



699 E. Dillman Road Bloomington, IN 47401  
Tel: 812-824-7975 800-339-7914 Fax: 812-824-7841  
[www.pelhamtraining.com](http://www.pelhamtraining.com)

## Accelerated EMT-Intermediate Application Packet

### **COURSE CONTENT**

The Pelham Training Accelerated EMT-Intermediate Program is an Indiana State approved EMT-Intermediate Program including approximately 200 hours of academic learning and minimum of 75 hours of varied clinical settings and 125 hours of Field Internship. During your EMT-Intermediate education you will become certified in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Pre-hospital Trauma Life Support (PHTLS). At the completion of your EMT-Intermediate training, you will be eligible to sit for the National Registry of EMT's EMT-Intermediate Exam.

### **COURSE DURATION**

The Pelham Training Accelerated EMT-Intermediate Program is limited to those applicants who are currently EMT-Basic certified. Employment experience as a certified EMT is preferred. **Those applicants without prior experience will find the accelerated EMT-Intermediate extremely challenging.**

The program starts July 20, 2010 with a completion date of August 19, 2010. Class will meet Monday through Friday from 8am-8pm. The EMT-Intermediate program is divided into 5 modules.

- **I100 – Preparatory**
- **I200 – Airway/Pulmonology/Cardiology**
- **I300 - Medical Emergencies**
- **I400 – Trauma/ Special Considerations**
- **I500 – Comprehensive Review Course**
- **F100 - Clinical Phase**
- **F200 - Field Internship**

Students must pass each course within the program with a 80% as their final grade to graduate from the program. Students must also complete each course while maintaining an acceptable

clinical pace as outlined in the F100/F200 Clinical Phase/Field Internship Handbook. Clinical experience will be gained concurrently with affiliated agencies throughout the course.

### **APPLICATION CRITERIA**

- 1) Must be at least 18 years-old at the beginning of the course.
- 2) Must have high school diploma or G.E.D.
- 3) Currently certified EMT-Basic at time of starting the EMT-Intermediate training.

### **APPLICATION DEADLINE**

Applications must be on file at Pelham Training by the close of business Wednesday July 7, 2010 for consideration for the incoming class.

### **ACCEPTANCE CRITERIA**

Maturity of judgment, sound moral character, and health status which provides reasonable assurance that the student will meet the physical and mental demands of the EMT-Intermediate occupation are all important characteristics that will be assessed in the acceptance procedure. Your experience as a health care provider and ability to deal with the academic rigors of the program are the two largest areas of evaluation. Preference is given to students for the accelerated EMT-Intermediate program in the following order:

- 1) Active military with prior military experience in health care.
- 2) Student's with prior health care experience currently working as a non-governmental organization (NGO) contractor where the EMT-Intermediate certification is a job requirement.
- 3) Students currently working as an EMS provider.

Individuals must submit the following documentation no later than Wednesday July 7, 2010 in order to be considered for acceptance into the program.

- 1) Program Application (page 6-7)
- 2) A \$50.00 Application Fee (non-refundable)
- 3) Photocopies of current (one copy per page/ leave upper right hand corner of page clear):
  - a) Current drivers license
  - b) EMT-B card (must be current through the end of the paramedic course)
  - c) Health Care Provider CPR card or Professional Rescuer Card (must be current through the end of the EMT-Intermediate course)
  - d) Proof of personal health insurance or Military Person Summary
  - e) Proof of automotive liability insurance
- 2) Copy of Immunization Records / Vaccine Administration Record (See pg. 11 for requirements)
- 3) State or National background check (within the last 12 months) or Military Person Summary

- 4) 5-Panel or higher Basic Drug Screen (within the last 12 months) or Memorandum
- 5) Physical examination signed by a doctor (within the last 12 months) or Memorandum (pg. 12 & 13)
- 6) Two letters of recommendation
- 7) Acknowledgement of course scope (p.9)
- 8) Confidentiality agreement (p.10)
- 9) Admission Policy and Practice (p. 4)
- 10) Copy of High School Diploma or GED
- 11) EMT-Intermediate Entry Exam (pg. 14)
- 12) Emergency Contact Form (pg 15)

### **ACKNOWLEDGEMENT OF ACCEPTANCE**

You will be notified of acceptance into the program. If accepted, you will receive a welcome letter with more information including a Pelham Training student handbook. Payment for the course will required on or before the first day of the program. Methods of payment and directions will be listed in the welcome letter.

