Morris Hospital & Healthcare Centers
Paramedic Education Program

“To Graduate Competent Paramedics Through Cognitive, Affective & Psychomotor Demonstrated Results”

2016-2017

Dear Prospective Student:

We are pleased to announce that Morris Hospital & Healthcare Centers In partnership with Joliet Junior College (pending Higher Learning Commission approval) will be administering a paramedic education program. The paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The program is 11 months in duration and begins on Monday, August 15, 2016 and ends on Wednesday, July 12, 2017. Classes will be held at the Morris Hospital EMS Academy in Minooka, IL on Monday and Wednesday evenings from 6:00pm-10:00pm and may occasionally meet at other disclosed dates and times as needed. The entire calendar for the program is provided at orientation Monday August 15, 2016.

PROGRAM INFORMATION YOU NEED TO KNOW BEFORE YOU APPLY!

WHO IS ELIGIBLE TO APPLY?
The following is required to be eligible to apply for the Paramedic Education Program:
1. Must be 18 years of age or older.
2. Must have a current Illinois EMT license AND a current AHA Healthcare Provider CPR card attached to the application. (If you are an EMT student who has just graduated in spring of 2016, you must submit documentation of passing the IDPH State licensing exam OR NREMT certification exam by July 15, 2016. The EMT license must be provided before the first day of class).
3. No history of a felony conviction or any disqualifying misdemeanors (as defined by IDPH CNA licensure).
4. Ability to meet the technical performance standards of:
   - Auditory – hear a blood pressure, lung sounds and verbal information without reading lips.
   - Motor – lift, carry and balance with 1 partner a patient of 150lbs
   - Visual – 20/30 vision in 1 eye with color discrimination of red, amber and green and interpret diagnostic information, such as ECG’s, graphs and charts
   - Somatic/Psychomotor – sensation for pressure, temperature and pain and agility to perform psychomotor skills
   - Social/Affective – ability to use good judgment in stressful situations
   - Cognitive – ability to classify, measure, analyze and critically think in a timely manner
5. Documentation of current health insurance
6. Must have high school diploma/GED

WHAT IS THE APPLICATION PROCESS? HOW ARE CANDIDATES ACCEPTED?
The following application process must be completed to be eligible for acceptance into the program:
1. Submission of a thoroughly completed application by 3:30pm on June 1, 2016, with documents attached, delivered in person to the main JIC campus. Go to Courtney DeBoer in the Emergency Services Office U1002K of the Health Professions Building. Office hours are M-F 8am to 3:30pm. Park in lot E-6 and follow the main hallway straight to the last door on the left.
2. Successful completion of the Pre-Entrance Written Exam on EITHER Monday, June 13, 2016 at 10am OR Tuesday, June 14, 2016 at 7pm. See attachment with exam location and directions. A minimum score of 80% is required to be eligible for continuing in the pre-entrance process. Exam scores are not provided or released. All components of the EMT DOT National Education Standards and current AHA guidelines are covered in this comprehensive, 150 question multiple-choice exam.
3. Proof of eligibility for preference points for the pre-entrance process if applicable.
Applicants will be notified of acceptance or non-acceptance into the program via email correspondence AND by U.S. Postal Service. Please make certain you print clearly and that all information is correct on the application. All determinations of student qualifications are final. No exam scores or point rankings are released.

WHAT DOCUMENTATION IS REQUIRED TO BE CONSIDERED A COMPLETE APPLICATION?

Please attach the following:
1. Copy of both sides of your current AHA CPR Healthcare Provider card.
2. Copy of your EMT license (or if a new EMT graduate, documentation of successfully passing the Illinois licensing exam or NREMT certification exam).
4. Copy of your high school diploma/GED
5. On the Autobiography Form provided, hand write a brief autobiography of why being a paramedic is important to you, why you are choosing EMS as a profession and why you feel you will be successful in the program.
6. To receive education points: A copy of your associates or bachelor’s degree diploma.
7. To receive college level Anatomy & Physiology points: Provide a copy of your college transcripts showing credit for a college level A & P or Human Body Structure & Function or equivalent attached to your application.
8. To receive military points: Provide documentation of status as an active duty enlisted/reserve or if a veteran, documentation of honorable discharge (DD214).
9. To receive points as an employed EMT or healthcare provider in the military: Letter on company letterhead from your employer verifying that you are employed as an EMT. Your supervisor will be contacted for verification of employment.
10. Proof of current health insurance (front and back of insurance card).
11. Passport style photo attached to application.
13. Completed recommendation form provided.

WHAT HAPPENS NEXT IF I AM ACCEPTED?

