



**UW Health-Northern Illinois EMS System**  
**EMS Office · 4120 Charles St · Rockford, IL, 61108**

**2026/2027 DAY PARAMEDIC EDUCATION PROGRAM**  
**APPLICATION AND REGISTRATION PROCESS**

**Qualifications**

- 18 years of age
- Current Illinois EMT license
- Current Healthcare Provider (BLS) CPR card

*If you recently took the NREMT exam, you may submit your Pass Result Letter from the testing agency in lieu of the Illinois EMT license; however, you MUST submit your actual Illinois EMT license to us by August 31<sup>st</sup>, 2026.*

**Classes**

- Class runs **Tuesday, August 18<sup>th</sup>, 2026 through July 8<sup>th</sup>, 2027**. You will have until **December 2027** to complete your Field Capstone time.
- **From August to May**, class is held on **Tuesdays and Thursdays from 9 am to 5 pm**. You may need to come in early or stay after to complete assignments throughout the year.
- Once a month, the class is broken into smaller groups split over 3 weekdays instead of a regular scheduled class day. These dates will be provided by the first day of class for the rest of the year.
- An approximate 4 hour online component will be required to be completed each week outside of class, in addition to the time needed for studying/reading materials (on average, 10 hours per week total).
- There will be a minimum of 500 hours spent between the clinical and field settings required outside of class time which you will be required to schedule.
- While class is in session, be prepared to complete a minimum of 10 hours of clinical time in the hospital per week once you are released to begin clinicals.
- **During May, June and July**, there will be 3 sessions of Internship and Certification classes. You will be required to attend 1 of 3 Internship days per session. You will also be required to attend 2 days per session to complete ACLS, PHTLS, and PALS certifications. You will also be continuing with intensive field clinical hours.
- Classes will be held at the EMS Office, 4120 Charles St, Rockford, IL, 61108

### **Tuition - \$3000 if paid in full by 3<sup>rd</sup> day of class**

- \$3250 total tuition if opting for a signed payment plan agreement
- Upon acceptance, non-refundable course fees of \$800 due August 18<sup>th</sup>, 2026, for all students.
  - Includes:
    - o 2 Polo shirts
    - o 1 Windshirt
    - o Skills tracker/Scheduling program (FISDAP)
    - o 8 Online Study, Review, and Testing Applications (Limmer)
    - o Classroom textbooks (including an eBook of the textbook)
    - o Background Check

*Students are required to provide their own stethoscope!*

### **Application Process**

- **Application due date – June 26<sup>th</sup>, 2026 at 1200**
- Application is a PDF fillable document which will be emailed to applicants
- Must be emailed to [uwniems@uwhealth.org](mailto:uwniems@uwhealth.org) or mailed/dropped off at the EMS Office

For questions regarding the paramedic program, contact the EMS Office at [uwniems@uwhealth.org](mailto:uwniems@uwhealth.org). Acceptance/Denial letters will be mailed out around **June 29<sup>th</sup>**, 2026.

## **IMPORTANT DATES – TIMELINE OF EVENTS**

April 2026	Application available
June 1 <sup>st</sup> , 2026 June 3 <sup>rd</sup> , 2026 June 22 <sup>nd</sup> , 2026 June 24 <sup>th</sup> , 2026	Attend 1 of 4 Mandatory Orientation and Interview Days
June 26 <sup>th</sup> , 2026 June 29 <sup>th</sup> , 2026	Application Due Date Acceptance & Denial Notification
August 18 <sup>th</sup> , 2026 May 25 <sup>th</sup> , 2027 July 8 <sup>th</sup> , 2027	First Day of Class End of Regular Scheduled Classes Graduation
December 25 <sup>th</sup> , 2027	Field Capstone Time ends

### **Additional Information**

- **Mandatory Orientation, Interview, and Information Sessions** will be held at **0900** on Monday, June 1<sup>st</sup>, Wednesday, June 3<sup>rd</sup>, Monday, June 22<sup>nd</sup>, or Wednesday, June 24<sup>th</sup>, 2026. You are required to attend one of these sessions to be considered for the program. Please contact the **EMS Office** at **779-696-6082** to schedule your orientation session. **You MUST register for an Orientation Session!**

During these sessions, we will talk to you about the requirements and demands of the program, you will take the Nelson Denny Reading Test, be able to ask questions about the class, and obtain help with filling out the application. You will also have an interview with several Instructors as part of the Application process.

