PARAMEDIC EDUCATION CLASS ANNOUNCEMENT

SUMMA HEALTH SYSTEM
STATE OF OHIO ACCREDITATION # 324
AMA/CAAHEP ACCREDITATION # 600111

The program for the certification of Paramedic is fully accredited by the Ohio Department of Public Safety, Division of EMS, Number 324 National Accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

SUMMA HEALTH SYSTEM AKRON CITY HOSPITAL
PARAMEDIC EDUCATION PROGRAM
IS CURRENTLY ACCEPTING APPLICATIONS FOR OUR
NATIONALLY ACCREDITED PARAMEDIC PROGRAM

A&P CLASSES BEGIN December 3rd, 2018
MAIN PROGRAM BEGINS JANUARY 2nd, 2019

INITIAL APPLICATION REQUIREMENTS COMPLETED BY OCTOBER 1st, 2018, WITH PRETEST COMPLETION BY OCTOBER 19th, 2018
• HIGH SCHOOL DIPLOMA OR GED
• STATE OF OHIO EMT OR ADVANCED CERTIFICATION
• COMPLETED APPLICATION
• VALID DRIVERS LICENSE

ON-LINE PRE-ENTRANCE EXAM
INFORMATION WILL BE MAILED AFTER YOUR COMPLETED
APPLICATION HAS BEEN RECEIVED

FOR MORE INFORMATION AND AN APPLICATION:

SUMMA PARAMEDIC EDUCATION
P.O. BOX 2090
AKRON, OH 44309-2090
(330) 375-9514
OR VISIT OUR WEB-SITE AT www.summa-ems.org.
SUMMA HEALTH SYSTEM
CENTER FOR EMS: PARAMEDIC EDUCATION PROGRAM
OHIO ACCREDITATION #324 & CAAHEP #600111
(COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS)

2019 CLASS ANNOUNCEMENT

SUMMA PARAMEDIC EDUCATION PROGRAM will begin a new eleven-month class on Monday, January 2nd 2019. The classes will be held on Mondays, Wednesdays and Thursdays from 6PM - 10:00PM. If you have not taken a full A&P course within the last 3 years (with a grade of C or better), we will provide A&P for the first six-seven classes on Monday and Wednesdays. If you have taken A&P and meet the requirements, the first day of class is scheduled for Wednesday, January 2, 2019. Twelve hours of clinical experience are required each week bringing the total time commitment for the program to approximately 30 class hours per week. Total didactic, clinical and field internship hours will be approximately 950 hours. The schedule will include a few partial day classes and one overnight class throughout the school year plus approximately eight weekday-daytime clinical commitments (example: Rotations in Surgery, Burn Center, etc.). Total hours may vary for each student based upon clinical competencies obtained. The program for the certification of Paramedic is fully accredited by the Ohio Department of Public Safety, Division of EMS; number 324, National Accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

The tuition for the PARAMEDIC program is $4,500.00 plus book and lab fees (listed below). Payment is due prior to the start of each of the first three Trimesters (January, May and August). Tuition may be paid in three trimesters. The State/National Registry examination fees are NOT included in the tuition. Book fees will cover: A&P - $125.00; Trimester I - $400.00; Trimester II - $175.00. Lab fee $175 for a total cost of $5375. The required book and lab fees will be paid separately from tuition fees.

For an application, please contact our office (330) 375-9514 or visit our Website for an On-Line Application. (See below).

Applicant (at least 18 years of age) must submit application with $25 check (made out to Summa Health System/Paramedic Education; which is non-refundable under any circumstances) with CLEAN, CLEAR COPIES of the documents listed below to our office by 10/1/18. Completed Legible Application:

- High School Diploma or equivalent (GED)
- Current Ohio EMT Card or an Advanced card.
- Current American Heart Provider Course CPR Card – both sides.
- Proof of completion of a full A&P Course taken within the last 3 years (with a grade of C or more) will be accepted in lieu of the A&P course.
- Valid Driver’s License

PRE-ENTRANCE REQUIREMENTS MUST BE COMPLETED BY October 19, 2018. We require an on-line Pre-Test with passing scores for acceptance in the PARAMEDIC Class. The On-line Pre-entrance exam information will be sent to you after we receive your completed application/fee.

After passing the pre-entrance exam, a notice will be sent to you containing two Reference Evaluation Forms which, along with the following information which must be returned by the date of your interview.

- Reference Evaluation Forms, one to be completed by your EMT instructor; the other completed by your prehospital service medical director, operations director, work supervisor, or someone who has known you for at least two years other than immediate family.

ADDITIONAL REQUIREMENTS:

- Pass the pre-entrance exam with required minimum scores.
- Must be available for an interview with the Staff of the Paramedic Program in September, October or November of 2018.
- Personal health history and physician physical exam (forms provided upon acceptance). Documentation of immunization history will be required upon acceptance into the program.
- Hepatitis B Vaccination series & Influenza Vaccine. (Commencing by the first night of class).

CERTIFICATION AS A PARAMEDIC:

- Following successful completion of the program, graduates are eligible to take the state-certifying exam, which is the National Registry Written and Practical Exam. Upon passing both portions the graduate will receive both the National Registry Paramedic and Ohio Certifications. The National Registry certification, if kept current, will allow the Paramedic to receive Paramedic status in certain states with minimal testing.

