



METHODIST HOSPITALS

The Paramedic Education Program

The Methodist Hospitals
Gary and Merrillville, Indiana

National Accreditation of EMS Paramedic Education Programs since 2004



3/1/2024

Methodist Hospitals – Paramedic Program

2024 – 2025 Cohort – Welcome Letter to Prospective Students

Dear Prospective Paramedic Student,

On behalf of the faculty and staff of the The Methodist Hospitals Regional Coordination Center - EMS Program, I would like to welcome you to the Emergency Medical Sciences (EMS) Paramedic Program. In this program you will learn about helping those in need, knowledge of emergency health care and situations demanding fast decision making and critical thinking characterize the work of a Paramedic.

The EMS Program focuses on pre-hospital aspects of emergency care. Coursework is taught by experienced paramedics, nurses, and physicians in clinical, classroom, and laboratory settings. Our well-rounded paramedicine curriculum gives students the in-depth preparation needed to sit for the national licensing examination as a Paramedic. The program is accredited by the Committee on Accreditation of Education Programs for the EMS Professions (CoAEMSP). The Methodist Hospitals has been nationally accredited since 2004 and consistently has some of the highest first-time paramedic pass rates in the state.



Tuition:

The course cost is \$6,300.00. There is payment plans available as well as scholarship and VA assistance for those who meet the eligibility. Please check with our RCC staff for more information. A deposit of \$1,000.00 will be due upon acceptance into the program.

Please review the application packet and if you have any questions please feel free to contact our me at the contact information below. We look forward to seeing you soon.

Cordially,

A handwritten signature in black ink, appearing to read "T. Fentress", with a large, stylized flourish at the end.

Thomas L. Fentress, MBA, NRP, PI, CFI
EMS Director
Program Director – Paramedic & EMT Programs

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Midlake Campus
2269 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

Email: tfentress@methodisthospitals.org or tomfentress@gmail.com
Phone: 219-881-3715

3/1/2024

Paramedic Candidate,

The following is a list of CoAEMSP and Methodist Hospital requirements prior to the start of your Paramedic Program.

Items due by May 1, 2024:

Paramedic Education Program Application
Copy of current State of Indiana EMT Certification
Copy of valid Driver License
Two letters of recommendation. See requirements form (included)
Completion of Fisdap Paramedic Entrance Evaluation (Computer Exam).

Items due by May 31, 2024:

Candidate will email lead instructor @ mws.ems1@gmail.com to schedule exam at the Midlake Campus.
Completion of Entrance Interview with Program Administration

Items due by June 5, 2024:

Completion of psychomotor skills evaluation held at Methodist Hospitals
June 5, 2024 @ 0900hrs;

Item due by July 1, 2024:

Student Health Evaluation (Physical Examination)
Student Health Screen (Vaccination forms)
Health History Questionnaire
Consent to Release of Records Form
Indication of Financial Responsibility Form
Student Tuition Agreement Form
Letter of Intent Form
Background Check completed and attached
Course Tuition Initial Payment (\$1,000.00)

If you have any questions please contact

Lead Instructor:
Melissa Weaver-Singleton,
Email: mws.ems1@gmail.com
Phone: 219-881-3716

Program Director
Tom Fentress
Email: tfentress@methodisthospitals.org or tomfentress@gmail.com
Phone: 219-881-3715



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Methodist Hospitals Paramedic Program – 2024 – 2025 Cohort

Letter of Recommendation Requirements

Each candidate is to submit two (2) letters of recommendation addressing their character, professionalism and commitment.

It is suggested that the letters are obtained from individuals who can describe the personal characteristics of the candidate that would explain why the person will succeed in this educational experience and this career pathway.

The letters are to be from diverse sources familiar with the candidate applying into the program.



No more than one letter is to be from a coworker or individual within the candidate's EMS organization.

No more than one letter is to be from a relative of the candidate.

