

May 1, 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 July 21, 2025  
Daily (Monday through Friday) at the Regional Coordination Center 9:00 AM - 3:00 PM**

**2269 W. 25<sup>th</sup> 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 25<sup>th</sup> 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, 1<sup>st</sup> payment of **\$ 350.00** will be due on the first day of class. Final payments will be broken into payments of **\$ 163.00** 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 7/21/2025 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 25<sup>th</sup> 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)

**Midlake Campus Site:**

**EMT Class Starting Date**

August 4, 2025

**State Practical Exam:**

March, 2025

**Classroom Location:**

EMS Classroom

2269 West 25<sup>th</sup> Avenue

Gary, IN 46404

**Days/Times of Class:**

Monday & Thursday

6:00 pm – 10:00 pm

**Primary Instructor:**

Jose Serrano

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 Coordinator

The Methodist Hospitals

Office: (219) 881-3715

[tomfentress@gmail.com](mailto: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.**

\_\_\_\_\_ **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 **five excused absences** and no unexcused absences from class. On the sixth 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 16 hours Emergency Room Clinical
    - iv. Successful completion of a minimum of 16 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.

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Student's Name (Print)

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Student's Signature

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Instructor/Coordinator Signature

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Date

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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

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Student

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Witness

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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: \_\_\_\_\_

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 _____

\_\_\_ Law Enforcement                      \_\_\_ Emergency Dispatch                      \_\_\_ Athletic Trainer  
 \_\_\_ EMS Instructor                      \_\_\_ Respiratory Therapy                      \_\_\_ Fire Fighter   Pd. \_\_\_ Vol. \_\_\_  
 \_\_\_ Registered Nurse                      \_\_\_ Physical Therapy                      \_\_\_ LPN                      \_\_\_ CNA  
 Other \_\_\_\_\_

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

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

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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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>July 21, 2025</u>
\$350.00	Due on or before <u>August 4, 2025</u>
\$163.00	Due on or before <u>September 4, 2025</u>
\$163.00	Due on or before <u>October 2, 2025</u>
\$162.00	Due on or before <u>November 3, 2025</u>
\$162.00	Due on or before <u>December 1, 2025</u>

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

A late fee of 3% will be assessed on each payment that is not paid by its due date.

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

\_\_\_\_\_  
Witness

THE METHODIST HOSPITALS, INC.

by: \_\_\_\_\_  
Thomas L. Fentress  
Program Director