CAREER POSSIBILITIES:

- Paramedics are readily employed by private ambulance services, Fire Departments and some hospital emergency rooms. There may be some other areas of service with a PARAMEDIC license. We do not offer job placement by our office but we do receive notices of job opportunities, which we make available to student and graduates. When applying for the large, full-time paid Fire Departments, applicants are usually given additional points for having a PARAMEDIC license.

Please make your check or money order for $25.00 payable to SUMMA HEALTH SYSTEM/PARAMEDIC EDUCATION. Address all correspondence to: Summa Paramedic Education Office, Akron City Hospital, P.O. Box 2090, Akron, Ohio 44309-2090.

FOR ADDITIONAL INFORMATION OR AN APPLICATION, PLEASE GO TO OUR WEB SITE
www.summa-ems.org
### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Quantity</th>
<th>Requirement</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>High School Diploma</td>
<td>0</td>
<td>Driver's License</td>
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<tr>
<td>School Transcript</td>
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<td>Eval #1</td>
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<tr>
<td>College Diploma</td>
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<td>Eval #2</td>
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<tr>
<td>GED Certificate</td>
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<td>NR EMT Card</td>
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<tr>
<td>CPR Card</td>
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<td>$25 Pre-test Fee</td>
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<tr>
<td>Nursing Diploma</td>
<td>0</td>
<td>A&amp;P Course</td>
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<td><strong>FILE COMPLETE</strong></td>
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**SUMMA CENTER FOR EMS: PARAMEDIC APPLICATION CLASS OF 2019**

**Application, fee, and documents** must be received in our office or postmarked by **October 1st, 2018** for consideration and eligibility to take the pretest by **October 19th, 2018**. Interviews will take place from September through early November 2018. Please print in dark ink or type the following:

Please print/type full LEGAL name

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE: ________________</th>
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<tbody>
<tr>
<td>first name</td>
<td>middle initial</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
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<tr>
<td>COUNTY</td>
<td>PHONE</td>
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<tr>
<td>E-MAIL</td>
<td>DATE OF BIRTH</td>
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<tr>
<td>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</td>
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<tr>
<td>PHONE</td>
<td>ADDRESS</td>
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**EMS SERVICE AFFILIATION (IF ANY)**

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<tr>
<th>MAILING ADDRESS</th>
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<tbody>
<tr>
<td>COUNTY</td>
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<tr>
<td>HOURS PER WEEK</td>
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**EDUCATIONAL HISTORY**

<table>
<thead>
<tr>
<th>HIGH SCHOOL/GED</th>
<th>GRADUATION DATE</th>
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<tbody>
<tr>
<td>COLLEGE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>OTHER (TECHNICAL/NURSING/FIREFIGHTER)</td>
<td>FROM</td>
</tr>
<tr>
<td>EMT TRAINING - WHERE?</td>
<td>WHEN?</td>
</tr>
<tr>
<td>ADVANCED TRAINING - WHERE?</td>
<td>WHEN?</td>
</tr>
<tr>
<td>EMS RELATED COURSES? YES □</td>
<td>NO □</td>
</tr>
</tbody>
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HAVE YOU EVER APPLIED TO THIS OR ANY OTHER PARAMEDIC PROGRAM BEFORE? YES □ | NO □ | IF YES, PLEASE GIVE DATES, GRADUATION AND/OR REASONS FOR LEAVING: |
USING THE FOLLOWING SPACES PLEASE WRITE A FULL PARAGRAPH ACCOUNT OF:

(1) Your experiences and activities since school, if more than six months have elapsed:

2) Accomplishments that have given you great satisfaction:

(3) Your reasons for selecting this program as a career:

(4) Any special reasons for desiring to enter the Summa program:

(5) Your plans and aspirations for the future:
CURRENT EMPLOYER (Other than or in addition to EMS affiliation listed on the front page)

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>County</td>
<td>Phone Number</td>
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Job Functions

Employment Dates From ______________________ To ______________________

Supervisor ______________________ Hours per week ______________________

PREVIOUS EMPLOYER

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>County</td>
<td>Phone</td>
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</table>

Job Functions

Employment Dates From ______________________ To ______________________

Supervisor ______________________ Reason for leaving? ______________________

NOTE: PLEASE READ THIS SECTION OF THE APPLICATION VERY CAREFULLY. DO NOT SIGN THIS APPLICATION UNTIL AFTER YOU HAVE READ AND UNDERSTAND THE FOLLOWING PROVISION:

I certify that the information given by me in this Application is true in all respects, and I agree that if any of the information is misrepresented, an offer of admission into the Paramedic Education Program may be revoked at any time without liability to SUMMA. I further agree that if I am admitted and it is subsequently discovered that the information contained in this Application is false or misleading in any way, I am subject to dismissal without notice. As an applicant for admission to the Paramedic Education Program at SUMMA HEALTH SYSTEM, I hereby authorize SUMMA to fully and completely investigate my background generally and, to that end, I further authorize and direct any and all of my past employers, physicians, schools, references, and any and all other persons and organizations to answer all questions asked by SUMMA concerning as the case may be, my ability, character, reputation, health, grades, and previous employment record. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to SUMMA.

By subscribing my signature to this Authorization and Release, I hereby authorize any city, county, state, or federal law enforcement agency or court to release to SUMMA any information they possess concerning me, including information concerning prior arrests which resulted in conviction or any pending matter which has not been resolved.

SIGNATURE OF APPLICANT ______________________ DATE ______________________

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? ☐ YES ☐ NO - IF YES, PLEASE EXPLAIN IN DETAIL ON NEXT PAGE.