



APPLICATION PACKET FOR THE 2025-2026 PARAMEDIC TRAINING PROGRAM

DEAR PARAMEDIC APPLICANT:

Thank you for your interest in the North Lake County EMS Paramedic Training Courses. Interest in our program is high, and we expect a large and enthusiastic class for the coming year. Our 1000-hours-plus course includes training in the didactic, clinical, and field environments and meets or exceeds the educational and competency standards of the current USDOT/NHTSA National Paramedic Educational Guidelines.

Additionally, Vista Health Paramedic Education programs are accredited by the Commission on the Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). We are the longest-tenured accredited program in Lake County.

Application Process for 2025-2026 Paramedic Training Program

Completed applications must be submitted via mail or in person to Vista Medical Center East at 1324 North Sheridan Road, Waukegan, IL 60085, by 3 PM on May 23, 2025, for the 2025-2026 year-long course (projected start on August 18, 2025). Applications are currently being accepted, and early course registration is encouraged. However, acceptance of your application by the North Lake Co. EMS/Vista Health Paramedic Training Program does not guarantee placement in a class; nor does acceptance into the program guarantee graduation.

Should it be necessary, applicants may be ranked on a point system, as follows:

- **25 points** for belonging to a North Lake County EMS System provider (must have a letter from that agency or department on business letterhead to prove affiliation).
- **15 points** for being affiliated with an IDPH EMS Region X provider outside the North Lake County EMS System (must have a letter from that agency or department on business letterhead to prove affiliation).
- **15 points** for at least two (2) years experience in health care, preferably EMS (must have a letter of proof on business letterhead).
- **10 points** for at least one (1) year experience in health care, preferably EMS (must have a letter of proof on business letterhead).
- **5 points** for at least six (6) months of healthcare experience, preferably in EMS (must have a letter of proof on business letterhead).
- **10 points** for graduating from Vista Health EMT Training Program or the Tech Campus EMT Program (with instructor recommendation)
- **5 points** for submitting a **complete application** by the appropriate deadline.
- **15 points** accrued during the pre-course interview process and pre-course testing process.

Pre-course interviews will be scheduled individually.

NOTE: As part of our affiliation with the College of Lake County and as a nationally accredited paramedic training program, a **college-level Anatomy & Physiology** course is a **pre-requisite** for admittance to all paramedic programs. The required A&P course must be at least the equivalent of BIO 111, "Human Form and Function." offered at the College of Lake County and candidates must obtain a minimum grade of "C.". For course equivalency information, contact Carol Wismer at the College of Lake County (cwismer@clcollinois.edu).

Please include the following completed forms, or information with your application:

- Paramedic Training Program Application with a cover letter from you (1-2 pages maximum) explaining why you should be considered for paramedic training.
- \$50 **non-refundable** application fee. ***If you turn an application in after the due date, the application fee is \$100 and there is no guarantee your late application will be considered.*** The fee may be made via credit card, or a check made payable to **Vista Health System**. The application fee **will not** be credited towards any course fees upon acceptance into the class. Cash will not be accepted.

Name on card:	Amount:
Card Type:	Card #'s:
Exp date:	Code on back:

- Copy of high school diploma or equivalency.
- Copy of current driver's license.
- Copy of current Illinois EMT-B or EMT-I license (or equivalent) – must obtain Illinois EMS provider license prior to the start of class.
- Copy of current Healthcare Provider CPR card.
- Two letters of reference from non-relatives indicating the qualities you possess that make you a good candidate for paramedic school. If you need to prove affiliation or healthcare experience, those letters will be considered letters of reference provided the author is willing to recommend you for the paramedic program.
- A "Letter of Good Standing" from your current EMS system, if you do not belong to the North Lake County EMS System. If you do not work for an EMS provider currently, this requirement is waived.
- ***An unofficial transcript proving the completion of the A&P pre-requisite with a minimum letter grade of "C."***
- Enrollment as a student at the College of Lake County is required.
- Copy of required up-to-date immunizations.
 - Each student is expected to have received or will receive the entire series of three (3) Heptavax vaccinations. The student must have had the first vaccination prior to the start of class. In addition, students need to provide proof of Rubella, Rubeola, and Varicella vaccinations (diphtheria & polio, if appropriate), and current tetanus vaccination/booster. Documentation of each vaccination must be on file with the paramedic training program office prior to the student participating in hospital clinical or supervised field experience time.
 - TB Screening Test. Students entering the program must have had a TB (tuberculosis) screening test(s). A negative screening test must be documented by a physician's office. The screening test must be renewed on an annual basis. Documentation of preliminary and subsequent TB screening tests must be on file with the paramedic training program office prior to the student participating in hospital clinical or supervised field experience time.
 - Proof of COVID-19 vaccination(s). It is highly recommended that prospective paramedic students be vaccinated against the corona virus. There is a waiver process, but waivers can be difficult to get approved. In order to participate in our program, you must follow and meet the COVID requirements for both the College of Lake County and Vista Health.
 - Proof of flu vaccine by November 1, 2024, or submission of waiver form.
- Proof of personal health insurance coverage.

