Application for EMS Programs

Dear EMS Program Applicant,

Ascension Genesys Hospital (AGH) is pleased to announce our upcoming EMS Programs. These programs are designed to provide the EMS student with the knowledge and skills to assess and treat the acutely ill or injured patient. Upon completion of an AGH Program, the student will then be eligible to challenge the National Registry examination. Students passing the National Registry examination will be eligible to apply for licensure with the State of Michigan.

AGH offers many different options for program dates and times. Programs will be conducted at Ascension Genesys Hospital Materials Management Building in the EMS Education Classrooms. Further information regarding specific class times, dates, and locations can be found at Paramedic Program

Once you have selected a specific program and are ready to apply, use the following list to assist you in completing the application process.

1) Complete form 102 Course Application in its entirety.
2) Submit proof of high school diploma, GED or home school equivalency.
3) Submit a photocopy of State driver's license or government issued identification card.
4) Submit proof of required vaccines including: Tdap, MMR, Hepatitis B, Influenza, Covid-19.
5) Health History and Physical Examination form signed by an advanced provider.
6) Submit a photocopy of a recent criminal history background check from ICHAT using the following web link:
    a. https://apps.michigan.gov
7) Proof of negative TB testing within the past 12 months
8) EMT Students must submit items 1-6
9) Paramedic Students must submit items 1-7& 9
    a. Proof of EMT or AEMT certification, registration, or licensure.
    b. Proof of current AHA BLS for Healthcare Providers.
    c. Acceptable proof of at least 12th grade reading and math competencies.
        i. Acceptable proof may include: High school transcripts, College transcripts, College degree.
10) Critical Care Transport Students must submit items 1-7 & 10
    a. Proof of current paramedic certification, registration, or licensure.
    b. Proof of current AHA BLS, ACLS & PALS
    c. Two letters of recommendation from administrative positions in EMS
11) RN to EMT & RN to Paramedic students must submit items 1-7 & 11
    a. Proof of Nursing licensure
    b. Verification of 6 months of critical care experience
    c. Proof of EMT or AEMT certification, registration, or licensure. (RN to Paramedic students only)
12) EMS Instructor Coordinator students must submit items 1-6 & 12
    a. Proof of 3 years of clinical experience as a licensed provider
    b. Three letters of recommendation from licensed Instructor Coordinators

Submit **ALL** documents as listed above, along with the $100.00 registration fee to the address listed on page 2.
Ascension Genesys Hospital **DOES NOT** accept personal checks or cash but does accept other forms of payment including:

- Certified Check / Cashier's Check / Money Order / Agency approved check
- Visa / MasterCard / Discover / American Express

Credit Card payments can be made in person at the EMS Education office or online at: https://medicaleducation.ascension.org/michigan/genesys-ems-education/online-payments

****Failure to submit all required documents will result in denial of application****

Ascension Genesys Hospital

Below is a list of fees associated with our EMS Programs. Some fees are estimated and may not reflect the actual costs. Tuition fees paid to AGH covers the education provided as well as professional liability insurance during the entirety of the student's enrollment. Textbooks and supplies are the responsibility of the student and MUST be purchased prior to first day of class.

Tuition and Fees - EMT Program		Associated Fees not payable to Genesys	
Total Tuition	$610.00	Books (estimated)	$335.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$55.00
Registration Fee	$100.00	Supplies (estimated)	$25.00

Total Cost of EMT Program $1,225.00

Tuition and Fees - RN to EMT Program		Associated Fees not payable to Genesys	
Total Tuition	$400.00	Books (estimated)	$335.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$55.00
Registration Fee	$100.00	Supplies (estimated)	$25.00

Total Cost of RN to EMT Program $1,050.00

Tuition and Fees - RN to Paramedic Program		Associated Fees not payable to Genesys	
Total Tuition	$1,100.00	Books (estimated)	$700.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$55.00
Registration Fee	$100.00	Supplies (estimated)	$25.00

Total Cost of RN to Paramedic Program $2,080.00

Tuition and Fees - EMS IC Program		Associated Fees not payable to Genesys	
Total Tuition	$900.00	Books (estimated)	$200.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$0.00
Registration Fee	$100.00	Supplies (estimated)	$50.00

Total Cost of EMS IC Program $1,350.00

Tuition and Fees - Paramedic Program		Associated Fees not payable to Genesys	
Total Tuition	$4,400.00	Books (estimated)	$700.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$111.00
Registration Fee	$100.00	Supplies (estimated)	$50.00

Total Cost of Paramedic Program $5,460.00

Tuition and Fees - Critical Care Transport		Associated Fees not payable to Genesys	
Total Tuition	$1,050.00	Books (estimated)	$200.00
Technology Fee	$100.00	Clinical Uniform (estimated)	$55.00
Registration Fee	$100.00	Supplies (estimated)	$50.00

Total Cost of Critical Care Transport Program $1,555.00

Please submit your application packet, required documentation and registration fee:

Mail to:
Ascension Genesys Hospital
EMS Education
1000 Health Park Blvd.
Grand Blanc, MI 48439

