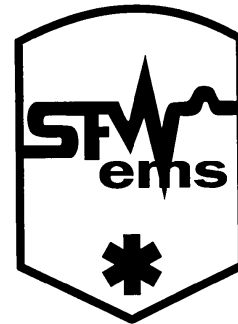


Waubonsee Community College  
&  
Northwestern Medicine – Delnor Hospital  
Southern Fox Valley EMS  
Paramedic Training Program



WAUBONSEE  
COMMUNITY COLLEGE

*Where futures take shape*



## 2026 Application & Information

Please keep all informational pages where writing was not required by the applicant!

**Please write legibly or Type Application**

Do not Staple ANY Pages

## Admission Requirements for 2026 Paramedic Training Program

### GENERAL INFORMATION

The 2026 Paramedic Training Program is scheduled to begin Wednesday, January 22, 2026. It will be offered according to the current National Curriculum for a 12-month schedule. Our program is affiliated with Waubonsee Community College. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) has awarded continuing accreditation to the Emergency Medical Technician-Paramedic program at Waubonsee Community College, Sugar Grove, IL.

The recent peer review conducted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation standards.

This course runs in accordance with the National EMS Guidelines, Illinois Department of Public Health requirements, and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. The course is comprised of didactic hours, lab/clinical hours, and a field internship.

To complete the application process, all applicants must complete the following by **June 20th**:

- **Region IX Paramedic Training Course Application (Included in this packet)**
  - o Submitted to the EMS Office at NM Delnor Hospital
- **Waubonsee's New Student Application (even if you are a current student)**
  - o Completed on the Waubonsee Website
    - <https://www.waubonsee.edu/admissions/how-enroll/enrollment-steps/new-student-application>
- **Submit official high school and/or college transcripts directly to Waubonsee.**
  - **SFVEMS DOES NOT NEED TRANSCRIPTS**
  - o Official transcripts can be sent to [registration@waubonsee.edu](mailto:registration@waubonsee.edu)

Southern Fox Valley EMS System & Waubonsee Community College  
**Paramedic Training Program**

## Application Process

Date: **May 5th, 2025-June 20th, 2025**

Time: Monday through Friday, 8:00 am to 4:00 pm

Please bring the completed Region IX Paramedic Training Course Application and all supporting documents to the Southern Fox Valley EMS Office. Located in the basement of NM Delnor Hospital, 300 Randall Rd. Geneva, IL 30134. (Use South Entrance). Please use the mailbox on the wall if our team is out of the office.

**Please ensure that all portions are completed in their entirety and legibly or they will not be accepted.**

**Do not Staple any part of the application.**

**Part 1 and Part 2 have been combined to streamline the application process.**

## Written Testing

All prospective students are required to take the Paramedic Entrance Exam. Exam is tentatively scheduled to be on Saturday, **June 28th, 2025 @ 10AM-Noon @ Delnor Hospital. Details will be emailed to the email you list on your application. Please make sure your email is legible!**

**Pass/Fail will be EMAILED the following week.**

Students may be required to meet with an academic advisor to discuss the need for prospective students to take a battery of exams depending on the transcripts that are **submitted to Waubonsee**. These exams may include reading, writing and math assessment. Contact Waubonsee directly with any questions.

## Interviews and Acceptance into the Program

**Applicant Interviews will be scheduled for July 22<sup>nd</sup>, 25<sup>th</sup> and if needed, 29<sup>th</sup> for those who have successfully moved to the interview phase. Interview time will be sent to the email on your application.**

Placement in the course will be based upon selection from an eligibility list, with the following percentages impacting final placement.

- **90% of score based upon the Paramedic Entrance Exam (must obtain 70%)**
- **10% weight applied to Application Interviews/Letters of Recommendation**
- **Approval from EMS Medical Director and/or EMS System Coordinator**

All applicants will be notified by email & Phone of their tentative acceptance status no later than the first full week of August. (November 3<sup>rd</sup>, 2025, Spring Registration starts for 2026)

## Mandatory Orientation/ Information Session

*For ALL applicants officially accepted into the program*

Date: Saturday, November 22nd, 2025 (subject to change and you will be notified by email)  
Room: Northwestern Medicine Delnor Hospital - 351 Medical Office Building  
Lower-Level Room 3 & 4.