If you have any further questions, please feel free to reach out to either Melissa Singleton or Tom Fentress. You can reach them at the following:

Lead Instructor:
Melissa Singleton
Email: mws.ems1@gmail.com
Phone: 219-881-3716

Program Director:
Tom Fentress
Email: tfentress@methodisthospitals.org or tomfentress@gmail.com
Phone: 219-881-3715

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The Methodist Hospitals
Northwest Indiana
Regional Coordination Center

Paramedic Education Program 2024 - 2025 Schedule and Hours

Lecture and Laboratory	500 hours
Hospital Clinical Rotation	332 hours
Field Internship	400 hours
Total Course Hours	1232 hours

Lecture and Laboratory		Class Lecture	Online	Lab
Session I	Anatomy and Physiology	44	0	0
Session II	Preparatory and Patient Assessment	9	10	18
Session III	Pharmacology	27	7	21
Session IV	Airway & Trauma Management	36	4	36
	PHTLS	8	0	8
Session V	Cardiology	48	0	33
	ACLS	8	0	8
Session VI	OB/GYN & Pediatrics	15	2	18
	PALS	8	0	8
Session VII	Medical Emergencies	33	6	36
	AMLS	8	0	8
Session VIII	Operations and Rescue	27	0	6
Total Lecture and Laboratory Hours		271	29	200

Hospital Clinical Rotation	Hours
Emergency Department	248
Respiratory Therapy	16
ICU/CCU	8
Cath Lab	4
Pediatrics/OB/Labor	32
Surgery/Anesthesia	24
Total	332

Field Preceptorship	Hours	
Stage 1	BLS Team Lead/ALS Assist	100
Stage 2	ALS Assessment	100
Stage 3	Paramedic-Assisted	100
Stage 4	Capstone	100
Total		400

Class: Monday and Thursday 9:00 am to 4:00 pm*

*Time subject to change

Lunch: One hour between 11:00 am and 1:00 pm*

*Exact time depends on the time needed to cover the topics for the sessions that day.

Medical Director	Dr. Ani Pillay DO
Program Director	Thomas Fentress, MBA, NRP, PI, CFI
Course Instructor	Melissa Weaver-Singleton, MLT, NRP, PI
Clinical Coordinator	Tom Bettenhausen NRP
State Primary Instructor	Melissa Weaver-Singleton, MLT, NRP, PI

**Hospital Staff will be utilized as appropriate in their area of their expertise.

**The Methodist Hospitals
Northwest Indiana
Regional Coordination Center
Paramedic Education Program**

Pre- requisites:

1. Must be 18 year of age
2. Hold a current valid State of Indiana EMT Certification.
3. Must show evidence of a High School Diploma or G.E.D. equivalent.
4. Have no physical or mental disorders that would determine ineligibility for certification as evidenced by completion of a Physical Examination.
5. Highly recommended: 20 hours of patient contact, and six months experience as a functioning EMT in the field.
6. Must meet all requirements set forth by the State of Indiana E. M. S. Commission (Indiana EMSC – ALS Rule 836 IAC 1-6.1-5 (b): An applicant for Indiana paramedic training shall meet the following requirements:
 - a) Hold a valid certificate as an emergency medical technician.
 - b) Be at a minimum of eighteen (18) years of age.
 - c) Have a high school diploma or general education diploma.
7. Hold a valid current CPR training card of American Heart Association Healthcare Provider level or equivalent.
8. Meet eligibility requirements for application for certification as established by the National Registry of Emergency Medical Technicians

Selection Criteria

1. Candidate must submit and have on file prior to the beginning of the course:
 - a) A physical examination.
 - b) A high school diploma or general education diploma.
 - c) Verification of current immunization for Rubella and results of Tuberculosis skin Test.
 - d) Verification of initiation or completion of Hepatitis vaccination series.
 - e) If not affiliated with or sponsored by a Provider Organization, must show evidence of Personal Liability and Malpractice Insurance.
2. Candidate must attain a minimum passing grade on:
 - a) Computer Based Entrance Examination with a passing score of 75% or above.
 - b) Practical Skills Examination on Basic Life Support level that meets the National Standards.
 - c) Successful completion of Interview with Program Director, Lead Instructor, and Medical Director (if MD is available).
3. Acceptance into the program will be based on a review by the program staff of the submitted information.
4. Re-enrollment after prior unsuccessful participation in Education Course.
 - a) This section refers to any person who has previously been enrolled in a Paramedic Education Course at The Methodist Hospitals or any other State of Indiana approved Paramedic Education Institution.
 - b) Any student dismissed from a prior training program for non-academic reasons must agree to a review by program staff for enrollment eligibility into the course.
 - c) Any candidate who has been enrolled and participated unsuccessfully in the Education course two times during the previous years, must submit in writing to the Course Medical Director and Course Coordinator:
 - i) An explanation of the reasons for being unable to complete the Education Course during the prior attempts.
 - ii) What efforts have been made to alter these circumstances to assure successful completion.
 - iii) If affiliated with a provider service, verification from the Provider Service Administrator or Chief, the services awareness of the prior enrollment in the course and the service's commitment for the candidate's additional enrollment during this course.
 - d) The candidate must agree to a personal interview with the Course Medical Director, Course Coordinator and/or Education Staff to review the application.
 - e) The candidate agrees to any special provisions made by the above review board as a contingency to enrollment and course completion.

