Admissions Requirements for the Advocate Good Samaritan Hospital Paramedic Program
Fall 2019

Please read this entire packet carefully & follow the step-by-step instructions

_______________________________________

Paramedic I-II-III
Fire 2278-2279-2280

THIS PACKET IS ONLY FOR STUDENTS INTERESTED IN
ADVOCATE GOOD SAMARITAN HOSPITAL
Beginning Fall 2019 through Summer 2020

Application deadline:

March 27, 2019 at 3 p.m.
Classes run August 2019 through July 2020

PLEASE MAINTAIN A PERSONAL COPY OF THIS PACKET FOR FUTURE REFERENCE

Note: Students are not accepted into this program until they have received an official acceptance letter from Good Samaritan Hospital EMSS. Completion of Health Requirements, CPR completion, criminal background check, and proof of insurance are independent activities to prepare for entrance into health programs at College of DuPage and/or participation in clinical sites within health programs. Funds paid to Occupational Health or to a personal health care provider, CastleBranch.com, and/or insurance companies are not eligible for any sort of refund from College of DuPage if the course is not successfully completed.
PROGRAM OVERVIEW
Advocate Good Samaritan Hospital’s Paramedic Program is nationally accredited by the Committee on Accreditation of Allied Health Education Programs (CAAHEP) and is partnered with the College of DuPage so that students completing the program can receive 36 hours of college credit. Students interested in pursuing a degree in paramedicine can work with the College of DuPage on additional coursework requirements. Good Samaritan’s program is based upon the U.S. Department of Transportation’s National Education Standards and is approved by the Illinois Department of Public Health (IDPH) to provide Paramedic education.

Since 1981, Advocate Good Samaritan Hospital has been designated as an EMS Resource Hospital by the State of Illinois. This designation specifies responsibilities related to the delivery of pre-hospital patient care, including the education of Paramedics. Advocate Good Samaritan Hospital’s Paramedic Program begins in August and is approximately eleven months in length, including an internship. Registration is through the College of DuPage with didactic sessions, labs and clinical rotations being held at hospital facilities. Course administration is the sole responsibility of the Medical Director, Program Dean, and Program Director of Advocate Good Samaritan Hospital.

PROGRAM INFORMATION DISCLAIMER
This information packet is published for informational purposes; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in the program information packet in accordance with COD policies and procedures.

PROGRAM & COURSE DESCRIPTION
The Paramedic Certificate Program is composed of three courses. The certificate requirements and course descriptions for the Paramedic program can be found in the Course Catalog under the Fire Science discipline.

ATTENDANCE
Class attendance is mandatory. Students are expected to arrive to class on time and not to leave early. Unforeseen circumstances can be discussed with the Program Director. Paramedic students can miss only a predetermined number of classes to remain in the program. Students must adhere to deadlines for the completion of clinical rotations and must meet cognitive, psychomotor, and affective domain requirements to remain in the program. Students will meet program faculty for Advocate Good Samaritan on entrance testing day and will receive a brief orientation at that time. Class (lecture/lab) is generally held on Mondays, Wednesdays and Thursdays from approximately 9 to 1; clinical experiences are completed during off-class hours. The internship, which begins in May, is completed on a 24-hour shift basis.

TUITION/FEES/FINANCIAL AID
The paramedic program consists of 36 semester hours of college credit at the prevailing tuition rate. College of DuPage payment policy states payment will be due immediately following registration. If you are unable to pay the amount in full, you must sign up for the payment plan offered by the college. If you are expecting financial aid or other assistance, you may be able to sign up for a deferred payment plan. If you have questions regarding the payment plan or the payment policy, please contact the Cashier’s office at (630) 942-2206. Advocate Good Samaritan Hospital and the College of DuPage reserve the right to drop students for non-payment of tuition.

Lab/uniform/book fees are payable to Advocate Good Samaritan EMS upon acceptance into the program. Students also need a stethoscope, watch, calculator, computer, email address, printing capability, appropriate clothing and transportation to and from class and clinical sites. Costs associated with accommodations are the responsibility of the student.