All items above must be sent to:  
Pelham Training  
c/o Suzie Warner  
699 E Dillman Rd  
Bloomington IN 47401

Please contact Suzie Warner or Brett Wheeler with questions about the application or acceptance process or e-mail your questions to [suzie@pelhamtraining.com](mailto:suzie@pelhamtraining.com) or [brett@pelhamtraining.com](mailto:brett@pelhamtraining.com). Questions specific to immunizations should be directed to Jennifer Wheeler by email at [Jennifer@pelhamtraining.com](mailto:Jennifer@pelhamtraining.com)

## ACCELERATED EMT-INTERMEDIATE ADMISSIONS POLICIES AND PRACTICES

### Technical Standards

Pelham Training has identified the following technical standards critical to the success of students.

- Utilize the sense of sight, hearing, touch, and smell to make judgments.
- Communicate effectively in English, both orally and in writing using appropriate grammar, spelling and vocabulary.
- Comprehend and promptly respond to auditory instructions or requests.
- Speak in a clear and comprehensive manner.
- Perform fine and gross motor skills with both hands.
- Stand, walk, climb, lift, bend and twist for extended periods of time.
- Think clearly and act calmly in stressful situations.
- Work cooperatively with other people.
- Adapt to ever-changing, unpredictable environments.

Students must meet these standards on admission to the Pelham Training Accelerated EMT-Intermediate Program and maintain them throughout their training.

### Policies of Advanced Placement and Experiential Learning

Students entering the Accelerated EMT-Intermediate Training Program may receive credit for previously acquired clinical and health care provider training, experiential learning, and past employment. This is on a case by case basis and is at the sole discretion of the Clinical Coordinator and the Course Coordinator. Students with previous experience are encouraged to meet with the Course Coordinator to see if credit may be applied.

### Transfer of Credits

In the accelerated format Pelham Training does not accept transfer of credit from other EMT-Intermediate Training Programs.

### Tuition and Fees

Application Fee .....	\$50.00 (non-refundable)
Program Fee** .....	\$5,500.00
<b>Total.....</b>	<b>\$5,550.00</b>

California, Alaska, Michigan Administrative fee.....\$100.00

*Call for more information*

\*\*Lab supplies, clinical shirts (1), national registry practical and written exam (1<sup>st</sup> attempt), as well as specialty certification courses (PHTLS, ACLS, PALS) are included in the cost of the course.

**Meals, Transportation, and Housing**

Students are responsible for all meals, transportation to and from class and clinical sites, and housing.

**Cancellation / Refund Policy**

Payment is due on the first day of class. Students who withdraw before 7 days prior to the first day of class may receive a 100% refund of the program fee. Any withdrawal after this time will receive no refund of the program fee.

I, \_\_\_\_\_ have read and understand the admissions policies and practices.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## PELHAM TRAINING ACCELERATED EMT-INTERMEDIATE PROGRAM APPLICATION

### STUDENT INFORMATION

Drivers License Number:		Social Security Number:	
First Name:	MI:	Last Name:	
Address:		Cell Phone:	
City:		Home Phone:	
State:	Zip:	Country:	
Email Address (Please, no yahoo addresses):			
Birth Date: ____/____/____		Gender:	
Do you have any learning disabilities or handicap we need to be made aware of?    Yes    No			
If yes, please describe:			
How did you hear about us?			