Time: 9 am to 12 am

Information about the course and completion requirements will be discussed.  
Families or others that are affected by you attending this course are encouraged to attend so they can be made aware of the time requirements and the commitment you are making.

You will be given registration information for the spring semester at this orientation session.

## ADDITIONAL REQUIREMENTS

Waubonsee Community College requires that all students provide evidence of current health, immunizations, EMT-B License, and Healthcare CPR certification. A packet of required information will be issued to each student at the Mandatory Orientation on November 22<sup>nd</sup>. Viewpoint is used to collect this information, and you will receive login information and instructions from the mandatory orientation on Nov 22<sup>nd</sup>. ALL required documentation must be uploaded and approved in Viewpoint by January 22<sup>nd</sup>.

Influenza Vaccine proof should be emailed to the Paramedic Program Coordinator by January 9<sup>th</sup>.

### COVID & Influenza Vaccination Requirements:

- COVID- no requirement currently. Although highly recommended (This is Subject to change by direction of clinical sites)
- Influenza- **Mandatory by January 9<sup>th</sup>. Must be turned into Program Coordinator directly through email. Failure to provide supporting documentation of current influenza season vaccine may result in dismissal from the program.**
  - **Documentation of a flu vaccine administered during the current flu season (August-May);** Must be dated and include month/date/year.

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**Paramedic Training Program**

DRUG SCREENING: In order to comply with clinical agency requirements, Waubonsee Community College paramedic students must submit to a mandatory drug screening (initial, random, and reasonable suspicion). Your initial drug screening must be completed by the start of class.

All drug screens include tests for Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methamphetamine, Opiates, Methadone, Oxycodone, Phencyclidine and Marijuana. Students who present with positive results without documentation of medical necessity will not be allowed to continue in the program. Refusal by a student to submit to testing will result in that student's dismissal from the program.

Instructions for completion of the drug screening process will be supplied by ViewPoint Screening. Further information will be given to accepted students at orientation on November 22<sup>nd</sup>, 2025.

CRIMINAL BACKGROUND FINGERPRINT CHECK: Due to the requirements of our clinical/externship partner organizations, a criminal background fingerprint check will be required upon admission to the program. Students who present with a criminal record may be asked to discuss that criminal record with a clinical/externship partner organization for approval before attending the clinical experience, externship or practicum. In addition, prior criminal convictions may preclude or impede future employment and/or potential state or national industry-certification or licensing opportunities. You are encouraged to ask counselors, faculty, or the Dean for Health Professions and Public Service any questions you may have prior to registration.

## CONTACT INFORMATION

Direct any questions regarding the Paramedic Training Program to:

Daniel Franklin  
Paramedic Program Coordinator  
(630) 938-8463  
[Daniel.franklin@nm.org](mailto:Daniel.franklin@nm.org)

*All dates are subject to change due to room availability*

Southern Fox Valley EMS System & Waubensee Community College  
**Paramedic Training Program**

**Region IX  
 PARAMEDIC TRAINING COURSE APPLICATION**

*PLEASE TYPE OR PRINT LEGIBLY*

STUDENT INFORMATION	
Name:	Phone:
Address: Apt:	Date of Birth:
City:	Social Security #:
State: Code:	Zip County:
Email Address:	
Employer:	
Address:	Phone:
Current Occupation:	

EDUCATION	
Note: High school diploma, State of Illinois Diploma, or official high school transcripts must be submitted to prior to the start of class. Note: Official high school or college transcripts should be submitted to Waubensee Community College.	
<b>High School Education</b> School Attended: Address:	Year Graduated:
<b>Undergraduate Education</b> College Attended: Address:	Years Completed: 1   2   3   4 Degree Earned:  Date:
<b>Graduate Education</b> College Attended: Address:	Years Completed: 1   2   3   4 Degree Earned:  Date:
<b>EMT-B Program</b> School Attended: Address:	Diploma/Certification earned:  Date:
<b>Other Education</b> School Attended: Address:	Diploma/Certification earned:  Date:

