



**Mercyhealth**<sup>TM</sup>  
A passion for  
making lives better.<sup>TM</sup>

**Fall 2022 Paramedic Program  
Application Packet  
Rockford Course 2022-2023 –  
Cohort 37**



**Application deadline: June 30, 2022**

Mercyhealth Prehospital and Emergency Services Center – Rockford  
2623 Edgemont Street.  
Rockford, IL 61103  
(815) 971-6262  
[www.mercyems.org](http://www.mercyems.org)

Paramedic Program  
March 2022

# Admission and program requirements

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The paramedic program at the Mercyhealth Prehospital and Emergency Services Center (The Program) is designed for career opportunities with ambulance services, fire departments, hospitals and rescue departments.

The Mercyhealth Prehospital and Emergency Services Center paramedic program meets the requirements for education of paramedics as recommended by the U.S. Department of Transportation and required by Title 77 Part 515 of the Illinois Department of Public Health EMS Rules and Regulations.

The Program accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for EMS Professionals (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs  
25400 US Highway 19 N, Suite 158  
Clearwater, FL 33763  
(727) 210-2350  
<http://www.caahep.org/>

Committee on Accreditation of Educational Programs for EMS Professionals  
8301 Lakeview Pkwy., Ste. 111-312  
Rowlett, TX 75088  
(214) 703-8445  
<http://www.coaemsp.org/>

Students are eligible to sit for the national registry exam for paramedics upon successful completion of The Program.

## **Application requirements**

1. Must be at least 18 years old.
2. Must be a graduate of a standard four-year high school program; a general education development (GED) accepted.
3. A photocopy of the high school diploma or general education development certificate must be included with the individual's application.
4. Must submit copies of all technical college and university transcripts.
5. Must hold a valid license as an emergency medical technician -EMT (AEMT if applicable) issued by the State of Illinois.
6. A photocopy of the Illinois License must be included with the individual's application.
7. One (1) year of documented experience as an EMS Provider is preferred.

8. Must submit three (3) letters of professional reference. Forms with instruction are provided in this packet for this purpose.
9. Must demonstrate EMT knowledge and skills proficient at a level deemed appropriate by successfully completing entry exams that include written and/or practical sessions.
10. Must agree to a personal interview by the selection committee.
11. Must hold a current BLS Provider card issued by the American Heart Association, or American Red Cross equivalent.
12. Must submit a short essay describing why you are applying to the Program.
13. Must be able to meet the requirements outlined in the *Mercyhealth Prehospital and Emergency Services Center Paramedic Program Technical Standards* document.

### **Application procedure**

1. Complete the *Mercyhealth Paramedic Program Application document* and **submit it to the Training center prior to any other required documents that are requested.** Application may be submitted via U.S. Postal Service or emailed to [BLieber@mhemail.org](mailto:BLieber@mhemail.org).
2. Complete the *Paramedic Application Readiness Checklist* found on the page after the application.
3. Request transcripts from all technical colleges or universities attended.
  - a. Transcripts must be sent directly from the school(s) to the training center prior to the application deadline.
  - b. Send to:  
Brandon Lieber B.S., LI, Paramedic  
Program Director  
Mercyhealth Prehospital and Emergency Services Center – Rockford  
2623 Edgemont Street  
Rockford, IL 61103
4. Personal interviews and testing will be scheduled after your complete application package has been received and reviewed by The Program staff.

### **Selection process**

1. Candidate selection is competitive.
2. Successful completion of all program prerequisites is not a guarantee of program admission.
3. Applications are reviewed only after all required information has been received by The Program.
4. Candidates who meet the required prerequisites will be scheduled for testing and an interview.
5. Candidates will be selected based on information from their application packet, performance on a written and/or practical testing, and their interview.
6. Priority placement is considered for those sponsored by employers that are affiliated with the Mercyhealth EMS System.

7. Once an offer has been made, the candidate is responsible for fulfilling all post-selection requirements within the defined time frame.

**Post-selection requirements**

Completion of the following requirements is mandatory. If not successfully completed, the candidate will forfeit enrollment in the class.

1. Completion of the Paramedic Student Commitment Contract.
2. Submit a non-refundable payment of \$250.00 to secure the position. This payment will be applied towards the course tuition.
3. Provide documentation:
  - a. Proof of Immunization for Hepatitis B and a positive titer
  - b. Proof of immunization for mumps, rubella, rubeola
  - c. Proof of Immunization for chickenpox and a positive varicella titer
  - d. Proof of current Tetanus status (Tdap)
  - e. Proof of Immunization for Pertussis (Tdap)
  - f. Proof of immunization for Influenza
  - g. Proof of completed COVID Vaccine inoculation or an approved documented waiver.
4. A two-step TB skin test will be administered prior to any clinical portion of the program.
5. Provide proof of health care insurance coverage that will extend throughout the course.
6. Complete Illinois Background Information Disclosure background check
  - a. *Illinois Department of Health and Family Services Background Information Disclosure: The State of Illinois requires that any individual who is registered with, licensed with or certified with the Illinois Department of Public Health must pass a caregiver background check. Failure to pass this check results in a loss of the candidate's/student's position in the program.*
7. Complete the Mercyhealth Confidentiality and Security Agreement.

