

January 2024

Dear Prospective Student:

We are pleased to announce that the Advocate Christ Medical Center (ACMC) EMS Academy will be conducting a Paramedic Education Program, which begins on Monday, August 5, 2024, and ends on Wednesday, May 28, 2025. The program meets on Monday and Wednesday from 10:00 am-3:00 pm. There are some occasional required classes and modular exam testing that occurs on other days of the week. Acceptance letters will include a ten-month calendar indicating all scheduled dates and times to assist students with scheduling and planning.

This application information is ONLY valid for the class beginning on August 5, 2024. It may not be used for future programs. PLEASE READ THE INFORMATION CAREFULLY.

The ACMC program does not award transfer of credit, credit for experiential learning or advanced placement for previous paramedic or military paramedic program training. The ACMC is affiliated with Moraine Valley Community College (MVCC). The 35 transferable college credits achieved upon completion of the program can be applied toward the MVCC Associate Allied Health Science Degree.

This program is approved by the Illinois Department of Public Health (IDPH) EMS Division and accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). This recognition allows all graduates to be eligible for the National Registry of EMTs (NREMT) certification exam process.

TO COMPLETE THIS APPLICATION, WHAT DOCUMENTS ARE REQUIRED TO BE ATTACHED TO THE APPLICATION?

1. **Copy of a valid Illinois Driver's License.** This is for identification and age verification. All applicants must be at least 18 years old.
2. **Copy of a current Illinois EMT license.** If you are a recent graduate of an EMT program and do not have a copy of your EMT license, you must have documentation that indicates you have passed the EMT NREMT certification exam **AND** a receipt that you have applied for an Illinois EMT license.
3. **Copy of a current AHA BLS Provider certification card (BOTH SIDES).**
4. **Documentation of personal health insurance.** The applicant's name **MUST** appear on the policy card. If the applicant's name is not on the card and the applicant is on someone else's policy, a letter from the insurance company, on insurance company letterhead, must indicate the policy number, the insured's name and that the applicant is a dependent covered through May 2025.
5. **Completion of the one-page attached Autobiography Form.** Tell us why being a paramedic is so important to you, why you are choosing paramedicine as a profession and how you will be successful in the program. Use only the form provided.
6. **Completion of the one-page Recommendation Form.** Completed by your employer, EMT instructor or supervisor who understands your work ethic. No relative may complete the form.

7. Submission of a \$50.00 CASH application fee. Exact amount is required. No change will be given. A receipt will be provided.

#### ADDITIONAL REQUIREMENTS YOU NEED TO UNDERSTAND TO SUBMIT AN APPLICATION.

1. All applicants and students once accepted into the program, must be able to meet all the technical performance standards at the time of application and throughout the program. These standards are:
  - a. Auditory – hear a blood pressure, lung sounds and verbal communication.
  - b. Motor – lift, carry and balance with 1 partner a patient of 125 lbs.
  - c. Visual – 20/30 vision in 1 eye with color discrimination of red, amber, green and the ability to interpret diagnostic information like ECG tracings, graphs, and charts.
  - d. Somatic/Psychomotor – sensation for pressure, temperature, and pain. Agility to perform psychomotor skills required of an EMT/paramedic.
  - e. Social/Affective – ability to use good judgment and communication skills in stressful situations.
  - f. Cognitive – ability to classify, measure, analyze and critically think in a timely manner.
2. If you were a former MVCC student, check with MVCC to ensure that NO financial or academic ‘holds’ exist at Moraine Valley Community College. If accepted into the program, “holds” will exclude you from being enrolled in the program.
3. The program requires a strong commitment to devote time to prepare for classwork and skill labs along with attendance in hospital clinicals and field ambulance time each week. This program requires a minimum of 1,139 hours, divided between classroom, lab, clinical and field experience. **YOU MUST BE ABLE TO ATTEND CLASS EACH WEEK AND ATTEND 8 HOURS OF HOSPITAL CLINICAL AND 8-16 HOURS OF FIELD AMBULANCE TIME EACH WEEK THROUGHOUT THE PROGRAM.**
4. This is a drug-free program. Students must abstain from all drugs throughout the program, including all recreational drugs.
5. A career in EMS poses inherent occupational risks for EMS responders. Risks may include: violence/assaults, verbal threats, MVCs, lifting injuries, sprains/strains, psychological trauma or hazardous chemical exposure.

#### WHAT DOES THE APPLICATION PROCESS ENTAIL?

The application process must be completed by the deadline to be eligible for acceptance. All applicants must bring a current, valid Illinois Driver’s License for admittance to the written and practical pre-entrance testing process.

Submission of completed applications, with all documentation attached, are submitted in person, Monday-Thursday between 9:00 am-3:30 pm to the EMS Academy (Rm 127) OR Center for Prehospital Care (CPC) Office (Rm 122). This location is at 5220 W 105<sup>th</sup> St., Ok Lawn, IL. Enter the building at Door # 6.

