

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 a 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 www.genesys.org/ems.

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 Health Care 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: www.genesys.org/ems

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

Application for EMS Program

Professional

EMS/Firefighting/Public Safety Law Enforcement Experience:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, where? _____

Do you hold any other Health Professional Licenses or Certifications?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain briefly: _____

Background

Have you ever been convicted of a misdemeanor or felony?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: _____

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

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: _____