

COURSE DESCRIPTION

Emergency Medical Responder (EMR) programs were developed to provide highly trained individuals with the skills necessary to begin assessing and caring for patients at the scene of injury or illness. In many areas of the nation, EMRs are able to reach patients in less than ten minutes from the onset of the emergency. This quick response and the quality care rendered save thousands of lives each year.

EMR programs are growing in number and complexity each year. This commitment to the EMR concept has allowed the EMR to become an important part of emergency services in the United States.

Once the provider successfully completes this course, he/she will be able to test for a State of Illinois license.



OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 6137

EMERGENCY MEDICAL RESPONDER

Wednesdays

July 16 – October 15, 2014
6 - 10pm



 **OSF**
SAINT FRANCIS
MEDICAL CENTER

INTENDED AUDIENCE

Providers wanting to become licensed as Emergency Medical Responders. This course will enable the provider to perform life saving medical care for an injured or ill person.

REQUIREMENTS

Current/valid AHA CPR Card
Stethoscope
Willingness to learn
Adheres to the PAEMS Student Handbook

COURSE LOCATION

OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637
For additional information, call (309) 624-3101.

CANCELLATION POLICY

- 10 or more participants are required for each class. Class will be cancelled if less than 10 participants are registered.
- Non-attendance will result in the forfeiting of the course fee. Non-attendance includes cancellation with less than 24 hours notice.
- If registration is cancelled 24 hours or more prior to the start of the course, the participant will be enrolled in the next available course.
- The EMS Course Coordinator and the EMS System Manager have the ability to make exceptions to the cancellation policy.

REGISTRATION INFORMATION

Fee: \$250 - Fee includes textbook and other course material.

Deadline: Registration form and payment due 2 weeks before class begins.

Mail to: Dale Tippet
OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637

REGISTRATION FORM

Emergency Medical Responder
July 16 – October 15, 2014

Please Print

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Day Phone _____

Email _____

Agency _____

PAYMENT INFORMATION

- Check (*payable to OSF Saint Francis Medical Center*)
 Master Card Visa Discover

Account Number _____ Exp. Date _____

Signature _____