



Paramedic Program 2024-2025

CMC EMS SYSTEM
801 S. Milwaukee Avenue/EMS Office
Libertyville, IL 60048
847-990-5523

Dear Prospective Student,

This letter includes your application for the paramedic class sponsored by Advocate Condell Medical Center. The course will be held **Tuesday August 20th, 2024 – Tuesday June 24th, 2025**. Classes will be held on **Tuesday and Thursday from 0900 until 1600**. The Condell Medical Center EMS System Paramedic Program is recognized as a CAAHEP accredited program. Graduates of this program will sit for the NREMT-Paramedic examination to be eligible for state licensure. Please note, the Condell EMS System Paramedic Program does not accept transfer of credits, credits for experiential learning, or advanced placement credits. All applicants must be dual enrolled in the Program as well as the institutional affiliate, the College of Lake County.

Please submit your application packet for processing to the Lead Instructor: John Worklan @ john.worklan@aah.org. Submit applications by 1700 on May 24th, 2024. Applications will be processed on a first-come-first-served basis. All application submissions must include the following: (1) Resume and cover letter (2) Copy of current driver's license or state ID (3) Copy of valid IL EMT License (4) Copy of NREMT certificate, if applicable (5) Copy of current AHA BLS for Healthcare Providers card or equivalent (6) Complete application and autobiographical form. Please call the EMS office at 847-990-5523 if you do not receive a confirmation email that we have received your application.

We will contact you prior to May 31st, 2024 to set up an EMT competency exam (also utilized in the event of a waitlist) and pre-admission interview. Acceptance letters will go out July 1st, 2024. Please note: successful completion of program will involve a significant time commitment from the student.

Program Dates:

- August 20, 2024 - June 24, 2025
- Tuesdays and Thursdays 0900 – 1600 (some sim labs may be held other weekdays or 0800-1500)
- One Saturday, typically in May, for extrication class
- Clinicals and ride time scheduled by student on non-class hours (200 clinical hours and 320 ride time hours)

Location:

- EMS Classrooms, located on the lower level of Condell below the Emergency Department
- Clinical locations: Advocate Condell Medical Center, Alternative locations TBD.

Tuition:

- \$4,500 *Those with tuition sponsored by a fire department: please call for information
- Includes Platinum Planner/EMS Testing accounts
- Course tuition does not include textbooks, background check, urine drug screen, licensing/testing fees, or extensive damages to classroom/simulation equipment.
- This Paramedic Program is not currently eligible for financial aid or tuition assistance.



ADVOCATE HEALTH



Paramedic Program
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Upon Acceptance: Requirements and conditions for Admission:

1. Copy of valid Illinois Driver's License. For ID and age verification. All applicants must be at least 18 years of age.
2. Active Illinois EMT license in good standing
3. Current AHA BLS for healthcare card or equivalent.
4. Proof of Bio 111 Anatomy and Physiology Human Form and Function course (or equivalent) – must have received a grade of C or better. Official transcripts must be forwarded to CLC. Contact CLC directly with questions on course equivalency.
5. Registered College of Lake County student. If applicant is not currently a CLC student, please complete the college application at <https://www.clcillinois.edu/admission/become-a-student> prior to first day of class.
6. Submission of completed application packet.
7. Proof of vaccination/immunity to varicella, measles, mumps, rubella, tetanus and pertussis, influenza, and TB test.
8. Proof of health clearance by physical exam.
9. Urine drug screening.
10. Personal health insurance. Insured must be covered until at least June 30th, 2025.
11. Proof of affiliation with a fire department for completion of field requirements. We will assist independent students in obtaining field affiliation.
12. Proof of professional liability insurance. Healthcare Providers Service Organization can provide this coverage if not affiliated with the fire department you will be riding with. Website: www.hpsso.com
13. You will be required to complete a Background through the College of Lake County at a cost to you and may be subject to further assessment by the riding EMS agency.
14. Transcripts (unofficial transcripts may be submitted with application) from highest level of education completed (high school diploma, Associate's, Bachelor's, etc.).
15. All students who are not employed by an CMC EMS System pre-hospital provider are subject to a non-refundable fee of \$500.00 payable to Condell EMS System. This fee is due on the first day of class.

EMT Competency Exam: Applications must demonstrate minimally acceptable EMT knowledge through written pre-testing to be accepted into the paramedic class. Testing will be held June 3, 5, and 7th at Advocate Condell Medical Center. An exam blueprint will be sent out on the application deadline, May 24th.

Dress Code: Students accepted into the program will be expected to wear a department uniform, or blue khaki work pants and a plain collared shirt as approved by the EMS office for an independent student in class, field, and all clinical experiences. A student ID Badge will be given to you the first week of class and needs to be always worn while on campus or when functioning in the capacity as a student. We look forward to meeting with you and assisting you with this challenging next step in your career. For any questions, contact the EMS Office at (847) 990-5523.



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Application

Name:	Date of birth:
Street Address:	Phone #:
Email:	Emergency contact:
EMT school:	Year completed:
IDPH EMT License #:	Expiration:
National Registry License #:	Expiration:
High School attended:	Year of HS Graduation or GED:
List below any college attendance (if applicable)	College degree earned (if applicable)
CLC Student ID:	
Current Employer:	
Current schedule:	
<p>Have you applied &/or attended a paramedic program previously? If yes, attach additional paper with reasons for not attending or completing and where the program was.</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>I hereby affirm and declare that the foregoing statements are true and correct. I understand that false information or statements may be considered as sufficient cause for denial of entry and/or removal from the paramedic program.</p> <p>Signature:</p>	



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Autobiography Form

Please write a short autobiography about yourself (use this as your cover letter). Tell us about who you are and where you are headed. What does being a paramedic mean to you? Why did you choose this profession? Why do you think you would be successful in this course?