A candidate's application will not be considered complete until **all** of the above items are turned in.

Once your completed application is received, you will be notified in June or July 2025 regarding a pre-course interview appointment with a committee of EMS staff and the EMS Educator in charge of the paramedic training program. If you do not receive any information in the time frame indicated above, please contact us by phone to confirm your email address and application status.

Course Information

2025-2026 Traditional Evening Program:

The course is scheduled to begin on Monday, August 18, 2025, at 1800 hours and is projected to conclude on June 29, 2026. Classes run on Mondays and Wednesdays from 1800-2200, with at least one Saturday commitment each month and occasionally an entire weekend each month to complete specialty courses included in the curriculum (e.g., ACLS, PALS, ITLS, etc.). Candidates generally need to complete 8-12 hours/week each of clinical and field time to finish the course on time.

Course Fees

Tuition: \$4,500 (does not include application fees, books, testing fees, etc.).

Financial aid and grants are not accepted for this class.

The purchase of textbooks will be the responsibility of each student. Students can purchase their books directly from the publisher, through a bookstore, from a previous student, or on-line. A list of required textbooks is available. Testing fees, software fees, etc. are also not included and are the student's responsibility.

(Note: All fees and costs are subject to change, without notice, prior to the start of the course.)

Again, thank you for your interest in our program! Your success is our top priority. We look forward to helping you meet your educational and professional goals! If you have any questions, please do not hesitate to contact me at David.Chase@amhealthsystems.com.

**The Vista Health/North Lake
County EMS System offices are
located at:**

**Vista East Hospital
1324 N. Sheridan Road
Waukegan, IL 60085**



Sincerely,



Dave Chase, EMS Educator/EMS System Coord.
Paramedic Training Programs
North Lake Co. EMS System/Vista Health
1324 North Sheridan Road
Waukegan, Illinois 60085
Office: 847-360-2205
Fax: 847-625-6216
David.Chase@amhealthsystems.com

The goal is to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.



Vista Health System Paramedic Program
2025-2026 Programs Application Form
(Starts August 18, 2025)



PLEASE PRINT OR TYPE

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____

Driver's License # _____ State: _____ SSN: _____

E-mail Address: _____

Vehicle Make/Model/Color: _____ Plate No. _____

Fire/Rescue Department/Ambulance Agency: _____ How long? _____

Is North Lake County your primary EMS system? (Circle one) Yes No

If not, primary EMS System (attach letter of good standing): _____

Healthcare Experience: _____

Immediate Supervisor: _____ Supervisor's email: _____

Current license information:

Circle one: EMT/AEMT Illinois License #: _____ Exp. Date: _____

Emergency Notification:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Vista Health Paramedic Education programs are accredited by the Commission on the Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Required attachments:

- ☐ Copy of Illinois EMT license.
- ☐ Copy of CPR card (front and back).
- ☐ Copy of Drivers License.
- ☐ Copy of High School diploma or equivalent.
- ☐ Proof of up-to-date immunizations (including COVID-19)
- ☐ Non-refundable \$50.00 application fee (payable to Vista Health System); \$100 if past due date.
- ☐ Personal cover letter and two letters of reference.
- ☐ Completion of math and English proficiency testing (or equivalent) through the College of Lake County prior to pre-course interview.
- ☐ Proof of personal health care insurance coverage.
- ☐ Letter of Good Standing (if applicable).
- ☐ Proof of A&P pre-requisite.

IMPORTANT INFORMATION

Have you ever been convicted of a felony? Yes ____ or No ____
(If “Yes,” attach explanation.)

Standard of Care

I understand that I must comply with all policies, procedures and protocols of the North Lake County EMS System and Vista Health. I understand that any violation of the policies, procedures and/or protocols may result in corrective action, up to and including suspension and/or expulsion from the training course and from the EMS System.

I understand that falsification of this or any other document will result in suspension and/or dismissal from the training course and from the EMS system.

I understand that acceptance of this application by the North Lake County EMS System does not guarantee acceptance into the EMT-Paramedic program.

I certify that all statements above are complete and true. I understand that if I am not accepted for the term indicated, I will need to re-apply.

Signature: _____ **Date:** _____

Office Use:

Date Received Stamp:

- ☐ Illinois EMT license
- ☐ CPR card
- ☐ Drivers License
- ☐ Cover letter/reference letters
- ☐ High School diploma or equivalent
- ☐ Letter of Good Standing (if applicable).
- ☐ Immunizations
- ☐ Anatomy and Physiology course.
- ☐ Application fee/voucher
- ☐ Completion of math and English proficiency testing (or equivalent) through the College of Lake County prior to pre-course interview.
- ☐ Proof of personal health care insurance coverage prior to the start of clinical and ride time.

Years Exp. in Healthcare? _____

☐ Accept ☐ Reject Pre-Test Date: _____

EMS Department Representative: _____ Date: _____