

FOR ADDITIONAL
INFORMATION

Contact:

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CENTER FOR
PREHOSPITAL CARE
EMS ACADEMY
EMT-BASIC COURSES



Courses Begin:

DAY COURSE (MON/WED)

JANUARY 11, 2010

10AM to 2PM

EVENING COURSE (TUE/THU)

JANUARY 12, 2010

6PM TO 10PM



COURSE FACULTY

William J. Schreiber EMT-P/EMD
Lead Instructor

Kevin Forney EMT-P/Instructor

Dear Prospective Student

The Center for Prehospital Care is pleased to announce the dates of the next EMS Academy's EMT-Basic Courses. Sessions will begin **January 11th and 12th**, with graduation scheduled in **June 2010**. Classes will be held on Monday/Wednesday days (10am – 2pm) or Tuesday/Thursday evenings (6pm – 10pm) at Advocate Christ Medical Center EMS Academy Campus location, 5220 W. 105th Street, Oak Lawn.

The cost of the course is \$820, which includes:

\$220.00/ *Non-refundable* tuition deposit.

Book, uniform shirt for clinical experiences, current picture lab-fees, TB testing, books, instructor preparatory fees, I.D. and AHA Healthcare Provider CPR course included.

You will be required to purchase a stethoscope and a watch with a second hand for use in class, clinical and ambulance experiences.

To be considered for admission into the **Spring 2010** course, the applicant must provide the following by the close of registration on **January 6th from 8:00 a.m. until 3:00 p.m.**

- Completed application with \$220 **Non-refundable** tuition deposit. Payment must be made in the form of a money order or cash only. Do not send cash via mail.

- **NO PERSONAL CHECKS ACCEPTED!**
- Copy of High school transcripts or college transcripts is accepted only if degree obtained.
- Completed Health Assessment from ACMC Employee Health, (fees required). For appointments call (708) 684-5333. Please note that appointments should be scheduled within 30 days of the start of the course no sooner.
- Copy of Birth Certificate for proof of age.



Please send your completed registration fee and form to:

Advocate Christ Medical Center
Center for Prehospital Care
4440 W. 95th Street
Oak Lawn, IL 60453
Room 193-W
Attn: William Schreiber, EMT-P

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SS# _ _ _ - _ _ - _ _ _

How did you hear about the EMS Academy courses? _____

Phone: _____

D.O.B. ____/____/____

E-mail: _____

: _____

Education (**circle** Highest Grade Completed): H.S. 3 4 College 1 2 3 4 or GED

Select the session for which you are applying

M/W (10am – 2pm)

T/Th (6pm – 10pm)

Signature and Date