



North Region EMS System

NM North Region EMS System Paramedic Program 2025-26

Dates:

Core Course:

October 2, 2025– August 29th 2026
Tuesdays and Thursdays 0900-1600

Capstone:

June 20th – August 29th, 2026

Location:

Classroom - 600 N. Westmoreland Rd, LL, Lake Forest, IL 60045

Clinical Locations – Northwestern Medicine Lake Forest Hospital, Grayslake Emergency Center,
Alternative Locations TBD

Tuition:

Paid directly to Northwestern Medicine Lake Forest Hospital Paramedic Program

- \$220/credit hour
- Includes two clinical polos

Semester	Course Code	Course Title	Credits	Tuition
Fall 2025	EMT 114	Paramedic Clinical Practicum	3	\$ 660.00
Fall 2025	EMT 131	Introduction to Advanced Pre-hospital Care	4	\$ 880.00
Fall 2025	EMT 132	Patient Assessment	2	\$ 440.00
Fall 2025	EMT 133	Medical Emergencies	5	\$ 1,100.00
FALL PAYMENT			14	\$ 3,080.00
Spring 2026	EMT 115	Paramedic Field Experience Practicum	3	\$ 660.00
Spring 2026	EMT 134	Trauma Emergencies	3	\$ 660.00
Spring 2026	EMT 135	Special Considerations and Operations	6	\$ 1,320.00
SPRING PAYMENT			12	\$ 2,640.00
TOTAL			26	\$ 5,720.00

Additional out of pocket costs:

- Navigate online learning platform (includes e-book)
- Physical textbook
- Background check and drug screen



North Region EMS System

Application must be submitted by August 1st 2025

Requirements for Admission:

1. Active Illinois EMT License, in good standing with Primary EMS System
2. Current AHA BLS for Healthcare Providers Card or equivalent.
3. One Letter of Recommendation from an employer, supervisor, professor (not friends nor family)
4. College transcripts (unofficial is acceptable) documenting the successful completion of BIO 111, Human Form and Function, or equivalent, with a C or better

Note: Prerequisite may also be met by completing BIO 244 and 245, Anatomy & Physiology I & II, or equivalent, with a C or better.

Course equivalency must be reviewed and approved by the College of Lake County (CLC) must be emailed to Rita Rice – Sarah.Bond@nm.org.

5. Current College of Lake County student. **Student ID must be included on Application.** If applicant is not currently a CLC student, please complete the college application at <https://www.clcillinois.edu/admission/become-a-student>.
6. Pass the EMT Validation exam with 80% or higher. Applicants will have one opportunity to retake the exam if they score less than 80%. See the Testing Information sheet.
7. Clinical Clearance completed **prior** to start of class.
 - Criminal Background Check
 - Urine Drug Screen – must test negative for marijuana
 - Proof of vaccination/immunity to varicella, measles, mumps, rubella, tetanus and pertussis, TB test and yearly Flu vaccination
 - Health insurance

Application Process:

1. Gather all requirements for admission
2. Complete and submit application to sarah.bond@nm.org prior to 8/1/25 deadline
3. Lead Instructor will notify candidate if they have met admission requirements and will be invited to take the pre-admission validation exam.
4. Lead Instructor will notify candidates whether they passed the validation exam and will invite for an interview.
5. Admission decisions made, candidates notified.



North Region EMS System

Admission Selection

Upon completion of the application process, admission decisions will be made and candidates notified. Note that completing all of these steps does not guarantee acceptance into the program.

Admission selection is based on the following:

1. Enrollment allotment for the year
 - a. Availability of field internship and clinical opportunities, classroom space, and instructor-student ratio
2. First attempt validation exam score
3. Preference points awarded to in-System applicants employed by NMnrEMSS agency partners
4. Interview performance



North Region EMS System

NM North Region EMS System **Paramedic Program 2025-26** **Testing Information**

Testing Information:

Once the lead instructor has reviewed and verified the applicant has met all admission requirements, testing information will be distributed.

- A bookings link will be emailed to the applicant's provided email address to sign up for an in-person testing appointment
- A blueprint outlining the EMT Validation Exam is emailed to the applicant's provided email address

The test is a 100 question EMT-B level exam




- Passing score of 80% is required
- Applicants that fail the initial attempt, may have one additional retake
- Applicants will have 1 hour and 40 minutes to complete the exam
- Exams will be conducted electronically on System provided iPads.
- No other electronic devices, notes, or other study materials may be used/accessed during the exam

