



TRUMBULL MEMORIAL HOSPITAL INSTITUTE FOR PREHOSPITAL CARE

**(A Division of the Center for Emergency Medicine)
1350 East Market Street
Warren, Ohio 44482**

George B. Snyder – Director and Lead Instructor

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MARCH 24, 2010

FOR THE ACADEMIC YEAR STARTING 2010, ENDING IN 2010 OR 2011

Dear Paramedic Program Applicant:

Congratulations on making a decision to take the next step in your EMS career. Becoming a paramedic not only increases your ability to treat patients under your care, but also allows for greater earning potential in the future. Further, the jobs available for EMS providers both here in Ohio and elsewhere are abundant, and being certified as a paramedic opens your abilities immensely.

The Initial Paramedic Training Program conducted by the Institute for Prehospital Care at Trumbull Memorial Hospital has been in existence since 1995, and has graduated several classes. Those graduating from this program have gone on to do great things at great places; from private EMS, to fire-based EMS, to critical care transport both on the ground and in the air, to even becoming instructors themselves. You can rest assured that you will be able to find the job that awaits you!

Our program is comprehensive, accelerated, and intense. There are fifty-two class periods with vacation periods scattered throughout. Classes are held for eight hours every Tuesday, except when on vacation. Students not only are expected to attend class when scheduled, but are also expected to spend at least 16 hours per week at clinical sites where they will learn and practice the skills necessary to function efficiently as a paramedic. Make no mistake: this program is demanding of your time, but the rewards are seen in no time at all.

The cost of the course is \$3250.00, and is very much inclusive. Included in the cost of the program is the required background check and medical examination, a uniform shirt and pullover, all books required for the program, other certifications such as ACLS, ITLS, PALS, and self-defense, a trip to the Akron Burn Unit, and much more. Not included is the prerequisite Anatomy and Physiology program (which you can get on your own, or it is offered by our program), and the actual testing fee for the National Registry examination. Regardless, we think that you will find this program to be a value for the money, and, even more importantly, close to home. Gone are the days of driving to Ashtabula or Akron... take advantage of education in your own back yard!

Students graduating from the Institute for Prehospital Care will receive a certificate of completion for their studies, and will be eligible to sit for the National Registry of EMTs Paramedic Level Examination. Upon their success at that examination, students will then be certified as EMT-Paramedics in the State of Ohio. Further, with their NREMT-P

certification in hand, they will be able to seek reciprocity and jobs throughout the country. Also, as an added benefit, the Institute for Prehospital Care has an agreement in place that many credits toward an associate degree at Youngstown State University would be granted based on your graduation from our institution combined with your National Registry certification.

Take the time to complete and return an application today. Applications **MUST BE POSTMARKED NO LATER THAN FRIDAY, JULY 02, 2010**. Preadmissions testing will be scheduled on several dates, and acceptance notifications will follow shortly thereafter.

I look forward to hearing from you soon. Should you have any questions regarding the program, or should you need an application, contact me via email at GSnyder@forumhealth.org.

Good luck!

Professionally,

A handwritten signature in blue ink that reads "George B. Snyder". The signature is written in a cursive style with a long horizontal stroke at the end.

George B. Snyder, BCJ, NREMT-P, CFSI, EMS-I/T
Director and Lead Instructor
Institute for Prehospital Care
EMS Coordinator
The Center for Emergency Medicine
Emergency Management Coordinator and Safety Officer
Trumbull Memorial Hospital



TRUMBULL MEMORIAL HOSPITAL
INSTITUTE FOR PREHOSPITAL CARE
1350 East Market Street
Warren, OH 44482-1289
Business: (330) 841-9616 FAX (330) 841-9716

**2010 ACADEMIC YEAR (CLASSES STARTING IN 2010, ENDING IN 2010 or 2011)
APPLICATION FOR ACCEPTANCE TO AN EMS INITIAL TRAINING PROGRAM**

Name of Applicant (Last, First, Middle):

Date of Completion of Application :

Program Applied For : First Responder EMT-B EMT-I EMT-P

Trumbull Memorial Hospital and the Institute for Prehospital Care is an Equal Opportunity Employer that does not discriminate based on age, gender, race, religious belief, or sexual orientation.

