Advocate Christ Medical Center
4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

March, 2025

Dear Prospective Student:

We are pleased to announce that Advocate Christ Medical Center (ACMC) EMS Academy will be conducting an Accredited Paramedic Education Program, which begins on Friday, August 1, 2025 and ends on Wednesday, May 27, 2026. The program meets on Monday and Wednesday from 10:00 am-3:15 pm. There are required classes, such as SIM Labs and modular exam testing that occur on other days of the week. Acceptance letters will include a ten-month calendar indicating all scheduled dates to help assist new students with scheduling and planning.

This application information is ONLY valid for the class beginning on August 1, 2025. 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 has an articulation agreement with Moraine Valley Community College (MVCC) regarding non-transferable academic credit hours upon completion of the program. The amount of hours awarded depends on the associate degree the graduate is pursing. To learn more about proficiency academic credit at MVCC visit the Proficiency Credit Website.

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) paramedic certification exam.

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

1. **Copy of a valid Illinois Driver's License or State ID**. 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, 2026.
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 attached in the application. This information needs to be handwritten, not typed on the form.

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. Only use the form attached.
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 and Paramedic.
   e. Social/Affective – ability to use good clinical judgment and therapeutic communication skills in stressful situations and communicate effectively with a diverse population of patients and healthcare providers.
   f. Cognitive – ability to classify, measure, analyze and critically think in a timely manner.
2. 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 1,227 hours, divided between classroom, lab, clinical, field experience and Capstone experience. YOU MUST BE ABLE TO ATTEND CLASS EACH WEEK **AND** ATTEND 8 HOURS OF HOSPITAL CLINICAL **AND** 8 HOURS OF FIELD AMBULANCE TIME **EACH WEEK** THROUGHOUT THE PROGRAM. Later in the program, some weeks may require 16 hours of ambulance time
4. This is a drug-free program. Students must abstain from all drugs throughout the program, including all recreational drugs. The program follows federal guidelines in reference to 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, diseases 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 or State ID for admittance to the written pre-entrance testing process.

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

THE DEADLINE FOR APPLICATIONS IS WEDNESDAY, JUNE 18, 2025 BY 3:00 pm.

Applications are NOT accepted at 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 23, 2025 at 6:00 pm**. Candidates must bring their own #2 Ticonderoga pencils and driver's license or state ID for admittance. Arrive no later than 5:30pm to register. No phones, smart watches, sun glasses or caps are allowed. The doors will close at 6:00pm. Two hours are allowed for this exam. This exam is similar to an EMT Final Examination and is 100 questions. The exam is based on EMS National Education Standards for EMTs. There is no study guide for this exam. We suggest using your EMT textbook to review content.

The program accepts 30 students. The practical exam is only used when multiple candidates have the same score of 80% or higher on the written exam and there are seats available. Those students will use the attached Medical Emergency Skill Evaluation Form and will be scheduled for a practical exam. Those scoring the highest total score on the practical will be used to fill the seats available. For example: If there are 5 students with more than an 80% on the written and there are 2 seats available, those 5 candidates will be schedule for a practical exam.

Practical: **Wednesday, June 25, 2025**. Specific candidates who have been notified by email before by Noon on Tuesday will be scheduled for a specific time beginning at 9:30am on Wednesday. Driver licenses is required for admittance. Candidates selected will need to confirm their willingness to participate in the practical exam to be eligible for acceptance.

HOW ARE APPLICANTS ACCEPTED?

Candidates are accepted based on scores of the pre-entrance written exams. During the selection process, the applicant's names are blinded and only the achieved written exam grades 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 and agencies that have a written MOU Agreement to allow our program students to be precepted by their agency.
2. Information to complete a general health examination with ACMC employee health. A QFT (TB), Titer and immunity for childhood vaccinations and urine test is required. The fee is approximately $250 and due at the time of the exam.

3. A non-refundable tuition deposit of $1,500 by the deadline is required to hold an accepted candidate's seat.

   This fee is payable to Advocate Christ Medical Center-EMS Academy. It must be paid by credit/debit card or money order at the EMS Resource Center/EMS Office, Rm 122 by phone or in person. Money orders must have the candidates name ON the money order as the remitter. To pay by phone call 708-684-3778 Monday through Thursday between 9:00am-3:00pm. The student must ensure they receive 2 receipts, one for the Program Director and one for the EMS Resource Center Office.
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 July 24, 2025 by 3:00pm 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 August 21, 2025
$1,125 due by September 25, 2025
$1,125 due by October 22, 2025
$1,125 due by November 20, 2025

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

THE APPLICATION DEADLINE FOR THE AUGUST 2025 - MAY 2026 PROGRAM IS JUNE 18, 2025 BY 3:00PM.

