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***The George E. Moerkirk  
Emergency Medicine Institute  
Lehigh Valley Health Network***

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***2024 FALL PROGRAM***

***NREMT- Advanced Emergency Medical  
Technician (AEMT) Program  
Application***

# ***NREMT- AEMT*** ***TRAINING PROGRAM***

With National Registry Advanced Emergency Medical Technician Testing

***COURSE: 2024 Fall AEMT Program***

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## **GENERAL COURSE INFORMATION**

EMI follows the National EMS Education Standards which prepares the AEMT student to take the National Registry exam. Once you have successfully completed your testing, you will receive your National Registry and PA State AEMT certifications.

The AEMT program is held in combination of in-person classroom and simulation labs of the Emergency Medicine Institute (EMI), which is located on the first floor of Lehigh Valley Health Network Mack building, 2100 Mack Blvd, Allentown, Pennsylvania. The class will run on a schedule with lectures along with assigned at home learning assignments. Clinical and field rotations are held locally within our hospital network, additional hospitals that have agreements with the network, and through our EMS system partners.

The program will be held from August 5, 2024, thru December 14, 2024, with the Pennsylvania Psychomotor Test. Class will be held each Monday and Thursday evening from 6:30PM-10PM until November 18, 2024, when class will then be held each Monday and Wednesday evening from 6:30PM – 10PM. In-person days at EMI will also include 5- Saturday's (1 a month).

Selection of students for this course is highly competitive. Those with the best combination of experience, knowledge and attitude will be considered the top candidates. Extensive training includes didactic classroom lectures, workshops and labs using our human patient simulators (instructor to student ratio 1:5), clinical rotations in various medical disciplines and field experience through preceptorships with selected Advanced Life Support Ambulance services.

### **REQUIREMENTS**

- Current Pennsylvania EMT Certification
- At least 1-year current active EMS experience is strongly preferred
- High School Diploma or GED
- 18 years and older
- Exceptional teamwork, attitude and an interest in people, medicine, science, and learning
- 30 spare hours a week to devote to this intense learning experience.
- Equipment: Electronic device for at-home learning and testing (IPAD, Laptop) and stethoscope
- Completed 2024 Fall AEMT Program Application

### **CLINICAL ROTATIONS**

Emergency Department rotations at Lehigh Valley Health Network will be scheduled. This rotation allows for education and practice in patient assessment, med administrations, I.V. starts, respiratory treatments, and airway management.

Each student will also participate in a Respiratory Therapy round which involves shadowing a respiratory therapist at Lehigh Valley Health Network.

**Any questions, contact Morgan Kutz at [morgan.kutz@lvhn.org](mailto:morgan.kutz@lvhn.org) or by phone 484-884-0087.**

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## **FIELD INTERNSHIPS**

Field internships are your chance to put your clinical practice and didactic education into action under the close supervision of experienced paramedics. For our AEMT program, it is preferable that each student utilizes their home service to obtain field hours. Accommodations can be arranged if a student does not work for an ALS agency.

### **COST OF THE PROGRAM**

The tuition is \$1,950, which includes textbook cost with online access. Tuition also includes registration, course materials, lab fees, computer scheduling program, textbook, shirt for class and field time, and initial NREMT Cognitive Exam Voucher and initial PA State Psychomotor Exam Voucher.

Payment plan option: A \$300 deposit will be required on acceptance of the program. Monthly payment plans (5 payments during course) are available.

After submission of all the required application documents and acceptance into the AEMT Program, the applicant will be contacted to schedule an entrance exam. The entrance exam consists of 50 NREMT EMT-B exam type questions. Testing is done at EMI, 2100 Mack Blvd., First Floor, Allentown, PA. **Entrance exam must be scheduled and taken at EMI by July 31, 2024.**

**PLEASE REMEMBER, applications must be completed and received no later than midnight July 12, 2024, to be considered for the 2024 class.**

**If accepted, a letter will be sent explaining clearances and a deposit of \$300 to hold your seat in the class. This is applied to the total tuition.**

ALS Program Director: Tom Rothrock, R.N., MSN, CFRN, NRP  
AEMT Program Coordinator: Morgan Kutz MSN, RN, CEN, CPEN, PHRN, TCRN  
Medical Director: Robert Tomsho, DO, MS

# LEHIGH VALLEY HEALTH NETWORK

## Emergency Medicine Institute

Advanced Emergency Medical Technician (AEMT) Application: 2024 FALL Program

**PLEASE PRINT CLEARLY**

APPLICATION DATE \_\_\_/\_\_\_/\_\_\_

### PERSONAL INFORMATION:

NAME: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle initial) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 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.