**THE DEADLINE FOR APPLICATIONS IS WEDNESDAY, JUNE 19, 2024 BY 3:30 pm.**

Applications are NOT accepted at Moraine Valley Community College or Advocate Christ Medical Center. The application must be submitted by the applicant. Applications are not accepted via USPS mail or email.

All applicants must complete the pre-entrance exam process. The pre-entrance exam dates are as follows:

- Written: **Monday, June 24, 2024 at 6:00 pm.** Candidates must bring their own #2 Ticonderoga pencils and driver's license for admittance.
- Practical: **Tuesday, June 25, 2024.** Candidates will be scheduled for a specific time when you arrive for the written exam. Driver licenses are required for admittance.

#### HOW ARE APPLICANTS ACCEPTED?

Candidates are accepted based on scores of the pre-entrance written and practical exams. During the selection process, the applicant's names are blinded and only the achieved points are used for acceptance. The top scoring candidates are accepted. Candidates are notified of acceptance or non-acceptance via email. ENSURE YOUR EMAIL ADDRESS IS CLEARLY WRITTEN ON THE APPLICATION. At no time are any pre-entrance scores released.

The ACMC does not discriminate selection of applicants based on race, religion, sexual orientation, age, ethnicity, or economic background.

#### WHAT HAPPENS AFTER AN APPLICANT IS ACCEPTED?

Applicants who receive an acceptance notification, will receive information on how to complete the pre-entrance process. More detailed information will be in the acceptance letter. General acceptance information includes:

1. Information on their assigned ALS agency. ACMC will provide the candidate with ALS agency affiliation. Students may only ride with the agency assigned.
2. Information to complete a general health examination with ACMC employee health. A QFT (TB), Titer and immunity for childhood vaccinations is required. To be updated, additional fees will apply.
3. A non-refundable tuition deposit of \$1,500 by the deadline is required to hold a candidate's seat. This fee is payable only at the ACMC Cashier's Office at the main hospital building. Telephone payments can be made (708-684-5068) between 8:00 am-11:30 am. All payment receipts must be sent via email from the cashier to the Program Director. If you pay in person, you must bring the receipt to the Program Director by the due date and time.
4. A non-fingerprint background check will be done through ACMC. Conviction of a felony can be exclusion from acceptance into the program.
5. All other details are outlined in the acceptance letter information.

#### WHAT IS THE PROGRAM TUITION?

The cost of the program is \$6,000. This fee includes all required textbooks, 2 uniform shirts, lab fees, EMS Testing, Mastering A&P, MyBradyLab and Fisdap access fees. This includes fees for AHA BLS Provider Renewal course, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Advanced Medical Life Support (AMLS) and Pre-hospital Trauma Life Support (PHTLS) Provider Course fees and a Difficult Airway Clinical fee.

Accepted applicants will have a deadline of August 1, 2024 by 11:30 am to pay the non-refundable deposit of \$1,500. No late payments are accepted. Accepted students must use the following payment plan. Therefore, the tuition of \$6,000 - \$1,500 deposit = \$4,500 balance. The balance is paid by the following plan:

\$1,125 due by September 4, 2024

\$1,125 due by October 2, 2024

\$1,125 due by November 4, 2024

\$1,125 due by December 4, 2024

Details of the payment process are outlined in an acceptance letter. All payments made are non-refundable.

**THE APPLICATION DEADLINE FOR THE AUGUST 2024 - MAY 2025 PROGRAM IS JUNE 19, 2024 BY 3:30 PM.**

If you have any questions about the program or application process, please feel free to contact:

Linda M. Abrahamson, MA, RN, EMTP, LI, NCEE  
Paramedic Program Director  
[Linda.abrahamson@aah.org](mailto:Linda.abrahamson@aah.org)  
708-684-5957

Martin Walsh, MS, NRP, LI  
Paramedic Program Clinical Coordinator  
[martin.walsh@aah.org](mailto:martin.walsh@aah.org)  
708-684-5979