STATEMENT: This form is intended for the use of the Institute for Prehospital Care at Trumbull Memorial Hospital. All questions and requested information must be answered truthfully and completely. All information received on these forms will be subject to verification. All information contained herein shall be considered to be strictly confidential and will not be disclosed to unauthorized persons. Information may be disclosed with a valid release or as otherwise ordered or authorized by law.

Answers *must* be printed legibly and in black ink only, OR they may be completed utilizing a typewriter. Each question must be answered and there should be no blanks. If a question does not apply to your particular situation, insert "DNA" into the blank.

Please make certain that ALL requested supporting documentation is included with this application packet. On the next page of this packet, there is a check sheet to assist you in ensuring that all items required to make this application complete are included with the application. Failure to include all required supporting documentation will cause a delay in processing the application, and could jeopardize admission to the program.

WARNING: *False, evasive, or omitted information can result in rejection for admission or expulsion from the Program after admission. Applicants are required to be able to verify any claims made within this application, and random auditing of information will be made to ensure its accuracy. The Institute for Prehospital Care strives to maintain the highest of academic and ethical standards, and false statements made by omission or by commission will not be tolerated in any way or form.*

SHOULD FALSE OR MISLEADING INFORMATION BE DISCOVERED, YOU ARE HEREBY SERVED NOTICE THAT YOUR APPLICATION MAY BE DENIED ON THOSE GROUNDS, OR YOU MAY BE EXPELLED IF ADMITTED.

EMS INITIAL TRAINING PROGRAM APPLICATION CHECKLIST

The applicant should utilize this checklist to aid in the completion of his or her application. Verify that each required component is included in this packet by initialing where indicated below. This checklist should remain with this packet to assist the school in verifying the components as well. Please make certain to return the application packet in the order listed below. *Staple* the entire packet together to return, however **DO NOT staple the application fee with the application**. Paper clip the application fee to the front of the application only.

ITEM OF APPLICATION PACKET	STUDENT	SCHOOL
1. Completed EMS Initial Training Program Application	_____	_____
2. Copy of high school diploma or GED equivalent (State rules allow each school to determine on an individual basis if a high school diploma or GED is required for admission. This program requires a high school diploma or GED for admission to any initial training program.)	_____	_____
3. Copy of current, valid EMT certification (Required for EMT-I or EMT-P students ONLY)	_____	_____
4. Copy of current, valid Healthcare Provider BLS certification (Required for EMT-I or EMT-P students ONLY)	_____	_____
5. Copy of a valid Ohio driver license (If a resident of a state other than Ohio, use that license)	_____	_____
6. Copy of Certificate of Insurance or letter from employing EMS agency certifying student is insured. (Non-EMS agency employed applicants, or applicants whose employers will not certify insurance will be required to obtain insurance on their own BEFORE the first day of class, if accepted.)	_____	_____
7. Copy of certificate of completion of an approved Anatomy and Physiology course or other supporting documentation. (Only required for EMT-P students. EMT-P students who do not have this documentation will be required to complete a program-sponsored Anatomy and Physiology course during the program.)	_____	_____
8. Any other documentation such as a college diploma, or other items for consideration.	_____	_____
9. A \$50.00 money order, payable to the <u>Institute for Prehospital Care</u> , paper-clipped to the front of the application. DO NOT STAPLE IT TO THE APPLICATION. (The application fee is non-refundable and is to cover the cost of testing.)	_____	_____

INITIAL TRAINING PROGRAM APPLICATION – INSTITUTE FOR PREHOSPITAL CARE

SECTION 1: APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)			
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP	EMPLOYER
HOME PHONE	WORK PHONE	MOBILE PHONE	
EMAIL ADDRESS (REQUIRED)		BIRTHDATE	SSN