Financial Aid is available to any eligible student enrolled in the college for six or more eligible credits. Grants, loans, on-campus employment, veteran’s grants and scholarships are aid options available to help students meet their education expenses. If you are planning on applying for financial aid and have not already done so, please...
visit our website or contact the Financial Aid office at (630) 942-2251. It can take 6-8 weeks for processing, so if you have not already completed your FAFSA form, you may need to sign up for the standard payment plan and be reimbursed once your financial aid is processed.

If you are a veteran and are planning to use veteran’s benefits, please visit our website and the United States Department of Veteran’s Affairs.

If a company will be paying for your tuition or you have a chargeback agreement from another community college, please download our Third Party Billing/Chargeback form or speak with a representative at (630) 942-2377.

Students enrolled in the Paramedic program are considered full time students. To receive a letter documenting full-time status, visit the Records office (SRC 2015). A request form needs to be completed. There is a $5 processing fee for this request, payable by cash or check. This request takes five to 10 days to process. For additional questions, call (630) 942-2431 or (630) 942-3022.

NON-DISCRIMINATION STATEMENT
The College prohibits discrimination in its admissions, employment, and educational programs or activities based on race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, arrest record, military status or unfavorable military discharge, citizenship status, and physical or mental disability. The College will protect an individual’s right to express their viewpoint or opinion, so long as it does not violate State or Federal law and is not detrimental to the College.

This Policy against discrimination applies throughout all College environments, whether on campus, at work assignments off campus, at College-sponsored social functions, or otherwise.

Procedures to facilitate the College’s prohibition of discrimination will be promulgated consistent with the Policy. (Board Policy 20-5).

STUDENT E-MAIL POLICY
College of DuPage will send all official communications to students through official COD email (dupage.edu). Students cannot use a preferred personal email account. Students do have the option of forwarding college communications to a personal email account, if desired.

Check out your COD email to get messages about:
- Official COD communications
- Financial aid communications
- Petition to graduate
- Transfer credit evaluation
- Prerequisite proof
- FERPA-related communications
- Transcript order

http://www.cod.edu/academics/email.aspx
CRIMINAL BACKGROUND CHECK INFORMATION

All health care workers and student health care workers are required to undergo a criminal background check to function 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 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 only need to be completed once accepted into the program. Instructions will be forwarded to eligible applicants after entrance testing has been completed.

MISCELLANEOUS INFORMATION

For additional information about any programs at COD, consult the college Catalog, the Class Schedule, or visit www.cod.edu. For questions specifically concerning the Paramedic program, contact the Fire Science Coordinator at (630) 942-2107; the Health and Sciences Division office at (630) 942-8331; or the Admissions Representative at (630) 942-2626.

POLICY FOR PROFESSIONAL CONDUCT AT CLINICAL SITES


HEALTH REQUIREMENTS

Once accepted into the Paramedic program, the student will be required to meet the health requirements (including mandatory immunizations) of the program prior to the first day of class. Flu immunization will be required in the fall when it becomes available. Failure or inability to follow health requirement procedures will disqualify the student from participation in the program. Details to follow once you are accepted. Please do not complete these requirements until instructed to do so. Students are responsible for all costs involved. Health insurance is required during the program and may be available through the college.

ACCREDITATION

The Advocate Good Samaritan Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

To contact CAAHEP:
1361 Park Street
Clearwater, FL 33756
727-210-2350
www.caahep.org

To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8892
www.coaemsp.org
FUNCTIONAL JOB DESCRIPTION – PARAMEDIC

Qualifications
To qualify for EMS licensure, an individual must successfully complete a State-approved course and achieve full competency in cognitive, affective, and psychomotor domains. In addition, the individual must achieve a passing score on the State or National Registry of Emergency Medical Technicians (NREMT) licensure examination.