### EDUCATION

High School	<input type="checkbox"/> Diploma <input type="checkbox"/> GED (Check One)	
City	State	GPA
College	Degree or Credits Earned	
City	State	GPA
Completed Anatomy & Physiology <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EMT CERTIFICATION

State of Current Certification:	Level of Certification:
Certification Number:	Certification Expiration Date:
NREMT Number (if applicable):	NREMT Expiration Date:

**EMS AGENCY DATA/ MILITARY MOS**

Affiliated Agency/ MOS:		
EMS Supervisor or Training Officer:		
Mailing Address:		
City	State	Zip
Phone	E-mail	

List any emergency medical care work in which you are currently involved:

---

---

---

---

---

List any emergency medical care work you have done in the past:

---

---

---

---

---

State your future plans in the emergency care field:

---

---

---

---

---

---

I, the undersigned, do hereby certify that all of the information contained on this application is true and correct to the best of my knowledge.

I certify that to the best of my knowledge there is no misrepresentation or falsification in my answers to the questions above. I am aware that false statements discovered through investigation will constitute grounds for disqualification and/or dismissal from the EMT-Intermediate Program.

I have read and understand the mandatory requirements for enrollment in the program. If accepted into this program, I agree to abide by all state and local rules, regulations, ordinances, and policies pertaining to emergency medical services, as well any and all directives of the Program Medical Director.

---

Applicant Signature

---

Date

### **LETTERS OF RECOMMENDATION**

Two letters of recommendation must be attached to this application. Letters must typed and no longer than one page. Letters should address the following:

- Your interest in EMS work
- Your intellectual and study abilities
- An appraisal of your communication skills and ability to work as a team member
- Judgment, reliability
- Emotional stability
- Attitude
- Any other information which would be helpful to us in considering your application

## ACKNOWLEDGEMENT OF COURSE SCOPE

Accelerated EMT-Intermediate Training is a monumental undertaking without mentioning the added rigors of accelerated coursework. Many EMS providers fail to understand the sheer magnitude of time, energy and resources required to complete this level of education. It is important that you realize much will be expected from you and that should you complete this training, it will likely be one of the proudest accomplishments of your life. In this program attitude and personality are extremely important. You will be dealing with many different people including the medical director, program director, instructors, nurses, physicians, lab technicians, EMT's, paramedic preceptors, and of course, your fellow students. You will work alongside all of these people before interacting with the most important person – the patient. Your attitude and approach in dealing with these individuals is extremely important both during the time you are a student and after you complete this course. Your attitude and personality affects everyone with whom you interact. Please try always to be at your best and never act arrogant or superior to those around you. You will be representing not only yourself, but the program, your peers and the paramedic students that preceded and will follow you.

In medical care, everyone has their own particular role. Although one job may be more difficult than another that does not mean it is more important. It is the whole team working together which reaches the final goal. Your attitude and personality will be known to the program director and to others in the class fairly easily via your various contacts during the classroom and lab experiences and during your in-hospital and ambulance training time.

This course requires complete devotion of your time and attention for the entire duration of the course. You and those close to you must be prepared for this time commitment. As this is a demanding course, you can expect to be virtually unavailable to your family and for outside activities and responsibilities. You must have obtained your family support and understanding of the time you must devote to class, studying and the extensive time necessary to complete the internship requirements of the course.

This course is not designed to be a typical “college” course but is a training course. You will not be provided with copies of the instructor notes or PowerPoint slides. **The instructors will expect you to attend every class on time and to maintain a positive “can do” attitude.** You will find the coursework and clinical requirement to be exhausting and, at times, you will feel that you have more to learn than is possible.

Our group of instructors is dedicated to assuring that material presented does make sense and that, to the best of their ability, it has been presented in a manner suitable for learning no matter what your learning style might be.

I, \_\_\_\_\_ have read the above information, discussed it with my family and loved ones and understand that EMT-Intermediate school is a huge commitment of my time and energy. Furthermore, I hereby affirm that I will do everything in my power to put forth my best effort to complete this program.

