



***LEHIGH VALLEY HOSPITAL
GEORGE E. MOERKIRK
EMERGENCY MEDICINE INSTITUTE***

2008

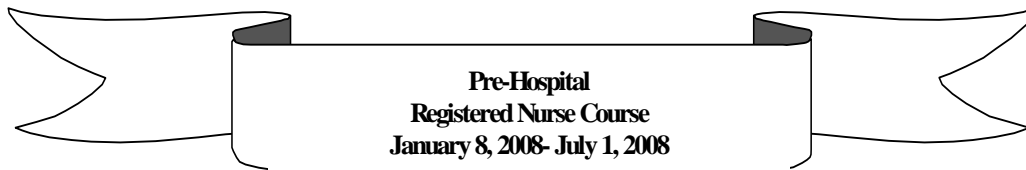
***State of Pennsylvania
Prehospital Registered Nurse Course Application***



LEHIGH VALLEY HOSPITAL

GEORGE E. MOERKIRK EMERGENCY MEDICINE INSTITUTE

Presents:



GENERAL INFORMATION

The Prehospital Registered Nurse Course is designed to teach registered nurses to function as advanced life support care providers in the prehospital environment. Didactic classes are held at the George E. Moerkirk Emergency Medicine Institute of the Lehigh Valley Hospital, located on the ground floor at 2166 S. 12th Street, Allentown, Pennsylvania. Didactic includes ACLS, PALS, and PHTLS courses.

Class begins on January 8, 2008 and runs to July 1, 2008. Class is conducted on Tuesdays from 8:00 A.M. - 2:00 P.M.

Classes consist of lectures and frequent workshops. This complete training program includes didactic, clinical, and field experiences provided by the Lehigh Valley Hospital Health Network and selected local ambulance corps.

To successfully complete the course, students must:

- 1) Pass the field internship,
- 2) Take the EMT Basic practical test (administered by the Eastern PA EMS Council), unless you are already certified as an EMT
- 3) Take the National Registry written assessment examination

REGISTRATION

Enrollment is limited to current Registered Nurses Licensed in PA with current CPR provider status. Only **24 students** will be accepted in the class. **Applications must be completed and postmarked no later than December 15, 2007.**

ADDITIONAL INFORMATION

If you have any questions about the Pre-hospital Registered Nurse course or any pre-hospital care program offered by the Emergency Medicine Institute, please call (610) 969-0280, or page Tom Rothrock, 610-508-8754.



CLINICAL ROTATIONS

Rotations are provided at Lehigh Valley Hospital Health Network Facilities and are available daily from 7:00 A.M. to 11:00 P.M. Every attempt is made to schedule clinical rotations at times convenient to the student.

Clinical Areas Include

Emergency Department	Trauma Neuro ICU
Anesthesia Department	Burn Center
Operating Suite	Coronary Care Units
Psychiatric Unit	Respiratory Care
Pathology	Pediatric Unit
Labor Suite/Delivery Room/Newborn Nursery	

Exemption will be granted for work experience in certain areas.

FIELD INTERNSHIP

During the didactic portion of the program, students will precept with EMS providers in order to gain EMS experience. Upon completion of the didactic portion, a Field Internship will begin. This internship requires 50 to 120 hours of pre-hospital emergency care and is performed with selected local ambulance corps. Field experience will include direct patient contacts including complete patient assessment and treatment, ambulance communication skills, as well as, completely documented PA pre-hospital trip report. Successful completion of the field internship is based on National Curriculum Competency Standards. Field evaluations will be conducted in the pre-hospital setting by approved preceptors.

COST OF THE PROGRAM

The total tuition amount is \$1150.00. This fee includes course registration, textbooks, handouts, along with PHTLS, PALS and ACLS certifications. \$50 is due upon acceptance and is credited toward the tuition cost. \$400 is due the first day of class. The remaining \$700 can be paid in a variety of payment plans: i.e., two payments of \$ 350, one payment on February 26, 2008 and the second on May 6, 2008, or a monthly payment plan. Accepted methods of payment include a check or money order (made payable to the GEM-Emergency Medicine Institute), VISA, MasterCard, American Express, or Discover. There will be a \$30 fee charged for any returned checks or declined charges.

LEHIGH VALLEY HOSPITAL
GEM-Emergency Medicine Institute

PLEASE TYPEWRITE OR PRINT CLEARLY

DATE ____/____/____

PERSONAL INFORMATION:

NAME: (Last Name)		(First Name)
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE #:	WORK PHONE #:	PAGER # (If applicable):
SOCIAL SECURITY NUMBER: ____ - ____ - ____ STATE EMT # _____ EMT EXPIRATION DATE: ____		

EDUCATIONAL BACKGROUND:

Circle the highest level completed, or indicate possession of Graduate Equivalent Degree (G.E.D.)
(You must obtain copies of college transcripts and attach)

Name of High School	1	2	3	4
Name of College	1	2	3	4
Name of Graduate School	1	2	3	4
Other (Explain)				

DIPLOMAS OR DEGREES AWARDED:

List your educational Diplomas or Degrees. Start with your most recent first.

NAME OF INSTITUTION	DEGREE	MAJOR	YEARS ATTENDED FROM - TO

OCCUPATIONAL INFORMATION:

Provide the information requested below for all present employers.
Also include self-employed information and part-time employers.