Southern Fox Valley EMS System & Waubensee Community College  
**Paramedic Training Program**

<b>EMT-B/I INFORMATION</b>		
Note: Copy of current EMT-B/I license must be included with application.		
Training Site:	Date Completed:	
EMT Employer:		
Address:		
Type of Provider:	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal
Volunteer	<input type="checkbox"/>	
Your Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Paid on Call	<input type="checkbox"/> Volunteer	
Date of Hire/Active EMT-B/I Service:	From:	To:

**Region IX**  
**PARAMEDIC TRAINING COURSE APPLICATION**

<b>LICENSING ACTION AND FELONY STATEMENT</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	
<i><b>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.</b></i>	

<b>OUT OF EMS SYSTEM COURSE</b>
Note: This section must be completed ONLY when you are attending an outside of your EMS System
<b>To be completed by student:</b>
Primary System: _____
Reason for not attending primary system course: _____ _____ _____ _____ _____

Southern Fox Valley EMS System & Waubensee Community College  
**Paramedic Training Program**

<b>APPLICANT AGREEMENT</b>	
Have you ever applied for a paramedic training course before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Site: _____ _____	Date: _____
Reason for not attending: _____	
Have you ever attended a paramedic training course before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Site: _____ _____	Date: _____
Reason for not completing program: _____	
I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.	
Signature of Applicant: _____ Date: _____	

<b>Important Dates</b>	
<b>Applications Open</b>	May 5 <sup>th</sup> - June 20 <sup>th</sup>
<b>Entrance Exam</b>	June 28 <sup>th</sup> 1000-1200
<b>Interviews Dates</b>	July 22, 25, and 29 (Email Schedule)
<b>Orientation</b>	November 22 <sup>nd</sup> 0900-1200



Southern Fox Valley EMS System & Waubonsee Community College  
**Paramedic Training Program**

COURSE SCHEDULE (subject to change)

<b>Waubonsee Community College EMT- Paramedic Program</b> (Day Class: 0900-1300)      (Night Class:1800-2200)	
<b>Paramedic 1</b> <b>Spring 2026</b> <b>(EMT-225)</b>	- Monday, Wednesday, Friday (4 hours each day) - Lab Hours in class - <b>16 Weeks</b>
<b>Paramedic 2 Summer</b> <b>2026</b> <b>(EMT-235)</b>	- Monday & Wednesday, Friday (4 hours each day) - Occasional Thursday (SIM Lab Schedule Dependent) for Skills/Sim Lab (6 hours) - Clinicals Hospital & Field - <b>11 Weeks</b>
<b>Paramedic 3</b> <b>Fall 2026</b> <b>(1<sup>st</sup> 8 Weeks)</b> <b>(EMT-245)</b>	- Monday & Wednesday (4 hours each day) - Occasional Thursday (SIM Lab Schedule Dependent) for Skills/Sim Lab (6 hours) - Clinicals - <b>8 Weeks</b>
<b>Paramedic 4</b> <b>Fall 2026</b> <b>(16 Weeks)</b> <b>(EMT-299)</b>	- Field Internship - Review Classes - PALS, ITLS, ACLS - <b>16</b>

APPLICATION PACKET

A completed application packet must be submitted to the EMS Office at Delnor Hospital no later than **June 20th, by 4 pm**, to be considered for acceptance into the program. To be considered complete, the following **must** be included:

1. Student Information Form (attached)
2. Copy of current Illinois EMT-Basic or Illinois EMT-Intermediate license (NREMT certification will not be accepted). *If State license is pending due to recent graduation of EMT class, slot may be held pending successful acquisition of State license.*
3. Copy of current driver's license or state-issued ID card
4. High school diploma/State of Illinois Diploma or equivalent
5. Color photo of applicant only (no group photos please)
6. 1 Personal letter of recommendation (from someone that knows you well and can speak to your character, non-family member)
7. 1 Professional letter of recommendation (from an EMS/Fire department, or a recent employer, that can speak to your work ethic and experience, non-family member).