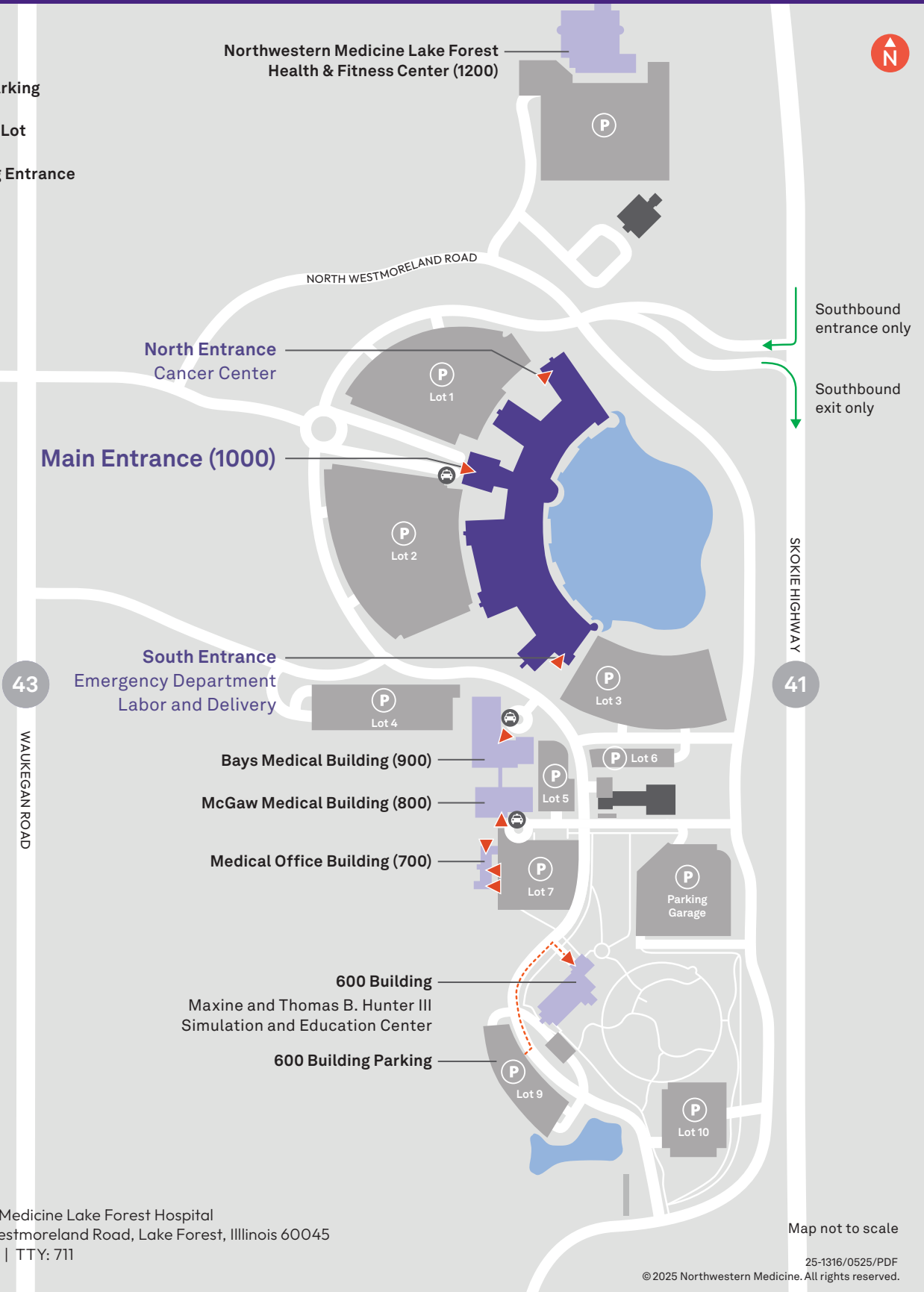
Testing Days:

- Wednesdays, 0800-1000, May 7th-August 20th 2025
 - Applicants must sign up for available appointment via Lead Instructor provided link

Testing Location:

- Lake Forest Hospital, Simulation and Education Center, 600 Building
 - 600 N. Westmoreland Road, LL, Lake Forest IL 60045
 - Debrief Room 4

-  Valet Parking
-  Parking Lot
-  Building Entrance





Demographics			
Last Name:	First Name:	MI:	DOB:
Street Address:			
City:	State:	Zip:	
Phone:	Email Address:		
College of Lake County Student ID Number:			
EMS Agency or Fire Department Affiliation (optional):			
EMT Licensure			
IL EMT License #:	Exp. Date:	NREMT Certification #, if applicable:	
EMT Training Site:		Current BLS Expiration:	
Current Primary EMS System:			
Are you licensed as an EMT or PM in any other states? If yes, please list.			
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?			
Have you ever been convicted of a felony?			
Education			
High School Education School Attended:	Year Graduated:		
College Education School Attended:	Years Completed: Degree Earned: Date:		
Other Education School Attended:	Diploma/Certificate Earned: Date:		
Have you ever applied to a paramedic training program? If yes, when and where?	Yes	No	
Have you ever attended a paramedic training program? If yes, when and where?	Yes	No	



Employment – Healthcare Related

Are you now, or have you previously been, employed by Northwestern Medicine?

Current Employer:

Position/Title:

Current Weekly Hours Worked:

Dates of Employment:

Is your employer sponsoring you through the course?

Applicant Statement

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 Program.

Signature of Applicant: _____ Date: _____

Please forward completed applications by email in PDF form to Sarah.Bond@nm.org.

All application submissions must include the following:

- Resume and cover letter
- Copy of current driver's license or state ID
- Copy of valid IL EMT License
- Copy of NREMT certificate, if applicable
- Copy of current AHA BLS for Healthcare Providers card or equivalent
- One Letter of Recommendation
- College transcripts (unofficial is acceptable)