EMS personnel must be at least 18 years of age. The knowledge, skill and responsibility required of Paramedics demand a minimum of a high school education or equivalent.

EMS personnel must possess the ability to:

- communicate verbally, in person and via telephone/radio in English
- lift, carry and balance up to 125 pounds (250 pounds with assistance)
- interpret written, oral and diagnostic instructions
- use judgment, set priorities and anticipate issues in high-stress situations
- work effectively in an environment with loud noises and flashing lights
- function efficiently throughout a 24-hour shift, including when awoken from sleep
- act under time constraints, managing time effectively
- read and understand English language manuals
- interview patient, family members and bystanders
- document all relevant information
- communicate effectively with coworkers and hospital staff
- follow and apply oral and written directions
- meet deadlines
- demonstrate a desire to care for all people
- demonstrate ability to focus and provide attention to detail
- recognize an emergency
- apply knowledge in an emergency
- make sound critical-thinking decisions under duress
- maintain self-discipline and emotional stability
- understand the principle of “first do no harm”
- relate to and communicate with diverse clientele
- remain flexible in ever-changing situations
- uphold ethical standards under pressure
- draw valid conclusions and defend them as necessary
- apply best practices in an unstructured environment
- remain safe and avoid errors
- assume a leadership role and direct a crew/team
- understand personal/professional strengths, weaknesses and limitations
- work efficiently and accurately in time-sensitive situations
- accept accountability for self and crew
- advocate for patients and loved ones
- maintain sound mental, emotional and physical health

EMS personnel must possess good manual dexterity and prove the ability to perform all tasks related to quality patient care. The ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required. Paramedics must be able to function in chaotic, noisy environments.
Description of Tasks

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps to use most expeditious route and observes traffic ordinances and regulations.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care; administers intravenous medications or fluid replacement.
- Use equipment such as a defibrillator & electrocardiograph; performs endotracheal intubation to open airway and ventilate patient; calculates drug dosages; applies BSI, splints and bandages.
- Assists in lifting, carrying, and transporting patient to ambulance and to a medical facility.
- Reassures patients and bystanders, utilizing therapeutic communication techniques.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling the deceased, notifies authorities, and arranges for protection of property and evidence.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or ECRN.
- Observes patient in route and administers care as directed by physician or ECRN or according to published protocol.
- Performs detailed/organized patient assessment; determines a clinical impression.
- Applies critical thinking skills; develops and executes care plans; reassess patient and situation.
- Reports verbally and in writing concerning observations about the patient; patient care at the scene and in route to facility; aids emergency staff as required.
- Maintains familiarity/competency with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.
- Perform drug calculations in emergency situations.
- Act ethically with empathy, integrity, and compassion; maintains confidentiality.
- Behave consistently in the nature of an adult learner and of a professional healthcare provider.

NOTES TO APPLICANTS:

Completion of the steps of the application process in an organized and complete manner is an example of one’s ability to follow directions and to give attention to detail. These abilities are crucial in emergency care of the sick and injured.

In addition, the application process is an exercise that requires meeting deadlines and following through on tasks. Maturity, accountability and self-motivation are crucial to success in any challenging endeavor, such as this Paramedic program. Please read the application instructions thoroughly and complete the required steps accordingly.

Ask questions, if need be, to ensure that you are considered a top candidate during the selection process.

Finally, please make certain to use personal insight when carefully reading the above lists of abilities and tasks to ensure that you can fully meet program and career expectations. If you have reservations, please talk with college career counselors or call us with any concerns.
Thank you for your interest in our Paramedic Program!

Applying to our Paramedic Program means that you are preparing to advance in the healthcare profession. The knowledge and skill which a Paramedic brings to an emergency can mean the difference between life and death. The attitude the Paramedic brings to an emergency is equally important. Paramedics represent their profession, their employers and the entire health care system when they are caring for patients.

