



North Region
EMS System

Paramedic Program Application
2025-2026 Cohort

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? Yes No If yes, when and where?				
Have you ever attended a paramedic training program? Yes No If yes, when and where?				



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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: \$5,720 – includes two clinical polos. Navigate (online learning platform that includes e-book), physical textbooks, and background check and drug screen, must be purchased **separately**.

Application must be submitted by August 1st.

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 (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.



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7. Clinical Clearance completed **prior** to start of class.
 - a. Criminal Background Check
 - b. Urine Drug Screen – must test negative for marijuana
 - c. Proof of vaccination/immunity to varicella, measles, mumps, rubella, tetanus and pertussis, TB test and yearly Flu vaccination
 - d. Health insurance

Admission Selection

- Once all admission requirements have been satisfied, submitting the application (including the documents indicated in the checklist) and passing validation exam, applicants will then be interviewed and an admission decision will then be made. Completing these steps do not guarantee acceptance into the program.
- Admission decisions are based on
 - The enrollment allotment for the year
 - the availability of field internship and hospital clinical opportunities, classroom space, and required student-instructor ratio
 - First time EMT Validation score
 - Applicants that are employed by agencies with the North Region System will have priority in the selection process
 - Interview performance



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 Rita.Rice@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)