---

Applicant Signature

---

Date

## EMT-INTERMEDIATE STUDENT CONFIDENTIALITY AGREEMENT

As an EMT-Intermediate student, I agree:

- 1) I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- 2) To uphold the policies, procedures, philosophy and standards of care of Pelham Training, and its clinical affiliates.
- 3) I understand that all clinical sites reserve the right to terminate my clinical experiences as a result of:
  - a) Failure to comply with hospital or agency policies, rules and regulations
  - b) Absences or tardiness without prior notification
  - c) Unsatisfactory attitude, work or appearance
  - d) Any other circumstances which, in the sole judgment of the hospital or agency, would make my continued service as a student contrary to the best interests of the hospital or agency.

I, \_\_\_\_\_ have read each of the above conditions and I agree to be abide by them.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

## EMT-INTERMEDIATE STUDENT IMMUNIZATION REQUIREMENT

Applicants **MUST** submit immunization records along with the EMT-Intermediate program application.

In order to be considered for acceptance into the EMT-Intermediate program, you **must** provide documentation of the following for each disease listed: Date(s) of immunization, history of the disease, or positive antibody / titer / immunity.

### All students will need the following:

#### Tuberculosis

- 2 Negative PPD tests within the past 12 mo [ 1+ week apart] (or)
- Documentation of a negative chest X-ray if you've had a positive TB test

#### Chickenpox

- History of Chickenpox, or of Shingles, or exposure to chickenpox (or)
- Chickenpox vaccine (or)
- Positive Varicella antibody titer / Documented Immunity

#### Tetanus / Diphtheria

- Tetanus / diphtheria vaccine within the past 10 years

#### Hepatitis B

- Positive Hepatitis B surface antibody / documented immunity

### Students born after 1957 will need the following:

#### Rubeola, Mumps and Rubella

- a) 2 MMR (or)
- b) Any combination of the following that provides immunity to all 3: rubeola (old fashioned measles) mumps and rubella (German measles)

#### Rubeola

- a) Rubeola Vaccination (or)
- b) Positive Rubeola antibody titer /documented immunity (or)
- c) History of Measles (red, old fashioned, 10 day)

#### Mumps

- a) Mumps vaccination (or)
- b) History of Mumps (or)
- c) Positive mumps antibody titer/ documented immunity

#### Rubella

- a) Live virus immunization (or)
- b) Positive Rubella antibody titer /documented immunity (or)
- c) History of Rubella (German Measles, 3-day)



Neurological		
Hernia		
Genitalia		
↓ Extremities		
↑ Extremities		
Other		

**Reflexes:**      **Patellar:** \_\_\_\_\_

**Achilles:** \_\_\_\_\_

**Spine:**          **Straight**                              **Scoliosis**          **Kyphosis**          **Rotation**

**Recommendations/ Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As a duly licensed physician, I have personally examined the above named person and have found said person to be physically able to participate in the EMT-Intermediate Program at Pelham Training.**

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

\_\_\_\_\_

**By my signature, I authorize the examining physician to disclose upon inquiry from anyone representing Pelham Training any facts that this examination may reveal.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## ACCELERATED EMT-INTERMEDIATE ENTRY EXAMINATION

Each applicant must designate a proctor to oversee an EMT-Intermediate Entry Examination. To do so, please fill out the contact information provided and include it with your application. Once your application is complete, the exam will be sent directly to your proctor. Your proctor will then return the completed exam directly to our office. The proctor must be your immediate supervisor or educator. If you have questions about designating a proctor please contact Suzie Warner at 812-824-7975.

Proctor Contact Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address to send exam:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**Emergency Contact for :** \_\_\_\_\_

(Print your name)

**(Please print clearly)**

Contact Name and Relationship:	
Phone:	
Address:	
Contact Name and Relationship:	
Phone:	
Address:	