With nearly forty years of experience as an IDPH-approved EMS Resource Hospital, Advocate Good Samaritan Hospital has developed a faculty with the expertise needed to provide the cognitive, psychomotor, affective and clinical experiences which are necessary to develop exceptional health care providers. Our graduates are capable of immediately entering the workforce in various healthcare environments. We routinely evaluate our students in the affective (behavioral) domain to develop health care practitioners who possess the qualities and values required of this profession.

The Advocate Good Samaritan Paramedic Program is nationally-accredited by CAAHEP and meets the requirements of the Illinois Department of Public Health and the U.S. Department of Transportation for Paramedic education. Our program is a rigorous one; a full year of focus and hard work is required for successful completion. We fully address the National EMS Education Standards. Candidates should be certain that the timing is right before accepting a seat in our program.

We are pleased to note that 100% of the graduates of our program have achieved success in challenging the State of Illinois and/or the NREMT licensure examinations. Good Samaritan’s graduates realize great success in finding employment in the healthcare arena. Many of our graduates choose to continue their healthcare education (FF, RN, PA, MD) after graduation.

While attending Advocate Good Samaritan’s Paramedic Program, students have access to clinical areas within our EMS System’s Associate Hospitals and EMS Provider Agencies. Affiliation with the College of DuPage provides students with college credit, educational tracts and degree possibilities. Counseling and financial aid programs are also available through the College of DuPage.

We look forward to receiving your completed application packet and towards evaluating you as a candidate for our program. The deadline for receipt of completed applications is March 27, 2019 at 3 p.m. (CT). Applicants that complete the application process are invited to entrance testing on April 8, 13 or 15. Be sure to call and schedule your testing date after you drop off your application!

Questions? Feel free to email or phone!

My partner Shelly Carbone and I are excited to meet you soon.

Sincerely,

Lauren Tvrdik, RN, BSN, PHRN
Paramedic Program Director & Lead Instructor
 Advocate Good Samaritan Hospital
630 275-1381
lauren.tvrdik@advocatehealth.com
ADVOCATE GOOD SAMARITAN HOSPITAL PRE-REQUISITES

To qualify for a testing and interview appointment for the Advocate Good Samaritan Hospital Paramedic Program, the applicant must:

1. Be at least 18 years old
2. Provide a copy of a current State of Illinois EMT-B License (or proof of passing the licensure exam)
3. Provide transcripts from the highest level of education completed (high school, associates, bachelors)
4. Provide a current healthcare provider CPR card
5. Provide a copy of a health insurance card (with student’s name affixed or proof of insurance document)
6. Provide a copy of a valid IL driver’s license
7. Have completed Anatomy & Physiology course (COD Anatomy 1500 or equivalent or 1551/1571 and 1552/1572) with a grade of ‘C’ or better within the last 10 years.
8. Have completed Biomedical Terminology course (COD HLTSH 1110 or equivalent) with a grade of “C” or better within the last 10 years or by the start of the Fall 2019 program.
9. Provide proof of military service, if applicable; honorable discharge paperwork required for points.
10. Provide proof of working with a provider agency within our EMS System, if applicable.
11. Agree to the sharing of the above information with Advocate Good Samaritan program personnel.

Students currently enrolled in courses listed in items #7 & #8 above are strongly encouraged to apply. First consideration will be to those students who have completed the courses, but other strong candidates currently completing the courses may still be considered for the program.

**SAVE-THE-DATE:** Admission testing is scheduled for 4/08/19 @ 2 p.m., 4/13/19 @ 10 a.m. and 4/15/19 @ 3 p.m. Call (630) 275-1381 (Lauren) to schedule a date and time as soon as possible after submitting your application. Details and preparation materials will then be forwarded to you by email.

ADVOCATE GOOD SAMARITAN PARAMEDIC PROGRAM

Advanced Placement, Transfer of Credits & Experiential Learning Credits

POLICY: The Advocate Good Samaritan Paramedic Program does not allow advanced placement or transfer of credits for students seeking a certificate of completion from the paramedic program. Accepted students must complete all cognitive, psychomotor and affective domain requirements successfully.