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
708-684-5957

Martin Walsh, MS, NRP, LI
Paramedic Program Clinical Coordinator
martin.walsh@aah.org
708-684-5979

CHRIST PARAMEDIC EDUCATION PROGRAM
PROSPECTIVE STUDENT INFORMATION SHEET

Prospective Student Information	
Full Name-	**Cell Phone-** **Last four digits of SSN-**
Street Address-	**Email-**
City, State, Zip-	**Date of Birth-**
Preferred mode of contact (please circle one)- Phone / Email	**Age-**
Education Information	
High School Information	
High School Attended-	**Did you graduate high school (please circle one) ? Yes / No**
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)-Yes / No	**Did you graduate (please circle one)? Yes / No** **Highest Degree Earned (please circle one)-** **No Degree/ Associates/ Bachelors/Masters/Doctorate**
Please list the names of colleges/universities attended and the city/states where they are located- **Institution name-** **City/State-** **Institution name-** **City/State-**	**Areas of Study**

EMT School Information	
What was the name of the institution where you completed your EMT Training?-	City and State where EMT Tra ning was completed.
What year and month did you complete EMT School?-	What is you IDPH EMT Licensing Number?- What date and year does your license expire?-
Employment Information	
Are you currently employed (please circle one)? Yes / NO	Do you have any experience working as an EMT (please circle one)? **Yes / No**
Name of Employer	Do you currently function as an EMT (please circle one)? **Yes / No**
Job Title-	Where do you currently function as an EMT- 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)? **Yes / No** *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*	What is the name of agency you have set up ridetime with-
Have you ever been convicted of a felony (please circle one)? **Yes / No**	If you have been convicted of a felony, you must provide official documentation describing the offense and disposition of the
Has your EMT license or any other professional license/certification ever been suspended, limited, or terminated (please circle one)? **Yes / No**	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)? **Yes / No**	What was the outcome of your enrollment (please circle one)? **Passed / Failed / Dropped / Other**
Which Paramedic Program did you attend?-	
Applicant Agreement	
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.	
Signature-	
Date-	

RECOMMENDATION FORM – 2025-2026

Advocate Christ Medical Center – Accredited Paramedic Education Program

Paramedic Applicant Name:_____ Date:_____

TO THE INDIVIDUAL COMPLETING THIS FORM: The above named applicant is applying to the Advocate Christ Medical Center Paramedic Education Program. In order 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.

_____ _____

Signature of Person Completing Form Professional Title/Position

AUTOBIOGRAPHY FORM

Advocate Christ Medical Center – Paramedic Education Program

2025-2026

Please write a one-page autobiography to tell us about yourself. What does being a paramedic mean to you? Why did you choose this profession? What attributes do you have that will support your success? THIS MUST BE HANDWRITTEN, not typed. WRITE LEGIBILY ON THIS FORM!

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - MEDICAL

Candidate:_____ **Examiner:**_____

Date:_____ **Signature:**_____

Scenario #:_____

Actual Time Started:_____ **15-minute time limit**

	Possible Points	Awarded Points
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY ASSESSMENT		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Assesses airway and breathing - Assessment (1 point) - Assures adequate ventilation (1 point) - Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation - Assesses/controls major bleeding (1 point) - Assesses skin [either skin color, temperature, or condition] (1 point) - Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness - Onset (1 point) - Severity (1 point) - Provocation (1 point) - Time (1 point) - Quality (1 point) - Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) - Radiation (1 point)	8	
Past medical history - Allergies (1 point) - Past pertinent history (1 point) - Events leading to present illness (1 point) - Medications (1 point) - Last oral intake (1 point)	5	
Performs secondary assessment [assesses affected body part/system or, if indicated, completes rapid assessment] - Cardiovascular - Pulmonary - Genitourinary - Neurological - Musculoskeletal - Reproductive - Integumentary - Gastrointestinal - Psychological/Social	5	
Vital signs - Pulse (1 point) - Respiratory rate (1 point) - Level of consciousness (1 point) - Blood pressure (1 point) - Respiratory quality (1 point)	5	
Diagnostics [blood glucose test, pulse oximetry, etc.] as indicated	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Re-evaluates transport decision	1	
REASSESSMENT		
Repeats primary assessment	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____ **TOTAL**	48	

CRITICAL CRITERIA

____ Uses or orders a harmful intervention

____ Exhibits unprofessional behavior

You must factually document your rationale for checking any of the above critical criteria on the reverse side of this form.

APPLICATION CHECKLIST
2025-2026

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 (All areas legible)
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, and you have not received your EMT license yet, provide documentation of successful completion of the NREMT certification exam AND receipt of payment for the Illinois EMT license)
7. _____ Copy of both sides of current health insurance policy card. (If you are on someone else's insurance, provide a letter, on insurance company letterhead, indicating the insured's name, insurance company and policy number and your name to show you are covered under the policy until May, 2026).
8. _____ Submission of $50.00 CASH for the application fee. Exact amount required.

NOTES: _____

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