Email to:
registrations@genesys.org

Ascension Genesys Hospital

Application for EMS Program

I am registering for the following program:		
☐ Winter EMT Program	☐ RN to EMT Program	☐ Winter Paramedic Program
☐ Summer EMT Program	☐ RN to Paramedic Program	☐ Critical Care Transport Program
☐ Fall EMT Program	☐ EMS IC Program	☐ Fall Paramedic Program

Biographic Information

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____-_____-_____ Date of Birth:_____/_____/_____

Home Address:_____ City:_____ State:_____ ZIP: _____

Home Phone: (_____)_____ Cell: (_____)_____ Email: _____
(required)

Gender: (Please check one of the following)

☐ Male	☐ Female

Marital Status: (Please check one of the following)

☐ Single	☐ Married

Race: (Please check one of the following)

☐ American Indian / Alaskan Native	☐ Asian / Pacific Islander
☐ Black / African American	☐ Hispanic
☐ Two or more races	☐ White
☐ Other:_____	

Education

High School Diploma *or* GED? (Photocopy must be submitted with your application)

☐ HS Diploma	☐ GED

Have you ever attended a previous EMS Program?

☐ Yes	☐ No

If yes, where? _____

Have you ever attended college?

☐ Yes	☐ No

If yes, where? _____

Did you receive a Degree / Certificate?

☐ Yes	☐ No

If yes, photocopy of degree or placement test or official transcripts must be submitted with your application

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Professional

EMS/Firefighting/Public Safety Law Enforcement Experience:

☐ Yes	☐ No

If yes, where? _____

Do you hold any other Health Professional Licenses or Certifications?

☐ Yes	☐ No

Type:_____ Number:_____ State: _____

Type:_____ Number:_____ State: _____

Have you ever been subject to disciplinary action by any Local Medical Control, State, NREMT or other Government body or Professional Organization, including suspension, sanction, or revocation of any license or registration?

☐ Yes	☐ No

If yes, explain briefly: _____

_____

Background

Have you ever been convicted of a misdemeanor or felony?

☐ Yes	☐ No

If yes, explain briefly: _____

_____

Applicants with felony or misdemeanor convictions are strongly urged to contact the State of Michigan and/or NREMT **PRIOR** to the start of class to determine eligibility for registration and licensure.

Application Agreement

I certify that all the information I have entered in this application is correct to the best of my knowledge. I understand my Registration Fee is non-refundable. I also understand that failure to complete all requirements set forth in this document will result in the denial of my application, which may further delay my application and enrollment process.

Applicant Signature:_____ Date: _____

Ascension Genesys Hospital

Application for EMS Program

HEALTH HISTORY AND PHYSICAL EXAMINATION

Instruction for Provider:

Student Name: _____

To matriculate into the program, it is necessary for the candidate to demonstrate that he/she is free of any medical conditions that could endanger the health or well-being of themselves, patients, faculty or other students or prevent him/her from performing the physical tasks of emergency medical care.

Generally, as an EMS provider the following tasks are performed:

- Ability to lift, carry and balance heavy loads
- Good manual dexterity with ability to perform tasks related to patient care.
- Ability to maneuver, bend, stoop and crawl on uneven terrain.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Ability to interpret written and oral instructions as well as read small print, all during potentially stressful scenarios.
- Ability to use good judgement and remain calm during potentially stressful scenarios.
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to work in low-light, confined spaces and other potentially dangerous or high stress environments.

At the expense of the student, please interview and examine this prospective student and complete the following form(s). In the event that you feel that the students **does** have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students, please discuss that condition with the student.

PROVIDER ATTESTATION

I understand that the above-named student has been extended an offer of admission into the Ascension Genesys Hospital Emergency Medical Services education program.

Following an appropriate history and physical examination, it is my opinion that the above-named student:

☐ **DOES NOT** have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students

☐ **DOES** appear to have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students.

PROVIDER SIGNATURE

I certify that all the information I have entered on this form is factual based on my professional opinion formed after completing an assessment of the above-named student on the date listed. I also understand that conditions may change and I am in no way held liable for any conditions that present themselves after the listed date.

Provider Signature:_____ Date: _____

Provider Printed Name:_____ License/Credential (Circle one): MD, DO, PA, NP

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Application for EMS Program

IMMUNIZATION RECORDS

Student Name: _____

Immunization Record:

Please complete the following form or attach a supplemental form outlining vaccination history of the below requirements showing proof of at least: **Required:** MMR (*with booster*), Hepatitis B *(3 shot series)*, TDAP/TD, Current Influenza Vaccination *(not dated more than 12 months prior),* Covid-19 Vaccine, and a negative TB test *(not dated more than 12 months prior).*

History of Vaccinations Given By Series							
Vaccine Series	**Date #1**	**Date #2**	**Date #3**	**Date #4**	**Date #5**	**Date #6**	**Date #7**
Required:							
DTP/DTaP/DT/Td/Tdap							
MMR							
Hepatitis B							
Influenza Vaccine							
SARS-CoV-2							
Optional:							
Polio							
Hepatitis A							
Varicella							
Meningococcal Conjugate							
HPV							
Meningococcal NOS							
Hib							

TB Test (Required):

Please attach documentation of test results

Advanced Provider Initials: _____

Date: _____