UWHealth

SWEDISHAMERICAN EMS SYSTEM

SWEDISHAMERICAN HOSPITAL · 4120 Charles St · Rockford, IL, 61108

EMT EDUCATION PROGRAM
APPLICATION AND REGISTRATION PROCESS
SwedishAmerican EMS Office
Accelerated Class
Winter 2026

Qualifications

- 17 years of age **
- Currently enrolled in Senior Year of High School**

or

- High school diploma or GED

***In order to sit for the NREMT test, the candidate must be 18 years of age and possess a high school diploma or GED.*

Classes

- Class runs **Monday, October 19, 2026, through Thursday, December 10, 2025**.
- Class is held **Monday through Friday from 8:00 am to 5:00 pm.**
- There will be a minimum of 40 hours spent in the clinical and field settings required outside of class time which you will be required to schedule.
- **Classes will be held at SwedishAmerican EMS Office, 4120 Charles Street, Rockford, IL 61108**

Tuition - $900

- Upon acceptance, payment of $900 is due on the first day of class.
- Includes:
  - One uniform shirt
  - Classroom textbooks
  - Background Check
  - *Students are required to provide their own stethoscope!*

Application Process

- **Application due date – Monday, October 5, 2026 at noon.**
- Application is either a PDF fillable document or a print and complete document. Both applications can be found on our website – www.swedesems.com.
- PDF applications must be emailed to uwniems@uwhealth.org or mailed/dropped off at the EMS Office. The EMS office address can be found on the first page of the application below.

For questions regarding the EMT program, contact the EMS Office at uwniems@uwhealth.org.
Acceptance/Denial notifications will be made following the application deadline.

Additional Information

Upon acceptance, students must provide proof of immunizations. Please contact your Physician or School District for records of these immunizations.

- **TB Skin Test** – Students must have proof of a negative TB test.
- **Mumps, measles, and rubella x2** -- or positive titers
- **Tdap** – diphtheria, tetanus, and pertussis
- **Varicella** – chicken pox
- **Influenza** – Must get before the Flu Season begins or sign a declination and wear a mask in all clinical areas.
- **Hepatitis B** – the vaccination series is strongly recommended but not required. If you choose not to have this, you must sign a waiver.

- Upon acceptance, all students will have a background check. Students will meet with the Program Director and/or EMS Medical Director regarding any information that may be a barrier to course/clinical completion and/or licensure as an EMT. There are some barriers that will result in immediate dismissal from the course.

**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 SwedishAmerican EMS Agency,

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

2. PROOF of working as a First Responder 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 a Bachelor's Degree.

Completed applications must be emailed, mailed or dropped off at the SwedishAmerican EMS Office

SwedishAmerican EMS Office
Attention: 2026 Winter Accelerated EMT Program
4120 Charles St
Rockford, IL 61108

uwniems@uwhealth.org

UW Health

UW Health-Northern Illinois
SWEDISHAMERICAN EMS SYSTEM
SWEDISHAMERICAN HOSPITAL · 4120 Charles St · Rockford, IL, 61108

2026 Winter Accelerated EMT EDUCATION PROGRAM APPLICATION

SwedishAmerican EMS Office, 4120 Charles Street, Rockford, IL

DIRECTIONS: Read/complete every portion of the application and return the appropriate portions back to the SwedishAmerican EMS Office **by noon on October 5th, 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.

Uniform Shirt SIZE: ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL

Full Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

EMS Agency Affiliated with: _____

Place of Employment: _____

Work Phone: _____ Hours/Shifts: _____

Other Employment: _____

Other Work Phone: _____ Hours/Week: _____

How did you hear about our program? _____

Have you ever attended an EMT training program in the past? _____ YES _____ NO

If YES, where? _____ When? _____

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. _____

I hereby affirm and declare that the information supplied in this application is true and correct to the best of my knowledge. I acknowledge that any intentional false information will result in the termination of my training.

Signature _____ Date:_____