**The Methodist Hospitals
Northwest Indiana
Regional Coordination Center**

PARAMEDIC EDUCATION PROGRAM

PURPOSE: To prepare the Emergency Medical Technician to function as Advanced Life Support Paramedical personnel.

COURSE OBJECTIVES:

1. To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," with or without exit points at the Emergency Medical Technician-Intermediate, and/or Emergency Medical Technician-Basic, and/or First Responder levels.
2. To prepare the EMT-Paramedic to assess and evaluate life-threatening conditions of Trauma, Cardiac, and Medical origin, assign priorities of Emergency Treatment, and coordinate total patient care.
3. To prepare the EMT-Paramedic to administer appropriate Advanced Life Support intervention according to the prescribed medical control of a certified supervising hospital.
4. To prepare the EMT-Paramedic to perform his Advanced Life Support knowledge and skills which meets State of Indiana and National Registry certification standards.
5. To prepare the EMT-Paramedic to demonstrate integrity, empathy, self-confidence, teamwork, respect, and careful delivery of service with appropriate team leadership management and professionalism.

3/1/2024

**CONSENT TO GRANTING ACCESS TO, OR
RELEASE OF RECORDS TO, THIRD PARTIES**

I hereby authorize The Methodist Hospitals to grant access to and/or release records relating to my performance in the Paramedic Education Program to:

My Provider Organization as requested for the purpose of identifying my knowledge and skills relative to my demonstrated ability to perform as an Emergency Paramedic.

The Emergency Medical Services Commission for the purpose of enabling me to participate in the Indiana Emergency Paramedic Certification process.

The National Registry of EMTs for the purpose of enabling me to participate in the National Registry Certification Examination for Emergency Paramedics.



I understand that in order to revoke this authorization, I must do so in writing and that such revocation shall not apply to records to which access has been granted or which have been released to third parties prior to the date of revocation.

Name (print)

Signature

Date

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Midlake Campus
2269 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410



METHODIST
HOSPITALS **PARAMEDIC EDUCATION PROGRAM**
Application

Personal Information

Name _____
Last First Middle

Street Address _____

City State Zip Code

E-Mail Address _____

Date of Birth ____/____/____ Home Phone (____) _____

Social Security Number ____-____-____ Work Phone (____) _____

Driver License Number & State _____ Cell Phone/Pager (____) _____

Indiana State EMS Certification EMT-B Adv-EMT EMT -I

State Certification Number _____ Expiration Date ____/____/____

National Certification Number _____ Expiration Date ____/____/____

Total Length of EMS experience: _____ years _____ months

Full Time Part Time (years _____ months _____) Volunteer (years ____ months _____)

Educational Background

High School (or G.E.D.) Name _____
Address _____
Graduation (or Certificate) Date _____

Vocational or Trade School Name _____
Address _____
Years Attended _____
Degree or Specialty _____

University or College Experience Name _____
Address _____
Years Attended _____
Degree or Specialty _____

EMS Training Center Name _____
Basic EMT (EMT-I) Address _____
Dates Attended _____

In addition to EMS certification have you participated in a course related or are certified in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Emergency Dispatch | <input type="checkbox"/> Athletic Trainer |
| <input type="checkbox"/> EMS Instructor | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Fire Fighter Pd. ____ Vol. _____ |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> LPN <input type="checkbox"/> CNA |
| <input type="checkbox"/> Other _____ | | |

Employment

Present Employer _____ Occupation _____

Address _____
Street _____ City _____ State _____ Zip _____

Telephone Number (____) _____ How long with present employer? _____

I have discussed enrollment into paramedic program with current employer. Yes No

+++++

Previous Employer: _____ Occupation _____

Address _____
Street _____ City _____ State _____ Zip _____

Telephone Number (____) _____ Length of employment? _____

Reason for leaving: _____

+++++

Have you ever been convicted of or plead guilty to, or had a judicial finding for:
any felony? Yes No

a violation of any federal, state, county or municipal narcotics laws Yes No

If you answered "Yes" to any of the above question you are required to submit additional explanation regarding the incident. Answering "yes" does not automatically disqualify the applicant from the admission process. Conviction of a felony may have a bearing on your ability to be certified as a paramedic in the State of Indiana.

Prior to entrance into the Education Program the applicant must submit:

- A Physical Examination
- Health and Vaccination History
- Fisdap Entrance Exam results

I understand that to be accepted into the program all documentation for application must be submitted by the designated deadline.