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

**NOTE: A COMPLETED AND SIGNED "EMPLOYER AWARENESS FORM" MUST BE ATTACHED TO APPLICATION FOR EACH EMPLOYER IDENTIFIED**

**EMERGENCY MEDICAL EXPERIENCE:**

List most recent experience first. Please attach at least one letter of reference from an EMS Supervisor

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 of INITIAL CERTIFICATION	CURRENT EXPIRATION DATE	CERTIFICATION NUMBER (If Applicable)
Basic Cardiac Life Support			
PA EMT (Basic) – Date Initially Certified _____			
PA EMT (Instructor) (If Applicable)			

**ADDITIONAL COURSES, CERTIFICATIONS, REGISTRIES, ETC:**

List below any additional courses, etc., you wish to support your application.  
(Include copies of your certificates and/or wallet card for each course listed)  
(Examples: Registered Nurse, L.P.N., CPR Instructor, Instructor-Trainer, etc)


**REFERENCES**

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

NAME	ADDRESS	TITLE	TELEPHONE NUMBER

**Tell us why you wish to become an AEMT at this stage of your career:**


**By signing this application**, I acknowledge that for me to be considered for this AEMT training program, I must successfully attain minimum competency in all required AEMT pre-tests to qualify for the interview process for the Lehigh Valley Health Network Advanced Emergency Medical Technician Program. This includes all entrance examinations as explained above. I further agree that if I am accepted into the AEMT program I will pay all tuition and costs associated with the program on the payment plan that I agree to. I specifically acknowledge that I will not be allowed to test or complete any final examinations or receive a certificate of completion until and unless I have paid all costs in full. I agree that I will owe 50% of the total tuition if I fail or leave the class for any reason before the mid-term test, and I agree that I will owe 100% of the total tuition if I fail or leave for any reason after the mid-term test.

I certify that all of the information given in this application is accurate and true to the best of my knowledge. I authorize the release all information pertinent to my AEMT certificate program administrator at Lehigh Valley Hospital. The information includes but is not limited to the following:

- High school transcripts
- Post-secondary institution transcripts
- Assessment test scores/Admissions test scores
- Grades and Academic process evaluations
- Criminal and licensure background checks

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

Morgan Kutz at Morgan.Kutz@lvhn.org

**Please Note:** Please use the following "Application Checklist" to ensure proper submission of all required documents.

**Applications must be received via e-mail by midnight, July 22<sup>nd</sup>, 2022. Applications received after the deadline will not be considered for the 2022 class.**

Entrance EXAMS must be completed by July 29<sup>th</sup>, 2022 for the class. Entrance exam will be scheduled once application has been received.

APPLICATION CHECKLIST

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

- \_\_\_\_\_ **Name**
- \_\_\_\_\_ **Address**
- \_\_\_\_\_ **Phone Number / Email address**
- \_\_\_\_\_ **Employer Awareness Form(s) one for each employer**
- \_\_\_\_\_ **Specialized Training/Education Certificates and/or Wallet Cards**
- \_\_\_\_\_ **Additional Courses, Certifications, Registries Certificates and/or Wallet Cards**
- \_\_\_\_\_ **Signature of Application**
- \_\_\_\_\_ **Criminal History Form**
- \_\_\_\_\_ **Letter of recommendation from primary ambulance service EMS Supervisor**

LEHIGH VALLEY HEALTH NETWORK  
Emergency Medicine Institute

**"STATEMENT OF EMPLOYER AWARENESS FORM"**

TO: Employers of Applicants to the National Standard Curriculum Advanced Emergency Medical Technician Training Program

FROM: Lehigh Valley Hospital Network Emergency Medicine Institute Advanced Emergency Medical Technician Program

SUBJECT: The 2024 National Standard Curriculum Advanced Emergency Medical Technician Training Program

\_\_\_\_\_, one of your employees, is applying for admission to the Advanced Emergency Medical Technician Training Program which is conducted at:

Lehigh Valley Health Network - George E. Moerkirk Emergency Medicine Institute  
2100 Mack Blvd., First Floor  
Allentown, PA 18103

Because of the nature of the training program, it is sometimes necessary for a student to arrange his schedule according to the needs of this course. This may involve shift changes, vacation days, leaves of absence, etc.

Listed below are some of the requirements of the course which may necessitate such schedule adjustments:

1. The program starts August 5, 2024, and ends December 14, 2024. The course lectures are conducted each Monday and Thursday evenings from 6:30-10PM until November 18, 2024 when class will then be hosted each Monday and Wednesday evening from 6:30-10PM until the conclusion of the program.
2. Required in-person skills days includes 5 Saturday's (one each month).
3. The course will last approximately 19 weeks.
4. Some in-hospital experiences are available only at specific times; students are required to adjust their schedules to avail themselves for these experiences.
5. A student is not permitted to miss more than 12 unexcused hours during the course.

It is necessary for the applicant to attach this signed "Statement of Employer Awareness" to his/her application, in order to be considered for admission to the program. Thank you.

\_\_\_\_\_  
I have read the above, and I understand the implication of these statements, should my employee,

\_\_\_\_\_ be accepted into the Emergency Medicine Institute Advanced Emergency Medical Technician Training Program.