Southern Fox Valley EMS System & Waubensee Community College  
**Paramedic Training Program**

8. If seeking re-admission of program, please write a personal letter explaining the changes and work you have done to increase ability to successfully complete program

**FIELD EXPERIENCE AGREEMENT (Due Mid-Term of Paramedic 1)**

Please note the Field Experience Agreement is included in this packet. Either the Employer Agreement or the Non-Employer Agreement must be completed when accepted into the program and turned in prior to Paramedic 1 Mid-term.

- Employer Agreement: should be used only by applicants that are members or employees of a department in the Southern Fox Valley EMS System.
- Non-Employer Agreement: should be used only by applicants that are NOT members or employees of a Southern Fox Valley EMS System department.
- Both Employer Agreement and Non-Employer Agreement should be completed when you are member of the Southern Fox Valley EMS System but are not riding with the department you are a member of. (i.e. You are a member of Montgomery Fire Department but will be riding at the Oswego Fire Department).
- **It is the responsibility of the applicant to make arrangements with a SFVEMSS department for the required field experience.**

## Student Information Form

*Please Print Clearly (Maybe returned or considered incomplete)*

Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Department Affiliation: \_\_\_\_\_

Field Clinical Site (if known): \_\_\_\_\_

Class Preference (circle one):    Day (0900-1300)    Evening (1800-2200)    No Preference

*(This is **NOT** guaranteed, you may be assigned to a session other than your preferred)*

*If there is an extenuating circumstance to your preferred class, please write in detail below...*

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*(Complete and turn in with application)*

Southern Fox Valley EMS System & Waubensee Community College  
**Paramedic Training Program**

**FIELD EXPERIENCE AGREEMENT**

**Complete this side if you will be riding with a department where you are an employee/member.**

Employer Agreement:

I hereby affirm and declare that the applicant is currently employed as an EMT-B/EMT-I and is in good standing with this department. I agree to participate in the training of the applicant, provide opportunity for supervised field experience, assure completion of blood borne pathogen training, and provide opportunity for Hepatitis B immunization. I understand that false statements may be considered sufficient cause.

\_\_\_\_\_  
 Applicant/Student Name

\_\_\_\_\_  
 Printed name of Agency Representative          Title

\_\_\_\_\_  
 Signature of Agency Representative          Title

\_\_\_\_\_  
 Agency    Date

**Complete this side if you will be riding with a department where you are NOT an employee/member.**

Non-Employer Agreement:

I hereby confirm that the applicant is not employed by this agency/department. However, I agree to provide opportunity for supervised field experience to the applicant during his/her paramedic training and assure completion of blood borne pathogen training. This agreement in no way constitutes an employer/employee relationship.

\_\_\_\_\_  
 Applicant/Student Name

\_\_\_\_\_  
 Printed Name of Agency Representative          Title

\_\_\_\_\_  
 Signature of Agency Representative          Title

\_\_\_\_\_  
 Agency    Date

***DUE BY Mid-Term of Para 1 (EMT-225)***

***Please Print Legibly if done by hand. (Maybe returned or considered incomplete)***

## Application Checklist

Applicant's Name: \_\_\_\_\_

Completed application includes a copy of the following:

	Student Information Form
	Copy of Current EMT-B or EMT-I License
	Copy of Driver's License or State-Issued ID Card
	High School Diploma or GED
	Color Photo of yourself, Copy of ID is not sufficient
	Interview Scheduled (Will be scheduled after Passing Entrance Exam)
	Letter of Recommendation – Personal
	Letter of Recommendation – Professional
Note: It is the responsibility of the <b>student</b> to find a site for their field clinical and internship with a SFVEMSS provider. The Field Experience agreement must be completed by midterm or Paramedic 1/EMT 225	

This Check list is for you to keep throughout the application process.

### CONTACT INFORMATION

Direct any questions regarding the Paramedic Training Program to:

Daniel Franklin  
Paramedic Course Coordinator  
(630) 938-8463  
Daniel.franklin@nm.org

*All dates are subject to change due to room availability*

**---Please check emails regularly for updates and Paramedic Prep Class ---  
--highly recommended--**