Once accepted into the program, you will receive information on completing the following:
1. General health examination and drug test with the Morris Hospital & Healthcare Centers Occupational Health Department. No personal physician examinations are accepted. The cost of this examination is the responsibility of the student. If your required vaccinations need to be updated, additional fees will apply. Scheduling information is provided upon acceptance.
2. Complete registration by going to the main JJC campus to register for EMS 215 with Courtney DeBoer in the Emergency Services Office U1002K of the Health Professions Building. Office hours are M-F 8am to 3:30pm. Park in lot E-6 and follow the main hallway straight to the last door on the left. During registration you will be required to complete the Illinois State Police Background Check form and pay the $25 fee for the background check to be completed. Results of the background check will go directly to the administrative faculty of the program. You will not get the results back yourself.
3. Attend the **MANDATORY** orientation on Monday, August 15, 2016 at 6pm.

WHAT IS THE PROGRAM TUITION?

1. The cost of the program is $4112.50. This tuition does **NOT** include the required uniform, FISDAP clinical scheduling fees or textbooks. A list of required textbooks will be provided in the acceptance letter.

The approximate payment dates and estimated amounts are listed below:

$1077.50 due to JJC by July 27, 2016  
$1642.50 due to JJC by December 1, 2016  
$1392.50 due to JJC by May 1, 2017

WHAT ADDITIONAL INFORMATION IS IMPORTANT TO KNOW?

1. The program has instituted a Pre-Entrance Candidate Applicant Points System to rank student’s pre-entrance scores. This process is an objective assignment of weighted points. Attached is a copy of the possible points to be awarded. The Morris Hospital EMS Academy desires candidates who have the greatest potential for the knowledge, skill and discipline to successfully complete the program. Please note, it is **NOT** mandatory to be currently employed as an EMT, have an associates or bachelor’s degree,
be affiliated with a Morris Hospital EMS System Agency, have graduated from a Morris Hospital or JJC EMT program, have college level A&P or served in the military. All of these criteria are designed to help you be more competitive in a program that has limited seating.

*Morris Hospital & Healthcare Centers does not discriminate selection of applicants based on race, creed, religion, sexual orientation or gender.*

If you have questions about the program or application process, please feel free to contact us:

Ed Ludwig  
EMS Education Coordinator  
Morris Hospital & Healthcare Centers  
eludwig@morrishospital.org  
Ph. # 815-705-7180

Charlotte Garrabrant  
EMS Program Coordinator  
Joliet Junior College  
cclark@jjc.edu  
Ph. # 815-280-2356

Thank you for choosing Morris Hospital & Healthcare Centers for your choice in paramedic programs.

**APPLICATION DEADLINE** is no later than 3:30pm on June 1, 2016. NO INCOMPLETE OR LATE APPLICATIONS ARE ACCEPTED.

Sincerely,

Sean Atchison  
Dr. Sean Atchison, D.O.  
Medical Director  
Morris Hospital & Healthcare Centers

Robin Stortz  
EMS System Manager  
Morris Hospital & Healthcare Centers

Ed Ludwig  
EMS Education Coordinator  
Morris Hospital & Healthcare Centers

Mary Beth Luna  
Dean, Health Professions & Emergency Services  
Joliet Junior College

Charlotte Garrabrant  
EMS Program Coordinator  
Joliet Junior College
Paramedic Education Program

Pre-Entrance Candidate Application Ranking

**Point System**

Paramedic student candidates of the Morris Hospital & Healthcare Centers Paramedic Program will be considered for acceptance through a weighted score made up of the following factors:

<table>
<thead>
<tr>
<th>Weighted Factors</th>
<th>Award of Points</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-entrance Written Exam Score:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95% and Higher</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>88%-94%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>80%-87%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>College Level A&amp;P:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Human Body Structure &amp; Function</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>EMT Graduate of Morris Hospital or Joliet Junior College</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>College Education:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Active Military/Reserves OR Honorably Discharged Veteran</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Currently employed as an EMT</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Affiliated with a Morris Hospital EMS System Agency</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL POINTS POSSIBLE</strong></td>
<td><strong>15</strong></td>
<td></td>
</tr>
</tbody>
</table>
Morris Hospital & Healthcare Centers – EMS ACADEMY
Monday/Wednesday 2016-2017 PARAMEDIC EDUCATION PROGRAM APPLICATION
PLEASE PRINT CLEARLY

Name __________________________________________________________ (Last) (First) (Middle)

Home Address ________________________________________________________________________________

City_________________ State_______ Zip Code __________ Driver’s License #__________________________

Date of Birth _____________ Age_______

Home Phone: (_____)(________) Cell Phone (_____)(_______) Wk Phone (____)________

Email Address___________________________________________________________ Marital Status ___S___M___D___W

