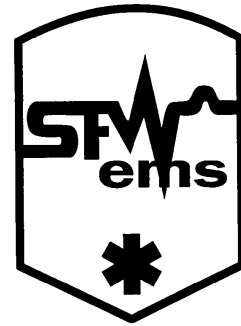


Waubonsee Community College
&
Northwestern Medicine – Delnor Hospital
Southern Fox Valley EMS
Paramedic Training Program



WAUBONSEE
COMMUNITY COLLEGE

Where futures take shape



2025 Application & Information

Admission Requirements for 2025 Paramedic Training Program

GENERAL INFORMATION

The 2025 Paramedic Training Program is scheduled to begin Wednesday, January 22, 2025. 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 **August 16th, 2024**:

- **Region IX Paramedic Training Course Application (Included in this packet)**
 - Submitted to the EMS Office at NM Delnor Hospital

- **Waubonsee's New Student Application (even if you are a current student)**
 - 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.**
 - Official transcripts can be sent to registration@waubonsee.edu

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Application Process

Date: June 19th, 2024, to August 16th, 2024

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

Please bring the completed Region IX Paramedic Training Course Application 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 mailbox on wall if the team is out of office.

Please ensure that all portions are completed in their entirety.

This year, Part 1 and Part 2 have been combined to streamline the application process.

Written Testing

All prospective students are required to take a Paramedic Entrance Exam. Exam is scheduled to be on **September 14th, 2024 @ 10AM.**

Students will be required to meet with an academic advisor prior to taking the entrance exam. Advisors may 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 a reading, writing and math assessment. Contact Waubonsee with any questions.

Acceptance into the Program

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 Monday, November 4th, 2024. (First Day of Spring Registration @WCC)

Mandatory Orientation/ Information Session

For applicants accepted into the program

Date: Saturday, November 16th, 2024 (subject to change)
Room: Northwestern Medicine Delnor Hospital - 351 Medical Office Building
Lower-Level Room 3 & 4.

Time: 9 am to 11 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 health, immunization, and Healthcare CPR certification. A packet of required information will be issued to each student at the Mandatory Orientation on November 16th. Viewpoint is used to collect this information, and you will receive login information and instructions from Waubonsee. The required documentation must be uploaded and approved in Viewpoint by midterm of Paramedic 1.

COVID & Influenza Vaccination Requirements:

- COVID- no requirement currently. Although highly recommended (This is Subject to change by direction of clinical sites)
- Influenza- Mandatory

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.

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Instructions for completion of the drug screening process will be supplied by Waubonsee Community College.

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

All dates are subject to change due to room availability

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EMT-B/I INFORMATION		
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

LICENSING ACTION AND FELONY STATEMENT	
<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>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.</i>	

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

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APPLICANT AGREEMENT	
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: _____

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COURSE SCHEDULE (subject to change)

Waubonsee Community College EMT- Paramedic Program (Day Class: 0900-1300) (Night Class:1800-2200)	
Paramedic 1 Spring 2025 (EMT-225)	- Monday, Wednesday, Friday (4 hours each day) - Lab Hours in class - 16 Weeks
Paramedic 2 Summer 2025 (EMT-235)	- Monday & Wednesday, Friday (4 hours each day) - Occasional Thursday (SIM Lab Schedule Dependent) for Skills/Sim Lab (6 hours) - Clinicals Hospital & Field - 12 Weeks
Paramedic 3 Fall 2025 (1st 8 Weeks) (EMT-245)	- Monday & Wednesday (4 hours each day) - Occasional Thursday (SIM Lab Schedule Dependent) for Skills/Sim Lab (6 hours) - Clinicals - 8 Weeks
Paramedic 4 Fall 2025 (2nd 8 Weeks) (EMT-299)	- Field Internship - Review Classes - PALS, ITLS, ACLS - 8 weeks

APPLICATION PACKET

A completed application packet II must be submitted to the EMS Office at Delnor Hospital no later than **Friday, August 16th, 2024**, 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. Personal letter of recommendation (from someone that knows you well and can speak to your character, non-family member)
7. 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).

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FIELD EXPERIENCE AGREEMENT (due prior to the start of class)

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 prior to the first day of class (January 20, 2025).

- 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 (1200-1600) Evening (1800-2200) No Preference

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

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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

Signature of Employer

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

Signature of Agency Representative

Title

Agency

Date

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

Application Checklist

Applicant's Name: _____

Completed application includes:

	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
	Interview Scheduled
	Letter of Recommendation – Personal
	Letter of Recommendation – Professional
Note: It is the responsibility of the student to find a site for their field clinical and internship with a SFVEMSS provider. The Field Experience agreement must be completed prior the start of class (January 2025).	

CONTACT INFORMATION

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