EMPLOYER'S NAME AND ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME	YOUR TITLE AND DUTIES	DAYS AND HOURS OF YOUR SCHEDULE

EMERGENCY MEDICAL EXPERIENCE: (IF APPLICABLE)

List most recent experience first.

NAME OF ORGANIZATION	TYPE OF EXPERIENCE (AMBULANCE, ER, ICU, ETC)	DUTIES	FROM - TO (MONTH/YEAR)

SPECIALIZED TRAINING/EDUCATION:

(Include copies of your certificates and/or wallet cards with this application)

COURSE TITLE	DATE ISSUED	DATE EXPIRED	LICENSE NUMBER (If Applicable)
Basic Cardiac Life Support			
PA EMT (Basic)			
PA RN License			

REFERENCES

List four (4) references that are familiar with your performance in Emergency Medical Care. At Least one should be a physician.
(No family members may be used as references.)

NAME	ADDRESS	TITLE	TELEPHONE NUMBER

EXPLAIN WHAT YOU WANT THE PRE-HOSPITAL REGISTERED NURSE CERTIFICATION TO DO FOR YOU:

CRIMINAL HISTORY RECORD:

Please fill out the enclosed "Criminal History Record" and attach to the application.

I certify that all of the information given in this application is accurate and true.

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN THE COMPLETED APPLICATION AND ALL SUPPORTING TRANSCRIPTS, CERTIFICATIONS, ETC. ATTACHED TO THE APPLICATION TO:

GEM-EMERGENCY MEDICINE INSTITUTE, Ground Floor, 2166 S. 12th Street, Allentown, PA 18103.

Please note: If applications are incomplete, acceptance in the course will not be granted. Please use the attached "Application Checklist" to ensure proper submission of all required documents. Thank you!

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GEM-Emergency Medicine Institute

APPLICATION CHECKLIST

The following items must be completed and/or included in your application:

- _____ Name
- _____ Address
- _____ Phone Number
- _____ College Transcripts
- _____ Specialized Training/Education Certificates and/or Wallet Cards
- _____ Additional Courses, Certifications, Registries Certificates and/or Wallet Cards
- _____ Completed and Signed Criminal History Record
- _____ Signature of Application
- _____ Copy of PA RN License
- _____ Copy of current CPR card

Criminal History Reporting Form for Certification or Recognition

Instructions: **Complete Both Sides** (use additional sheets if necessary)
 List all convictions except summary offenses
 Completion of a course does not guarantee certification

INFORMATION SECTION			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Alternate Telephone Number	

Have you ever been convicted of a misdemeanor or felony? Yes No (If yes, complete below)
 (A "conviction" includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere)

CRIMINAL CONVICTION SECTION			
Common Name of Offense	Statute Violated	Date of Conviction	Date of Sentencing (if Different)
<input type="checkbox"/> I provided my criminal history to the Bureau or a regional EMS council on a prior occasion when filing an application that was granted. A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted with this form			
Describe the circumstances surrounding the crime(s) for which you were convicted: Name of court? When? What were you doing that lead to your being charged with the crime?			
Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as an EMS provider?			
What are you doing to avoid criminal activity and to improve yourself?			
Do you believe you have been rehabilitated? Why?			
Are you on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Probation/Parole Officer:		Telephone Number:	
City/County/State of probation/parole?			
Date of or projected date of completion of probation/parole?			
Were you previously on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below for each Probation Officer)			
Name of former Probation/Parole Officer:		Telephone Number:	
Was court ordered counseling classes/evaluation part of your probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)			
Describe court ordered sessions:			
Are you going to counseling voluntarily? ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)			
Describe voluntary sessions:			
Name of Counselor:		Telephone Number:	
Date or projected date of successful completion of counseling/classes:			

EMPLOYMENT SECTION

Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	

You must provide the regional EMS council with the following if you have been convicted of a misdemeanor or felony (not previously reported).

1. An original signed copy of this form
2. An original Pennsylvania State Police "Request for Criminal History Check" (SP4-164) and PSP rep sheet (SP4-1378)
3. A certified copy of the court documents making the charges, disposing of the charges, and imposing sentences for all misdemeanor and felony offenses of which you have been convicted. These documents are most commonly called an Information or an Indictment, and a Judgment/Probation and Commitment Order.

You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy; doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced in 2 and 3 above, as well as a copy of the statute under which you were convicted.

Background checks may be performed to verify the information you provide on this form. If you have made a false statement or failed to identify all relevant conditions, disciplinary action may be initiated against you by the Department, that action may impact upon any certification or recognition you have received or may receive from the Department.

NOTICE -- Section 4904 of the Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
- (1) Makes any written false statement which he does not believe to be true; or
 - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.
- (b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

I hereby certify that the information provided in this form is **true and complete** to the best of my knowledge, information and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge that I have read the above Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Codes. I authorize the Pennsylvania Department of Health to contact the law enforcement, correctional officers, present and past employers, counseling programs, and anyone specifically noted on this application and any other persons that might have information pertaining to my conviction(s). I understand that if I am denied certification or have disciplinary sanctions imposed against me by the Department it may publish information of its action and reasons for its decision on its web page.

_____ Printed Name

_____ Signature

_____ Date