IDPH State EMT License #____________________________ Date of Expiration_______________________

NREMT Certification #________________________________ Date of Expiration____________________ (if applicable)

Primary Occupation_____________________________ Employer________________________________________

Employer Address __________________________________________________________________________

Street ______________ City __________ State __________ Zip Code ______________

EDUCATION

High School Name and Year Graduated _____________________________or GED____________________

College/University Name ___________________________________________ Degree ______________________

Completed College Level A&P? _____ Yes _____ No  Course Number:___________________________

Agency/Institution/Hospital Name of EMT Program you completed___________________________

Date Completed_________________________ EMT Course Lead Instructor Name________________________
Have you ever attended a Paramedic Program before? ____Yes ____No If yes, where? ______________________

Reason you did not complete the program:________________________________________________________

EMT FIELD EXPERIENCE

I am currently working as an EMT ____Yes - Start Date_________________ or ____ No

EMS Agency Employer_____________________________ Main Office Location_________________________
Supervisor/EMS Coordinator________________________ Contact Number:__________________________

OTHER EMT EXPERIENCE (if applicable)

EMS Agency_____________________________ Location______________________________
Length of Service_________________________ Supervisor___________________________

Have you ever been placed on probation or had your EMT license suspended? _____Yes _____No
If yes, what EMS System:_____________________ Please explain why:______________________________

______________________________________________________________________________________________

MILITARY STATUS

Are you currently active military or reserves? _____Yes _____No If yes, Branch: ______________________
Are you an honorably discharged veteran? ____Yes ____No
Do you have recognition in the military with an MOS as an EMT or Healthcare Specialist? _____Yes _____No

I hereby affirm and declare that the above information is true and correct, and that any fraudulent entry will be considered sufficient cause for non-acceptance or subsequent withdrawal from the program.

_________________________________________ __________________________
Signature of Applicant Date

*Submission Deadline with attachments: June 1, 2016 3:30pm
RECOMMENDATION FORM as a Paramedic Education Program Participant
Morris Hospital & Healthcare Centers – EMS Academy

Paramedic Candidate’s Name: ______________________________________________________ (Print Clearly)

TO THE RECOMMENDER: The above named applicant has applied to the Morris Hospital & Healthcare Centers
Paramedic Education Program. In order to have a profile of the applicant, please respond to the following questions.

1. How long have you known the applicant, and in what capacity? ____________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. Please rate the applicant in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Academic potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Ability to problem solve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Ability to relate to people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Manual dexterity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Writing skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Oral skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What do you consider to be this candidate’s major strengths?
   ___________________________________________________________________________________

4. What do you consider to be this candidate’s major weaknesses?
   ___________________________________________________________________________________

5. Why do you feel they will be successful in the program?
   ___________________________________________________________________________________

Thank you for your input & comments!

Form Completed by: __________________________  __________________________
                     Name                                           Title

________________________________________   __________________________
Signature                                           Date

* Must be turned in with application
Morris Hospital & Healthcare Centers - EMS Academy

Autobiography

Please write a one-page autobiography to tell us about yourself. What does being a paramedic mean to you? Why did you choose this profession? What attributes do you have that will support your success? Write legibly!

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*Must be turned in with application
ENTRANCE EXAM TIME SELECTION

The Entrance Exam will be held on Monday June 13, 2016 at 10am AND Tuesday June 14, 2016 7pm. The exam will consist of EMT-Basic knowledge and is similar to an EMT-Basic final exam. All applicants must pass with a minimum score of 80%. Please bring two #2 pencils with you to the exam. Doors will close promptly at assigned times and no admittance will be allowed once doors are closed.

Please make your exam time selection below. Times are first-come-first-served. If you select an exam time that is filled you will be notified by phone.

_____ 10am on Monday, June 13, 2016

_____ 7pm on Tuesday, June 14, 2016

Applicant Name (Print): __________________________________________________

Applicant Signature: _____________________________________________________

* Must be turned in with application.
Pre-Entrance Written Exam Location

Joliet Junior College U-Auditorium

Joliet Junior College
1215 Houbolt Road
Joliet, IL 60431

The Health Professions “U” building is located off parking lot E6. The auditorium (rooms 1022, 1024, and 1026), is located at the end of the hall on the first floor, on the right-hand side.

Directions to Joliet Junior College
Coming from the south: Take I-80 to exit 127 (Houbolt Rd/Hollywood Rd), travel north on Houbolt, and turn left onto Cathy Dr, which is the entrance to Joliet Junior College
Coming from the north: Take Jefferson Street to Houbolt Rd, travel south on Houbolt, and turn right onto Cathy Dr, which is the entrance to Joliet Junior College