- Upon acceptance, students must provide proof of immunizations within the first 3 weeks of class. Please contact your Physician or School District for records of these immunizations.
  - **TB Skin Test** – Students must have had an initial two-step Mantoux, blood draw, or chest x-ray. A Tine test is not acceptable for healthcare workers.
  - **Mumps, measles, and rubella x2** -- or positive titers
  - **Tdap** – diphtheria, tetanus, and pertussis
  - **Varicella** – chicken pox
  - **Influenza** – Must get before the current Flu Season begins
  - **Hepatitis B** – the vaccination series is strongly recommended but not required. If you choose not to have this, you must sign a waiver.
- Technology will be a focus of the curriculum. Students **MUST** have access to a computer/laptop and internet.
- This class expects the students to have computer skills and communication skills.
- The textbook is written for an individual who has achieved reading and reading comprehension skills at the 10<sup>th</sup> grade level. The Nelson Denny Reading Test will be utilized to determine these skills and will be administered to each potential student on their orientation day.
- There may be barriers for licensure for students who are behind on child support and/or have a past felony conviction. A background check will be completed at the beginning of class.

***Paramedic Program Goal – To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.***

## **\*\*APPLICATION\*\***

**The application is in a PDF fillable format. Please make every attempt to complete it on a computer and print/email the completed form.**

### **Additional Application Points System**

This procedure is part of the application process. These points will be used to assist in determining the program participants that are most likely to succeed. The greater the number of points achieved, the greater the opportunity for acceptance.

Being awarded all of the points does not guarantee acceptance. **To obtain these points, supporting documentation will need to be included in your application.**

Each applicant will be awarded two (2) points for the following by the application deadline:

1. PROOF of affiliation with a UW Health-Northern Illinois (SwedishAmerican) EMS Agency.

Each applicant will be awarded one (1) point for the following by the application deadline:

2. PROOF of working as an EMT at an EMS Agency (Ambulance Service / FD / Military)
3. PROOF of honorable military service (DD-214 with honorable discharge, current military ID & letter from your commanding officer).
4. PROOF of completion of a college-level A&P course, graduation with an Associate Degree, or graduation with a Bachelor Degree.
5. Achievement of 10<sup>th</sup> grade reading level or above on the Nelson Denny Reading exam.

**In order for your application to be complete, you must also attach copies of the following documents:**

- **Illinois EMT License**
- **Current CPR Card**

**Completed applications must be emailed, mailed or dropped off at the  
UW-Northern Illinois EMS Office**

**UW Health-Northern Illinois EMS Office  
Attention: 2027 Paramedic Program  
4120 Charles St  
Rockford, IL 61108**

**[uwniems@uwhealth.org](mailto:uwniems@uwhealth.org)**

**UW Health-Northern Illinois EMS SYSTEM**  
**EMS Office · 4120 Charles St · Rockford, IL, 61108**

**2026/2027 PARAMEDIC EDUCATION PROGRAM APPLICATION**

DIRECTIONS: Read/complete every portion of the application and return the appropriate portions back to the EMS Office **by 1200 on June 26<sup>th</sup>, 2026.**

**Read the cover letter thoroughly following all instructions. Incomplete applications will NOT be accepted.**

*This training program does not discriminate in enrollment on the basis of race, color, religion, national origin, sex, ancestry, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.*

**POLO SHIRT SIZE:**  S     M     L     XL     2XL     3XL  
**WINDSHIRT SIZE:**  S     M     L     XL     2XL     3XL

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

EMS Agency Affiliation: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hours/Shifts: \_\_\_\_\_

Other Employment: \_\_\_\_\_

Hours/Week: \_\_\_\_\_

Other Work Phone: \_\_\_\_\_

Where did you receive your EMT training? \_\_\_\_\_

Year Received EMT: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Have you ever attended a Paramedic training program in the past?  YES  NO

If YES, where? \_\_\_\_\_ When? \_\_\_\_\_

Which agency will serve as your Primary ALS Preceptor Agency?

\_\_\_\_\_

Secondary ALS Preceptor Agency? \_\_\_\_\_

*(If you do not have a precepting ALS fire department or ambulance service, then print "need assistance." While it is ultimately your responsibility to secure an ALS preceptor, we will offer assistance if you are accepted.)*

Have you served in a branch of the US military?  YES  NO

If Yes, attach official documentation (If discharged, please attach your DD214 form.)

Have you ever been convicted of a felony?  YES  NO

Are you up to date with any child support payments?  YES  NO  N/A

Please list 3 References (preferably from an EMS background and not a relative):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **STUDENT INFORMATIONAL PROFILE**

This form is used strictly to gather information in order for the instructor to become more familiar with the students reading, writing and language abilities. It will not be used in the entry testing process or in the decision of whether the student will be accepted to the program.

1. High School Attended (Name and Year): \_\_\_\_\_

College Attended (Name and Year): \_\_\_\_\_

Courses Taken/Degree Earned: \_\_\_\_\_

2. What kind of social activities or hobbies do you enjoy in your leisure time?

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3. Do you consider yourself a good reader?  YES  NO

If no, please explain: \_\_\_\_\_

4. Do you consider yourself good at math?  YES  NO

If no, please explain: \_\_\_\_\_

5. What type of work environment do you prefer?

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6. In what type of teaching environment do you learn best?

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7. Tell us about your family:

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8. What attributes do you feel you have that will help you to excel as a prehospital provider:

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