According to the 77 Illinois Administrative Code 515, section 515.520, the Illinois Department of Public Health (IDPH) requires a finite start and end date for IDPH to approve a paramedic class site code (515.520(f)). This also includes the submittal of an initial student roster 10 days after the beginning of class as well as a student roster (515.520(k)) indicating successful or unsuccessful completion within 10 days after the last class.

Advanced Placement and Transfer of Credits: Students wishing to pursue an Associate’s Degree in Emergency Medical Services should seek guidance from the College of DuPage Counseling & Advising department to determine if prior educational experiences qualify as being credit worthy for general study requirements.

Experiential Learning: Decisions regarding experiential learning credit for all other licensed individuals (MD, DO, PA, APN/NP, RN, military, out-of-state paramedics, non-accredited program paramedic graduates) are at the discretion of IDPH and should be pursued through the EMS department @ 217-785-2080.

End of Policy
PARAMEDIC PROGRAM APPLICATION STEPS:

It is the applicant’s responsibility to ensure that all items listed below have been completed and received by the designated offices, SSC 2207, by 3 p.m. on March 27, 2019. Please retain a copy of this packet for your records.

1. Register to attend a highly-recommended Paramedic Advising Session. A Photo ID is required for attendance at advising sessions.

2. If you have not been admitted to the College of DuPage, please complete the non-refundable $20 College of DuPage General Admissions Application online. This application is for general admission to College of DuPage; it is not an application to the Health Sciences Limited Enrollment Paramedic program.

3. To ensure that all your eligible credits are evaluated towards the admission requirements, turn in ALL official Transcripts from institutions that you have attended. Immediately:

   a. Submit your official transcript(s) to College of DuPage, Office of Student Records. If College of DuPage is the only institution you have attended, you do not need to request official transcripts.

   b. Verify receipt of your transcript(s). Log into myACCESS account, click on ‘myACCESS for Students’, select ‘My Profile’. The receipt status of your transcript will be listed under ‘Transcript Institutions’.

   NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website http://cod.edu/registration/records/trans_eval_listing.aspx for details.

4. Complete the non-refundable $50 Health Sciences Limited Enrollment Program Application online. Once term is selected and application submitted, you may not change the term or program.

   - Select Fall 2019 in “I plan to start”

   - Select Paramedic Certificate – Good Samaritan when asked “What Health Sciences Limited Enrollment program are you applying for?”

   If you do not have a credit card, you can purchase a prepaid credit card from your local retailer
5. Place ALL documents listed below in an 8.5” x 11” envelope clearly marked with your name and COD ID number. Submit to the College of DuPage Office of Admissions & Outreach Student Services Center (SSC) Room 2207 by the application deadline of March 27, 2019 at 3 p.m.
   - Completed Advocate Good Samaritan Hospital Paramedic Enrollment Application found on pages 11 through 13 of this packet.
   - Completed FERPA release form found on page 14 of this packet. This document is REQUIRED to process your application and send your information to Advocate Good Samaritan Hospital.
   - Copy of each of the following:
     - State of Illinois EMT-B license
     - Current Healthcare Provider CPR Card
     - Health Insurance Card
     - Valid Illinois Driver’s License
     - Proof of military service (if applicable); honorable discharge paperwork
     - Proof of being on a Good Samaritan System provider roster, if applicable

   DO NOT submit any transcripts to this office along with your application (see directions in step 3)

   Your name will be added to the applicant list and forwarded to Good Samaritan Hospital personnel. Once testing/interviews are complete, Good Samaritan will provide an approved class list to COD. Only students on the approved list will be allowed to register. Approved students will receive an email regarding the registration process to their dupage.edu e-mail address.

   *It’s the responsibility of the applicant to verify that all items are submitted & completed. Should you have specific questions related to the above items, please contact the Paramedic Program Director listed on page 7.