SECTION 2A: REFERENCE (INDIVIDUAL THAT YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS AND WHO IS NOT RELATED TO YOU)

NAME (LAST, FIRST, MIDDLE)			YEARS KNOWN
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP	RELATIONSHIP
EMPLOYER	WORK PHONE	HOME PHONE	

SECTION 2B: REFERENCE (INDIVIDUAL THAT YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS AND WHO IS NOT RELATED TO YOU)

NAME (LAST, FIRST, MIDDLE)			YEARS KNOWN
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP	RELATIONSHIP
EMPLOYER	WORK PHONE	HOME PHONE	

SECTION 2C: REFERENCE (INDIVIDUAL THAT YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS AND WHO IS NOT RELATED TO YOU)

NAME (LAST, FIRST, MIDDLE)			YEARS KNOWN
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP	RELATIONSHIP
EMPLOYER	WORK PHONE	HOME PHONE	

SECTION 3: MILITARY INFORMATION (IF YOU WERE NOT IN THE MILITARY, WRITE "DNA" OVER THIS SECTION. IF YOU WERE, ANSWER THE QUESTIONS BELOW. ANY "YES" RESPONSES REQUIRE DETAILED EXPLANATION ON SEPARATE PAGE.)

MILITARY BRANCH: ARMY NAVY MARINE CORPS AIR FORCE COAST GUARD

MILITARY SERIAL NUMBER	DATE STARTED	DATE DISCHARGED
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[01] Have you ever been the defendant/respondent in a Court Martial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[02] Have you ever been tried on charges or the subject of a summary Court Martial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[03] Have you ever been the defendant/respondent in a Captain's Mast?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[04] Have you ever faced an Article 15?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[05] Were you ever the subject of Company punishment or other disciplinary action not previously described?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[06] Have you ever at any time received any form of government disability pension?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[07] Were you discharged under any other circumstances other than "Honorable?"	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION 4: EDUCATIONAL HISTORY. IF LESS THAN FIVE (5) YEARS GRADUATED FROM HIGH SCHOOL, AN OFFICIAL HIGH SCHOOL TRANSCRIPT MUST BE SENT DIRECTLY TO THE INSTITUTE FOR PREHOSPITAL CARE. IF ANY COLLEGE COURSEWORK COMPLETED, AN OFFICIAL COLLEGE TRANSCRIPT MUST BE SENT DIRECTLY TO THE INSTITUTE FOR PREHOSPITAL CARE.

ELEMENTARY SCHOOL	LOCATION	DATE GRADUATED
HIGH SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED
COLLEGE, TRADE OR VOCATIONAL SCHOOL	LOCATION	DATE GRADUATED

SECTION 5: EMPLOYMENT HISTORY (BEGIN WITH CURRENT OR MOST RECENT EMPLOYMENT, INCLUDING ALL PART-TIME OR VOLUNTEER EXPERIENCE(S)). IF YOU WORKED FOR AN AGENCY WHERE YOU WERE VOLUNTEER AND THEN PAID, OR COMBINATION, MARK "YES" FOR BOTH. IF YOU ARE STILL EMPLOYED AT AN AGENCY, IN REASON FOR LEAVING MARK "STILL EMPLOYED."

DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS
DATE HIRED	VOLUNTEER?	PAID?	EMPLOYER
DATE LEFT	REASON FOR LEAVING		EMPLOYER ADDRESS

SECTION 8: REQUIRED SUPPORTING DOCUMENTATION

SECTION 8A: COPY OF DRIVER LICENSE

PASTE COPY HERE

SECTION 8B: COPY OF EMT-B or EMT-I CARD, IF APPLICABLE

PASTE COPY HERE

**SECTION 8C: COPY OF BLS - HEALTHCARE PROVIDER CPR CARD
(IF APPLICABLE)**

PASTE COPY HERE

APPLICANT - DO NOT USE THIS SPACE - FOR IPC STAFF ONLY