Forms to complete these requirements will be sent to the candidate along with an acceptance letter once the student is selected.

*Mercyhealth Prehospital and Emergency Services Center reserves the right to change the requirements and program curriculum as deemed necessary by the program director and/or medical director based on Accreditation Standards and/or federal and state rules, regulations and guidelines.*

\*Complete the Mercyhealth *Paramedic Program Application document* (following 2 pages) and **submit it to the Training center prior to any other required documents that are requested.**

\*Application may be submitted via U.S. Postal Service or emailed to [BLieber@mhemail.org](mailto:BLieber@mhemail.org)

Mercyhealth Prehospital and Emergency Services Center – Rockford  
**Fall 2022-2023 Cohort 37**  
**Paramedic Program Application**

**Please print**

Name (last, first, middle initial)

Permanent address

Cell phone (    )-

Home phone (    )-

Hold a Current Illinois EMT or AEMT License:  Yes  No

Illinois EMT/AEMT license number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

College or Training Center of EMT/AEMT Training: \_\_\_\_\_

Initial EMT (and AEMT If applicable) certification date(s): \_\_\_\_\_

BLS CPR certification exp. date: \_\_\_\_\_

Name and address of sponsoring EMS organization (if applicable)

Email:

**Scholastic background**

High school attended:

Universities or colleges attended	Degree(s) received or expected and dates (Transcripts required)	GPA

Comments:

## Work experience

List work experiences you have had. Use another sheet, if necessary.

1: Organization		Dates held	
Address			
Position held		Supervisor	
Responsibilities			
2: Organization		Dates held	
Address			
Position held		Supervisor	
Responsibilities			
3: Organization		Dates held	
Address			
Position held		Supervisor	
Responsibilities			

## References

List the names, titles and addresses of the three individuals you have asked to submit a recommendation form on your behalf. Select references based on criteria listed on the Paramedic Program Reference Letter page.

1: Name		Title	
Address	City	State	ZIP
2: Name		Title	
Address	City	State	ZIP
3: Name		Title	
Address	City	State	ZIP

# Paramedic Program Reference Letter

## **To the applicant:**

Fill in the information requested below and present this form to the person you have designated as a reference. When the form has been completed by your reference, it must be mailed directly to:

Brandon Lieber B.S., LI, Paramedic  
Program Director  
Mercyhealth Prehospital and Emergency Services Center – Rockford  
2623 Edgemont Street  
Rockford, IL 61103  
If you have questions, call (815) 971-6895.

You must provide references from the following categories:

- (2 References) Individual familiar with your EMS skills/EMS experience or EMS education
- (1 Reference) Present or past employer.

Name of paramedic applicant (last, first, MI)		
Name of reference (last, first)	Home phone (    )	
Reference's title/position		
Address		
City	State	ZIP

## **To the respondent:**

We are particularly interested in your assessment of the applicant's ability to follow orders reliably, maturity of judgment, attitude, motivation and dependability, and his/her potential as a future paramedic. Also, identifying any areas the applicant needs to concentrate for continuing development will be of assistance.

***A brief letter explaining your response is required.***

## **Please check:**

- Highly recommend
- Recommend
- Recommend with reservation
- Not recommend



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- Highly recommend
- Recommend
- Recommend with reservation
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# Paramedic Program EMS Service Verification

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Date

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Applicant's name

This shall serve as verification that the above named individual has participated in at least one (1) year of active ambulance duty as an EMS Provider.

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Signature of chief executive officer

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Print name

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Ambulance service provider

# Paramedic Program Letter of Intent

I \_\_\_\_\_ (print name) **do hereby certify that:**

I am the applicant named and that I am requesting admission into the Mercyhealth Prehospital and Emergency Services Center Rockford Paramedic Program .

I have read and understand the Program prerequisites and technical standards and do hereby meet those requirements unless exceptions have been identified.

I understand that my application will not be complete until letters of reference and transcripts have been received, and that I have completed any and all necessary entrance examinations and interviews.

I understand that admission into the program does not guarantee paramedic licensure.

I understand that completion of this educational program will not authorize me any right to perform those advanced life support activities in which I will be trained.

I have read all of the above statements and do declare these statements to be true to the best of my knowledge.

I understand that all statements made in this application are accurate and complete, and are subject to verification. Should falsification of this document be demonstrated, I may be denied admission; or, if I have begun training, I will be subject to immediate expulsion without refund of tuition and/or fees paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Paramedic Application Readiness Checklist

Candidate name: \_\_\_\_\_

All required documentation must be received before acceptance into the program.

## **Have you completed and submitted official documentation of the following prerequisites?**

- \_\_\_ Completed application form
- \_\_\_ Current Illinois EMT (AEMT if applicable) license
- \_\_\_ Copy of high school diploma or GED certificate
- \_\_\_ Copies of all University, College or Technical School transcripts
- \_\_\_ Current AHA BLS Healthcare Provider certification (or ARC equivalent)
- \_\_\_ Copy of driver's license or other photo ID
- \_\_\_ Copy of health insurance card showing proof of insurance coverage over the duration of the course and proof of required inoculations
- \_\_\_ Documentation of one year experience as an EMT or AEMT (if applicable)
- \_\_\_ Three (3) letters of reference
- \_\_\_ Essay describing why you are applying to The Program.