   “All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports.”

Requests for admission are not automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied will be asked to pay the $50 non-refundable Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).
### Personal Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apartment/Unit #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address:

Date of Birth: | Social Security #:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been known by another name?  Yes  No  If yes, please list:

### Emergency Medical Technician Information

Current Level of Licensure or Certification: | State of Licensure or Certification:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State EMT Number: | Expiration Date: (Must be valid throughout entire course):
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

National Registry:  Yes  No  Expiration Date:

<table>
<thead>
<tr>
<th>CPR Certification</th>
<th>Expiration Date: (Must be valid throughout entire course):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Provider</td>
<td>Instructor or Trainer</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever applied to a paramedic education program before?  Yes  No  If yes, where and when?

Have you ever attended a paramedic education program before?  Yes  No  If yes, where and when?

What was the reason for dismissal from the paramedic education program?

List all EMT-B & healthcare experience, including dates and hours involved:
**Military Service**

<table>
<thead>
<tr>
<th>Branch:</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank at Discharge:</td>
<td>Type of Discharge:</td>
<td></td>
</tr>
<tr>
<td>If other than honorable, please explain:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education**

<table>
<thead>
<tr>
<th>High School:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Did you graduate?</td>
<td>Yes</td>
</tr>
<tr>
<td>Degree:</td>
<td></td>
</tr>
<tr>
<td>College:</td>
<td>Address:</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Did you graduate?</td>
<td>Yes</td>
</tr>
<tr>
<td>Degree:</td>
<td></td>
</tr>
<tr>
<td>EMT Training:</td>
<td>Address:</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Additional Certifications:</td>
<td></td>
</tr>
<tr>
<td>Other Training:</td>
<td>Address:</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Certifications:</td>
<td></td>
</tr>
</tbody>
</table>

**Employment Background**

<table>
<thead>
<tr>
<th>Present Employer:</th>
<th>Description of Duties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Name of Supervisor:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Dates of Employment:</td>
<td>Reason for Leaving:</td>
</tr>
</tbody>
</table>

**Employment #2**

<table>
<thead>
<tr>
<th>Present Employer:</th>
<th>Description of Duties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Name of Supervisor:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Dates of Employment:</td>
<td>Reason for Leaving:</td>
</tr>
</tbody>
</table>
## Employment #3

<table>
<thead>
<tr>
<th>Present Employer</th>
<th>Description of Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Supervisor</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of Employment</th>
<th>Reason for Leaving:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Criminal Background

Have you ever been **accused** / **convicted** of a crime?  

- [ ] Yes  
- [ ] No

If Yes, give details, including year/age and whether the offense was a felony:

## Emergency Notification Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone: ( )</th>
<th>Cell Phone: ( )</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Physician Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Phone: ( )</th>
<th>Office Fax Number: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Insurance: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Applicant Signature

[Signature]

**Date**

The Advocate Good Samaritan Hospital Paramedic Education Program endorses the principle of equal educational opportunities for all people. Furthermore, Advocate Good Samaritan Hospital Paramedic Education Program does not discriminate based on race, color, sex, religion, ancestry, national origin, sexual orientation, age, or non-job-related disability.
College of DuPage, in compliance with the Family Educational Rights and Privacy Act (FERPA), is required to protect the privacy of student education Records. The College cannot disclose non-directory or personally identifiable information to a third party without the student’s written consent.

I hereby authorize College of DuPage to notify the partner hospitals i.e. Advocate Good Samaritan Hospital, Central DuPage Hospital/Cadence Health, Edward Hospital, or Loyola University Medical Center, of my intent to pursue the paramedic program indicated above, and upon my application, to release details of my educational records for admission consideration. Educational records may include, but are not limited to, College of DuPage transcripts and transcripts from previously attended institutions.

_______________________________________  _______________
Student Name (Please Print)                      COD ID Number

_______________________________________  _______________
Student Signature                             Date