\_\_\_\_\_  
(Place of Employment)

\_\_\_\_\_  
(Signature of Employer)

\_\_\_\_\_  
(Title of Individual)

\_\_\_\_\_  
(Date)

\_\_\_\_\_ All of the above not applicable, unemployed at present.

SECTION A – PERSONAL INFORMATION			
<b>Last Name</b> (include Maiden Name, if applicable)	<b>First Name</b>		<b>Middle Name</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone Number</b>	<b>Work Telephone Number</b>	<b>Alternate Telephone Number</b>	

**Have you ever been convicted of a crime other than a summary or similar offense?**

- Yes – Complete Sections B, C, D, E, & F  
 No – Complete Sections C, D, E, & F

A conviction includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere. Accelerative Rehabilitative Disposition (ARD) is not considered a conviction.

**Within the past 4 years, has your driver’s license been suspended or revoked?**     Yes     No

SECTION B - CRIMINAL CONVICTION			
<b>Common Name of Offense &amp; Grading</b> (felony or misdemeanor, if known)	<b>Date of Conviction</b>	<b>State of Conviction</b>	<b>County of Conviction</b>
<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. <b>A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted to the Bureau of EMS.</b>			
Describe the circumstances surrounding the crime(s) for which you were convicted:			
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			
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)			
Type of court ordered sessions:			
Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)			
Type of voluntary sessions:			
Name of Counselor:		Telephone Number:	
Date or projected date of successful completion of counseling/classes:			



**SECTION C – EMPLOYMENT**

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: _____	

**SECTION D – DISCIPLINARY ACTION DISCLOSURE**

Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted?  Yes  No (If yes, provide circumstances of the disciplinary action):


You must provide 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 rap sheet (SP4-1378); and
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 a 1) Criminal Complaint, 2) an Information or an Indictment, 3) and a Sentencing Order, Judgment/Probation Order, and/or a Commitment Order. Please note that the Bureau of EMS may require you to provide other certified copies of court documents depending on the disposition of your criminal case and/or the nature of your conviction.

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 and/or a Criminal Justice Agency and that action may impact upon any certification or recognition you have received or may receive from the Department.

## SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

Pursuant to section 4304.1(a)(2) of the Domestic Relations Code, 23 Pa.C.S. § 4304.1(a)(2), government agencies are required to collect the Social Security Number of an individual who has one on any application for a professional or occupational license or certification. Any information collected pursuant to this section shall be confidential except as permitted by law. The information may be provided to, and used by, the Department of Public Welfare, upon its request, or a court or domestic relations section solely for the purpose of child and spousal support enforcement and, to the extent allowed by Federal law, for administration of public assistance programs. The Bureau of EMS may also use this information for purposes of a criminal history check.

Section 2603 of the State Government Code, 71 P.S. § 2603, allows an individual applying for or renewing a professional or occupational license or certification to provide an alternate form of identification in lieu of a Social Security Number. Alternate forms of identification acceptable to the Bureau are an individual's Pennsylvania Driver's License Number or a Pennsylvania Non-Driver's Identification Card Number issued by the Pennsylvania Department of Transportation (PennDOT). Out-of-state driver's license numbers or non-driver's identification card numbers (or similar documents) are not acceptable.

Please note that if you provide a PennDOT identification number in lieu of your Social Security Number, the Department of Health is still required to obtain your Social Security Number pursuant to 23 Pa.C.S. § 4304.1(a)(2). The Department of Health will contact PennDOT and provide your PennDOT identification number in order to obtain your Social Security Number. The Bureau of EMS will not process your paperwork for certification until it receives your Social Security Number from PennDOT. Be aware that this will delay the issuance of any EMS certification or recognition for which you may qualify.

If you do not have a Social Security Number, your paperwork will be forwarded to the Bureau of EMS and you may be required to obtain from the Social Security Administration documentation showing that you have applied for a Social Security Number or a certification that you are not eligible for one. If you are not eligible for a Social Security Number, you may be required to obtain an Individual Taxpayer Identification Number (ITIN) from the Internal Revenue Service before you will be granted EMS certification.

Name (as it appears on card)	Social Security Number

In lieu of a Social Security Number, I am providing:  PA Driver's License  PA Non-Driver's Identification Card

Name (as it appears on card)	Address (as it appears on card)	Number

By affixing my driver's license number or non-driver's identification number issued by the Pennsylvania Department of Transportation, I authorize the Pennsylvania Department of Transportation to release my Social Security Number to the Pennsylvania Department of Health for the limited purpose of complying with 23 Pa.C.S. § 4304.1(a)(2).

NOTICE: Section 4904 of the PA 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.

## SECTION F – WAIVER AND SIGNATURE

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 Code. I authorize and hold harmless 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 further authorize these entities to release information as allowed by law related to my convictions. I agree to sign any waivers or authorizations from these entities to release information related to my convictions if they require I do so. 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. I further understand that completion of an EMS course does not guarantee issuance of certification.

Printed Name

Signature

Date

04/12