in full is not made as provided above, in addition to any other remedies it may have, Methodist Hospitals may dismiss the student from the EMT Education Program, refuse to administer the final written examination to the student and/or to withhold certification of the course grades of such student to the Indiana Emergency Medical Services Commission.

It is further understood and agreed by the student that enrollment in a session and participation in any part of the session constitutes participation in the entire session, making the student liable for the entire tuition for such session unless otherwise agreed in writing by Methodist Hospitals.

Student hereby acknowledges and agrees that, except as provided for specifically in the rules and regulations of the EMT-Paramedic Education program, tuition payments are not refundable.

Emergency Medical Technician Student

THE METHODIST HOSPITALS, INC.

by: _____
Thomas L. Fentress
Program Director

Witness