



NM North Region EMS System Paramedic Program 2026-27

Dates:

Course Dats:

August 4th, 2026 – May 6th, 2027

Tuesdays and Thursdays 0900-1600

Capstone:

February 2027 - May 2027

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

Semester	Course Code	Course Title	Credits	Tuition
Fall 2026	EMT 114	Paramedic Clinical Practicum	3	\$ 660.00
Fall 2026	EMT 131	Introduction to Advanced Pre-hospital Care	4	\$ 880.00
Fall 2026	EMT 132	Patient Assessment	2	\$ 440.00
Fall 2026	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 Course Cost: \$ 1,245.00

Due at Mandatory Pre-Orientation to hold seat in class.

Includes:

- Navigate online learning platform (includes e-book)
- Physical textbook
- FISDAP clinical/field tracking software



- EMS Testing platform
- Background check and drug screen
- Clinical job shirt
- Clinical polos x2
- Litman stethoscope
- Parking for off-site clinicals
- ACLS certification
- PALS certification
- TECC or PHTLS certification

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, which will remain valid until end of course.
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). Contact their admissions office for additional information.
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.
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
 - There are no exceptions to getting the flu shot
 - Health insurance

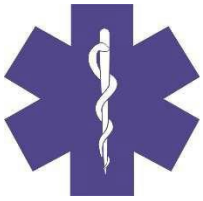
Application Process:

1. Submit completed application packet to evert.gerrisen@nm.org
 - a. **Due by 6/1/26**
 - b. Only completed applications will be accepted
 - c. All documents must be in PDF or Word format – no jpegs will be accepted
2. Application will be processed by Lead Instructor. This may take up to two weeks.
3. Based on application, Lead Instructor will contact student candidates with either an invitation to test, or notification that they will not be invited to continue through the process.
4. Student candidates will come into the EMS Offices to take the EMT Validation Exam.
5. Based on the student candidate's score, the Lead Instructor will send out invitations to interview. This will not occur until the end of the testing cycle.
6. Admissions decisions will be sent out by July 8th 2026.

Admission Selection

Upon completion of the application process, admission decisions will be made and candidates will be notified. Note that completing all 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. Score on EMT Validation Exam
3. Final grade on pre-requisite coursework
4. Preference points for in-System applicants
5. Interview performance



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. <input type="checkbox"/> no <input type="checkbox"/> yes: _____			
Have you ever been subject to limitations, 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?			<input type="checkbox"/> yes <input type="checkbox"/> no
Education			
High School Education School Attended:	Year Graduated:		
College Education School Attended:	Year graduated: Degree earned:		
Other Education School Attended:	Diploma/Certificate Earned Date:		
Have you ever applied to another paramedic training program? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when and where: _____ Why did you not complete that program? _____			



Employment – Healthcare Related

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

yes no

Current Employer: _____

Position/Title: _____

Shift color (if applicable): _____

Current Weekly Hours Worked: _____

Dates of Employment: _____

Is your employer sponsoring you through the course? yes no

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: _____

Submit Completed Applications to Evert.Gerritsen@nm.org by June 1st, 2026

Application must include the following to be considered for admissions:

- Resume
- Cover Letter
- Copy of valid driver's license or state ID
- Copy of valid IL EMT license
- Copy of valid AHA BLS for Healthcare Providers card (must be valid until May 2027)
- Letter of recommendation
- Copy of college transcripts