South Cook County Emergency Medical Service System
Ingalls Memorial Hospital
One Ingalls Drive, Harvey, Illinois 60426
Phone: 708-915-6900 Fax: 708-915-2743

S A M P L E

Dear Applicant:

The South Cook County EMS System will be offering two Paramedic Training Programs, the schedule is as follows:

Tuesdays and Thursdays or Mondays and Wednesdays

Application Process: The procedure for admission to the program is as follows:

1. You must be 18 years of age or older.
2. Complete the attached Application for Admission in full.
3. Copy of your Illinois EMT-B license (If you are a recent EMT graduate, you must submit documentation of passing the NREMT certification exam. This documentation must be attached to this application in lieu of the EMT license. The Illinois license must be provided before the first day of class.)
4. Copy of your current BLS Provider CPR card.
5. Copy of valid driver's license or State ID.
6. Documentation of current health insurance.
7. Proof of MMR (measles, mumps, rubella) vaccinations, TB test (TB must be within one year), Hepatitis B vaccination (at a minimum, series started prior to application deadline) and fully vaccinated COVID-19 card (a booster may be required in the future).
8. Provide official, sealed high school/GED **and** college transcripts. (Transcripts should be delivered to your home to ensure you receive them expeditiously.) Any science class grades must appear on the college transcripts to receive those points.
9. Candidates must have an ALS Provider Agency sign the paramedic class application, giving the student authorization to fulfill the field internship requirements with their department. South Cook County EMS is not responsible for finding a candidate an ALS agency.
10. Applicants accepted to the program are subject to a background screening. Information on accessing the testing process will be included in the acceptance letter. Additional fees are required for this screening. Failure to pass will forfeit your acceptance.
11. OPTIONAL: Attach a 250-word essay stating "Why I want to be a Paramedic" (not to exceed one page).
12. OPTIONAL: Letter of recommendation

The South Cook County Ingalls EMS system has an Application Points System to rank applicants. The process is an objective assignment of weighted points. Attached is a copy of the possible points to be awarded. South Cook County EMS and South Suburban College desire candidates who have the greatest potential for the knowledge, skill and discipline to successfully complete the program. Please note it is NOT mandatory to be currently employed as an EMT, complete an essay, have successfully completed college level A&P, etc. All of these criteria, as in Allied Health and Nursing professions, are designed to help you be more competitive in a program that has limited seating. South Cook County Ingalls EMS does not discriminate selection of applicants based on race, creed, religion, sexual orientation, or gender.

SAMPLE

1. Completed application should be brought in to SCC EMS office (Monday through Thursday between 9am – 4pm) the EMS office is located at:

   Oak Forest College Center
   EMS Office – Room 5390
   16333 Kilbourn
   Oak Forest, IL 60452

2. Applicants must submit the Application for Admission, with all required documents attached *before* **noon on Thursday, DATE**. If the application is not received with all necessary requirements by the above date, priority admission will be forfeited.

3. Attach the CASH Application Fee of $25.00 to the front of the Application. (Exact amount only, no change will be given).

4. All candidates are required to complete Reading, Math, Writing/English and EMT-B General Knowledge tests. You may schedule a testing time when dropping off application or call the EMS office at 708-915-6900. The testing is held at the Oak Forest College Center (16333 Kilbourn, Oak Forest) in room 5300. If you do not schedule a testing time, your application will be denied.

   The testing times are as follows:

   Tuesday,

   Thursday,

Program Requirements: (Include, but not limited to)

1. Computer Access
2. Self-scheduling of clinical requirements (216 hours)
3. Self-scheduling of field requirements (400 hours)
4. Maintain 80% average on course work

Tuition Information:

If you are accepted into the SCC Paramedic Training Program you will receive a user name and password via email from South Suburban College. This is required for course registration. South Suburban College breaks the program down into the following seven sections:

EMS 210	3 Credit Hours	EMS 220	4 Credit Hours	EMS 222	4 Credit Hours
EMS 212	5 Credit Hours	EMS 214	5 Credit Hours	(31 Total Credit Hours)	
EMS 216	5 Credit Hours	EMS 218	5 Credit Hours		

Paramedic Students will be assessed the current In-District tuition rate per credit hour and Student Developmental and Technology fees for each section. If you wish to apply for Veteran Benefits or Financial Aid, please call South Suburban College registration at 708-225-6000.

Textbook Information:

Textbook information will be provided in your acceptance letter.

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PARAMEDIC CLASS APPLICATION

PLEASE PRINT

For Office Use Only

Testing Date & Time:

EMT-B Lic		CPR	
Health Ins		MMR/Hep	
HS Trans		TB	
Essay		Rec.Letter	
Reading		EMT Test	
Math		Paid Fee	

LAST NAME, FIRST NAME

HOME ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH (must be at least 18 yrs old) HOME Phone Number CELL Phone Number Email Address

ILLINOIS EMT-B I.D. NUMBER & EXPIRATION DATE

Month/Year of EMT-B Graduation

NAME OF EMT-B TRAINING SITE

SOCIAL SECURITY NUMBER

Have you ever been enrolled in a Paramedic Class? ☐YES ☐NO
If yes, where? _____
Are you currently active Military or Reserves? ☐YES ☐NO
If yes, Branch? _____
Have you ever been convicted of a Felony? ☐YES ☐NO
Are you currently working as an EMT-B? ☐YES ☐NO
If yes, where? _____

Ever Attended College? ☐YES ☐NO
Completed College A&P ☐YES ☐NO

Polo Shirt Size:
S ☐ M☐ L☐ XL☐ XXL☐

Class Time Preferred:
10am-2pm ☐ 4pm-8pm ☐

TO BE COMPLETED BY CHIEF/OWNER

Tuition Fees will be paid by: ☐ Applicant ☐ Department
(If Department, Department must attach a letter verifying payment For the student)

In what capacity will this individual function with your department:
☐ Full Time Employee
☐ Part Time Employee
☐ Rider Status Only (Volunteer)
☐ Other _____ (please explain)

Will this student be allowed to function on calls as a student? ☐ Yes ☐ No

Signature of Chief / Owner

Agency

Printed Name

Date

SAMPLE

South Cook County EMS
Paramedic Training Program

Application Points System

Paramedic student will be considered for acceptance through a weighted score made up of the following factors:

Weighted Factors	Award of Points	Total Possible Points	
EMT-B General Knowledge Score 93% or Higher 87% - 92% 80% - 86%	 3 2 1	3	
Reading Comprehension Post High School 11 – 12 grade 9 – 10 grade	 3 2 1	3	
Basic Math 95% or Higher 88% - 94% 80% - 87%	 3 2 1	3	
Employed as an EMT in SCC System Employed as an EMT within Region VII Employed as an EMT	 3 2 1	3	
Active Military or Reserves	1	1	
Completed College Level A&P (Must have transcripts)	1	1	
Completed Essay	1	1	
Letter of Recommendation	1	1	

SAMPLE