## ADVOCATE CHRIST MEDICAL CENTER PARAMEDIC EDUCATION PROGRAM PROSPECTIVE STUDENT INFORMATION SHEET



| Prospective Student Information  |   |
|--|---|
| Full Name-   | Cell Phone-   |
| Street Address-  | Email-  |
| City, State, Zip-  | Date of Birth-  |
| Preferred mode of contact (please circle one)- <b>Phone / Email</b>  | Age-  |
| Education Information  |   |
| High School Information  |   |
| High School Attended-  | Did you graduate high school (please circle one) ? <b>Yes / No</b>  |
| City and State of High School-   | If yes, what year did you graduate?   |
| College/University Information   |   |
| Have you ever enrolled as a student in a college or university (Please circle one)?- <b>Yes / No</b>   | Did you graduate (please circle one)? <b>Yes / No</b><br>Highest Degree Earned (please circle one)- <b>No Degree/ Associates/ Bachelors/Masters/Doctorate</b> |
| Please list the names of colleges/universities attended and the city/states where they are located.<br><b>Institution name-</b><br><br><b>City/State-</b><br><br><b>Institution name-</b><br><br><b>City/State-</b>  | Areas of Study-   |
| EMT School Information   |   |
| What was the name of the institution where you completed your EMT Training?  | City and State where EMT Training was completed   |
| What year and month did you complete EMT School?   | What is your IDPH EMT Licensing Number?<br><br>What date and year does your license expire?   |
| Employment Information   |   |
| Are you currently employed (please circle one)? <b>Yes / No</b>  | Do you have any experience working as an EMT (please circle one)? <b>Yes / No</b>   |
| Name of Employer-  | Do you currently function as an EMT (please circle one)? <b>Yes / No</b>  |
| Job Title-   | Where do you currently function as an EMT?<br><br>Start Date-   |
| How many hours do you work a week?   | How many total years of experience do you have as an EMT?   |
| Additional Question  |   |
| If accepted into the program, do you already have an EMS agency that has agreed to host you as a paramedic rider (please circle one)? <b>Yes / No</b><br><br><i>Please note: it is NOT necessary to have an agency to ride with prior to admission to the program; nor does it play any role in deciding whether or not you are accepted. If you do not have an agency who has agreed to host you, one will be assigned to you by the program.</i> | If an agency has agreed, what is the name of this agency?   |
| Have you ever been convicted of a felony (please circle one)? <b>Yes / No</b>  | If you have been convicted of a felony, you must provide official documentation describing the offense and disposition of the case.                           |
| Has your EMT license or any other professional license/certification ever been suspended, limited, or terminated (please circle one)? <b>Yes / No</b>  | If it has been, you must provide official documentation describing the offense and disposition of the case.   |
| Have you ever attended a Paramedic Program before (please circle one)? <b>Yes / No</b>   | What was the outcome of your enrollment (please circle one)? <b>Passed / Failed / Dropped / Other</b>   |
| Which Paramedic Program did you attend?  |   |
| Applicant Agreement  |   |
| <i>I hereby affirm and declare the foregoing information is true and correct. I understand any false statements or information may be used as reason for non-acceptance or withdrawal from the program.</i>  |   |
| Signature-   |   |
| Date-  |   |



**RECOMMENDATION FORM – 2024-2025**

Advocate Christ Medical Center – Paramedic Education Program

Paramedic Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

THE INDIVIDUAL COMPLETING THIS FORM: The above-named applicant is applying to the Advocate Christ Medical Center Paramedic Education Program. To have an objective profile of the Applicant, please respond to the following questions.

- 1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
- 2. What do you consider to be the applicant’s major strengths? \_\_\_\_\_  
\_\_\_\_\_
- 3. What do you consider to be the applicant’s areas of needed improvement? \_\_\_\_\_  
\_\_\_\_\_
- 4. What attributes do they possess regarding their professionalism? \_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant in the following areas:

|  | Above Average | Average | Below Average | Unknown |
|--|---------------|---------|---------------|---------|
| Potential for academic access            |               |         |               |         |
| Ability to problem solve                 |               |         |               |         |
| Social interaction with others, Teamwork |               |         |               |         |
| Professional or personal judgment        |               |         |               |         |
| Punctuality/Reliability                  |               |         |               |         |
| Motivation to perform all tasks well     |               |         |               |         |
| Written documentation skills             |               |         |               |         |
| Verbal communication skills              |               |         |               |         |
| EMT patient assessment skills            |               |         |               |         |

Thank you for taking the time to complete this form. Please return the form to the applicant to submit with their application.

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Professional Title/Position

**APPLICATION CHECKLIST  
2024-2025**

**ALL CANDIDATES PLEASE USE THIS CHECKLIST TO ENSURE ALL DOCUMENTS ARE  
ATTACHED. RETURN THIS FORM WITH YOUR APPLICATION.**

CANDIDATE NAME: \_\_\_\_\_

STAFF MEMBER VERIFYING COMPLETED APPLICATION: \_\_\_\_\_

Before submitting your application, ensure that all documentation is attached.

1. \_\_\_\_\_ Completed Application
2. \_\_\_\_\_ Completed Recommendation Form. (Completed by employer or non-family member who knows your work ethic).
3. \_\_\_\_\_ Completed Autobiography on the form provided.
4. \_\_\_\_\_ Copy of current, valid Illinois Driver's License or Illinois State ID.
5. \_\_\_\_\_ Copy of **both sides** of AHA BLS Provider Card.
6. \_\_\_\_\_ Copy of current Illinois EMT license. (If new graduate, provide documentation of successful completion of the NREMT certification exam.)
7. \_\_\_\_\_ Copy of both sides of current health insurance policy card. (If on someone else's insurance, provide a letter, on insurance company letterhead, indicating your name and that you are covered under the policy until MAY 2025).
8. \_\_\_\_\_ Submission of \$50.00 CASH for the application fee. Exact amount required.

NOTES: \_\_\_\_\_

\_\_\_\_\_