I acknowledge that all information on this application is correct and that any false statements of fact may be cause for refusal into or dismissal from the Paramedic Education Program.

Name of Applicant (Print) _____

Signature of Applicant _____ Date _____

The Methodist Hospitals Regional Coordination Center prohibits discrimination and harassment in its admissions, educational programs, activities and employment regardless of race, color, gender, national and ethnic origin, religion, sexual orientation, age, marital status, political affiliation, and veteran status. Any person having inquiries concerning The Methodist Hospital's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or other civil rights laws should contact the HUMAN RESOURCES Service of The Methodist Hospitals.

July 1, 2024

Paramedic Education Program
Letter of Intent

Paramedic Education Program
Regional Coordination Center
The Methodist Hospitals
Gary, IN 46402

I, _____ acknowledge and confirm that I
Print name

will be attending the Paramedic Education Program to be held at The Methodist Hospitals beginning in, August 5th, 2024. I understand that this letter is a binding document and by submitting it I agree to adhere to all physical, financial, and didactic requirements of the Paramedic Program.



Signature

Date

This letter is to be submitted to the Regional Coordination Center, The Methodist Hospitals, Midlake Campus, 2269 W. 25th Ave, Gary, IN. by
Thursday July 1, 2024

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3/1/2024

**Regional Coordination Center
EMT-Paramedic Education Program
Indication of Financial Responsibility**

Financial payment of the tuition for the Paramedic Education Program is the responsibility of the individual student enrolled into the program. The enrolled student guarantees total payment for participation in each section of the program. Total payment for a section not received by the Regional Coordination Center of The Methodist Hospitals by two weeks after the beginning of the section may be assessed a late fee and interest.

Individual Financial Responsibility

Individual financial responsibility guarantees payments of \$1,325.00 by the individual for participation in each semester. The signature of individual is to verify acceptance of responsibility.

Candidate Name

EMS Certification Number

Candidate Signature

Date



Reassignment of Financial Responsibility

A secondary party may agree to financial responsibility for the payments of the enrolled student. Payments for tuition will be due on the same schedule as that of the individual student unless an alternate agreement is made in advance of any payments due. All reassignments or payment guarantees must be approved by the Regional Coordination Center prior to acceptance.

Failure to complete payments as agreed upon by either the individual or secondary party prior to the completion of any section may result in termination of participation by the enrolled student.

Secondary Financial Responsibility

Financial responsibility is guaranteed for payments of \$1,300.00 for participation in each semester of the above named individual. The authorizing individual for organization accepting responsibility of payments is identified by their signature. In consideration for this arrangement the candidate agrees to allow information regarding the candidate's performance in the program to be available and sent to the organization.

Candidate Signature

Authorizing Organization

Date

Authorizing Signature and Title

Name of Authorizing Person

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3/1/2024

Student Tuition Agreement

This agreement is made and entered into by and between The Methodist Hospitals, Inc. (hereinafter referred to as "Methodist Hospitals") and

_____ (hereinafter referred to as "Student")
this _____ day of _____, 2024.

The student hereby agrees to pay to Methodist Hospitals, its successors and assigns, for the EMT-Paramedic Education Program given by Methodist Hospitals tuition in the amount of \$6,300.00, with installments payable as follows:

- \$1,000.00 payable on or before July 1, 2024
- \$1,325.00 payable on or before August 29, 2024,
- \$1,325.00 payable on or before December 19, 2024,
- \$1,325.00 payable on or before March 31, 2025,
- \$1,325.00 payable on or before June 30, 2025

and the entire amount of \$6,300.00 due on first day of class to receive a 10% discount.



It is understood and agreed by the student that if payment in full is not made as provided above, in addition to any other remedies it may have, Methodist Hospitals may dismiss the student from the EMT-Paramedic Education Program, refuse to administer the final written examination to the student and/or to withhold certification of the course grades of such student to the Indiana Emergency Medical Services Commission.

It is further understood and agreed by the student that enrollment in a session and participation in any part of the session constitutes participation in the entire session, making the student liable for the entire tuition for such session unless otherwise agreed in writing by Methodist Hospitals.

Student hereby acknowledges and agrees that, except as provided for specifically in the rules and regulations of the EMT-Paramedic Education program, tuition payments are not refundable.

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Paramedic Student

Date:

Midlake Campus
2269 West 25th Avenue
Gary, Indiana 46404

Tom Fentress, Program Director

Date:

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

Witness

Date: