

Fall 2024 – Summer 2025

Kishwaukee College | NM Kishwaukee Hospital EMSS

EMS Paramedic Program Application Packet

Application Deadline: April 12, 2024 at 3:00pm



The information in this packet is subject to change without notice or obligation. Revised 02/2023

Kishwaukee College • 21193 Malta Road • Malta, Illinois 60150 • 815-825-2086 • TTY: 815-825-9106 • www.kish.edu

Table of Contents

<i>Section</i>	<i>Page Number</i>
General Program Information	2-4
- Program Description	2
- Attendance	3
- Tuition & Fees	3
- Functional Job Description	3-4
Admission Criteria	5
Application Process	6
After Application	7
Application for Admission	8-11
- Application & Checklist	8-9
- Essential Functions for Health Career Programs	10
- Medical/Felony Form	11-12
- Personal Reference Form	13

General Program Information

Program

Paramedic Certificate, Curriculum Number 457

Credential Awarded

Certificate

Semesters/Hours Required

Program starts each Fall semester and continues through Spring and Summer semesters.

Grand total: 43 credit hours

Paramedic Program Contacts

Lead Instructor

Susan Lencioni

Kishwaukee EMS System

Email: susan.lencioni@nm.org

Program Director & EMS Coordinator

Anthony Woodson

Kishwaukee EMS System

Email: anthony.woodson@nm.org

Dean

Dr. Jessica Berek

Kishwaukee College

Email: jberek@kish.edu

Administrative Specialist

Cynthia Karasewski

Kishwaukee College

Email: ckarasewski@kish.edu

Program Description

College Mission

The Kishwaukee College mission/vision statements can be found at <https://kish.edu/about/college-information/mission-vision.php>.

Program Description

The Kishwaukee College/ Kishwaukee Hospital EMSS (KC/KHEMSS) Paramedic Program is nationally accredited by the Committee on Accreditation of Allied Health Education programs (CAAHEP) and the Committee on Accreditation of Educational Programs for EMS Professionals (CoAEMSP) and is a partnership between Kishwaukee College and Kishwaukee Hospital EMSS. Students completing this course can receive 43 hours of college credit. Upon successful completion of the course students can challenge the national certification (NREMT) exam. Students can also continue their education requirements at Kishwaukee College toward an Associate's Degree in Applied Science (AAS).

Each student who successfully completes the Paramedic program and obtains a license will also be recognized/certified as a PROVIDER in the following:

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- International Trauma Life Support (ITLS)

The KC/KHEMSS Paramedic Program begins in August and, with an included internship, lasts approximately 1 year. Registration is through Kishwaukee College. Didactic sessions and labs will be held at Kishwaukee College Campus in Malta, Illinois. Clinical Rotations will be held at various locations in conjunction with Kishwaukee Hospital EMSS.

The KC/KHEMSS Paramedic Program does not allow advanced placement or the transfer of credit hours for students seeking a certificate of completion for the Paramedic Program. Accepted students must successfully complete all cognitive, psychomotor and affective domain requirements in accordance with the 77 Illinois Administrative Code 515 section 515.520 of the Illinois Department of Public Health EMS Act.

Attendance

Class attendance is mandatory. Classroom sessions will be held on Monday, Tuesday, and Thursdays from 9:00 a.m. until 3:00 p.m. Students are expected to arrive to class early and not leave until dismissed by the instructor. Students must adhere to the deadlines for the completion of all clinical rotations which will be accomplished during non-classroom hours. Students must meet the requirements of all cognitive (knowledge), psychomotor (skills) and affective (behavior) domains to remain in the program. Students will be required to participate in a field internship with a system approved ALS agency under the supervision of an approved paramedic preceptor. Students affiliated with an agency that is not part of the Kishwaukee EMS System, or with an agency that does not respond to 9-1-1 incidents will be required to complete a minimum of 50% of their rotation with a 9-1-1 system approved agency.

Tuition & Fees

Estimated cost of tuition and fees for the KC/KHEMSS Paramedic Program is: \$7600.00

Additional Fees will include textbooks, EMS testing and Platinum Planner skills tracker program, and required uniforms for this program (polo shirt), which add another \$1000.00 to the program costs.

Tuition/Fees do not include the cost of background check, insurance, medical evaluations, and drug screening and required immunizations. These will be due on or before the first day of class. In addition, students will be required to provide their own stethoscope, laptop computer or equivalent, and watch with a second hand.

Functional Job Description

To qualify for EMS licensure, an individual must successfully complete a state approved course and achieve full competency in cognitive, psychomotor and affective domains. In addition, the individual must achieve a passing score on the National Registry of Emergency Medical Technicians (NREMT) paramedic licensure exam.

EMS personnel must be at least 18 years of age. The knowledge, skill and responsibility required of Paramedics demand a minimum of a high school education or equivalent.

EMS personnel must be able to:

- Communicate verbally in person and via telephone/radio in English
- Interpret written, oral and diagnostic instructions
- Use judgement, set priorities and anticipate issues in high stress environments
- Work effectively in an environment with loud noises and flashing lights
- Function efficiently through a 24-hour shift, even when awoken from sleep.
- Work under constraints, managing time efficiently
- Read and understand English language manuals
- Interview patients, family members and bystanders
- Document in English all relevant information
- Communicate effectively with coworkers, law enforcement and hospital staff.

- Demonstrate a desire to care for all people
- Recognize an emergency and apply knowledge to that emergency
- Demonstrate the ability to focus and pay attention to detail
- Relate to and communicate with diverse clientele
- Understand the concept "First Do No Harm".

EMS personnel must possess good manual dexterity and prove the ability to perform all tasks related to good patient care. The ability to bend, stoop, crawl, on uneven terrain, and the ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, chaotic, noisy environments is required.

Technical Performance Standards

All students must be able to meet technical performance standards throughout the program:

- 1) Auditory: hear lung/ heart and bowels sounds, hear a manual blood pressure, and comprehend verbal communication.
- 2) Visual: minimum of 20/30 vision corrected or uncorrected in one eye with color discrimination of red, amber and green to be able to interpret diagnostic information such as ECG tracings, SP02 and capnography waveforms, graphs and charts.
- 3) Lift, carry, and balance with one partner a patient weighing 125 lbs.
- 4) Somatic/ Psychomotor: sensation for pressure, temperature and pain. Agility to successfully perform all psychomotor skills.
- 5) Cognitive: ability to classify, analyze, measure and critically think in a timely manner.

The program requires a **strong** time commitment to prepare for classwork, participation in skill labs, attendance at clinical rotations and ambulance ride time. Participants in this program are considered **full time students** and should plan accordingly.

The KC/KHEMSS Paramedic Program prohibits discrimination in its admissions, employment, and educational programs or activities based on race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, or economic status.

Admission Criteria

Admission to the Emergency Medical Services programs is selective, based upon pre-admission test scores, academic achievement, professional compatibility, and clinical site capacity. Further information is located on the Kishwaukee College EMS website. Please note admission criteria and program requirements are subject to change based on accreditation, legislative, and clinical site mandates.

Admission Criteria

1. Students must be 18 years or older by the course completion and have a High School diploma or equivalency.
2. Possess a valid Driver's License.
3. Must hold a current State of Illinois/NREMT EMT-B license or Advanced EMT license, one-year EMT experience recommended.
4. Must hold a current American Heart Association Healthcare Provider CPR Card.
5. Must successfully pass a written entrance exam based on the EMT National Curriculum after submitting application.
6. Must complete a personal interview with Lead Instructor and Program Director after submitting application.
7. Math placement: Completion of Math Placement Test (ACCUPLACER test) and place into MATH 098, equivalent course or higher course completed with a C or higher.
8. English placement: Completion of the English Placement Test (ACCUPLACER test) and place into ENGLISH 103 or completion of English 103 or higher course completed with a C or higher.
9. Students must have a background check by a Fingerprint Vendor agency licensed by the Illinois Department of Financial and Professional Regulation (IDFPR), for live scan fingerprinting pursuant to the Illinois Uniform Conviction Information Act (UCIA). The live Scan fingerprinting done pursuant to the UCIA will be done for the purpose of determining if you have a criminal conviction in the State of Illinois; and the response from the Illinois State Police (ISP) will be sent directly to the requestor listed below.
10. Students are required to have immunizations, COVID-19 vaccination(optional, but recommended), a flu shot, TB testing, drug testing as listed on our application checklist on the Kishwaukee College website. These are subject to change based on the requirements of our clinical sites and/or IDPH requirements.
11. All students must complete a physical exam to be completed after acceptance into the program.
12. Complete Paramedic Program application and submit by April 12, 2024.

Application Process

Please read carefully and follow all directions and steps.

- ☐ Submit a **completed** application electronically for enrollment in Kishwaukee College. Visit <https://kish.edu/get-started/apply/index.php> to complete and submit the form. Applicants must be 18 years or older and have obtained a HS diploma or GED/HSE by the time they would begin classes in the Fall semester.
- ☐ Submit **official** documentation of a high school transcript or high school equivalency certificate to the Student Services Office. Applicants who have obtained a GED/HSE diploma must submit an official GED/HSE transcript (which can be obtained through their county's Regional Office of Education.)
 - o If applicable, submit **official** documentation of college/university transcript(s) certificates from all schools attended or currently attending to the Student Services Office
- ☐ Completion of Math Placement Test (ACCUPLACER test) and place into MATH 098, equivalent course or higher course completed with a C or higher. To schedule the Math Placement test please go to the following link: <https://kish.edu/student-services/additional-services/testing-services/placement.php>.
- ☐ Completion of the English Placement Test (ACCUPLACER test) and place into ENGLISH 103 or completion of English 103 or higher course completed with a C or higher. To schedule the English Placement test please go to the following link: <https://kish.edu/student-services/additional-services/testing-services/placement.php>.
- ☐ Three **references** submitted. The form is available at the end of this packet.
- ☐ Complete the **Paramedic Program Application** form and additional documentation. This form is available on page 8-12 of this packet.
 - ☐ Complete a **formal essay**. The essay should contain the following:
 - a. Brief introduction of yourself.
 - b. Why do you want to be a Paramedic?
 - c. What traits do you have that would make you a great Paramedic?
 - d. The essay should be between 200-300 words.
 - ☐ Complete the **Essential Functions for Health Careers Program form**. This form is available in the following pages of this packet.
 - ☐ Complete the **Medical History/Felony form**. This form is available in the following pages of this packet.
 - ☐ Provide copies of valid driver's license, EMT-B license, and CPR certification.
- ☐ **Submit Application & Supporting Materials** on or before 3:00 pm, 12 April 2024. **No exceptions.** Submit via hard copy or email:
 - o **Hand deliver or mail via US Postal Service** a completed application, including all necessary documents in a sealed 9X11" envelope to: Kishwaukee EMS: 2727 Sycamore Rd Suite 1A, Dekalb, IL. 60115

OR

 - o Via Email attachments to susan.lencioni@nm.org. **Subject Line:** Last name, first name, EMS Application, Fall (year).

After Application

Official documentation of completion of all Kishwaukee College admission criteria must be received for consideration of admittance into the Paramedic Program.

All steps listed above must be completed by **April 12, 2024, at 3:00pm**. Any questions should be directed to susan.lencioni@nm.org. **Official** documentation of completion of all Kishwaukee College admission criteria, including EMS program specific Math and English requirements, must be received for consideration of admittance into the Paramedic Program.

After the application process is completed in full, the screening and selection process will occur.

Students who have been **provisionally admitted** to the program will be contacted regarding the next steps.

Next Steps Include:

- ☐ **Personal Interview with Program Director and Lead Instructor.**
- ☐ **Take Written Entrance Exam.**
- ☐ Submit Pre-Entrance Medical Record Clearance Forms and Immunization Record
- ☐ Submit the Background Check
- ☐ Submit 12-Panel Drug Screen.
- ☐ Submit a copy a valid active health insurance card



Paramedic Program APPLICATION FOR ADMISSION

Applications will be accepted February 12, 2024 through April 12, 2024 for August 2024 admission.

Name: _____
LAST FIRST MIDDLE FORMER LAST NAME(S)

Current Address: _____
STREET CITY STATE ZIP

Current Phone: _____ Cell Phone: _____

Permanent Address: _____
STREET CITY STATE ZIP

E-mail Address: _____

Please check that you have completed the following requirements before application is submitted:

<input type="checkbox"/> Complete Kishwaukee College Application.	
<input type="checkbox"/> Submit High School Transcripts to Kishwaukee College.	
<input type="checkbox"/> Completion of Math placement or equivalent course with 'C' or better.	
<input type="checkbox"/> Completion of English placement or equivalent course with 'C' or better.	
<input type="checkbox"/> Three reference forms submitted	
<input type="checkbox"/> Complete Paramedic Application for Admission (this form)	
<input type="checkbox"/> Complete Formal Essay (essay questions listed on page 6)	
<input type="checkbox"/> Complete Essential Functions for Health Career Programs form (page 10)	
<input type="checkbox"/> Complete Medical History/Felony form (page 11-12)	
<input type="checkbox"/> Copy of EMT-B License	
<input type="checkbox"/> Copy of AHA Healthcare Provider CPR card	
<input type="checkbox"/> Copy of Valid Driver's License	

*Students who have completed all admission criteria will be considered for acceptance first.

**All other applications will be given consideration on a "space available" basis.

Submit Application, Essay, Essential Functions Form, Medical/Felony Form, copies of documents and any sealed reference envelopes in a sealed manila envelope to:

Kishwaukee EMS
 2727 Sycamore Rd Suite 1A
 Dekalb, IL 60115

OR

Submit via Email to Susan Lencioni at susan.lencioni@nm.org

HIGH SCHOOL: _____ Year completed: _____

H.S. EQUIVALENCY CERTIFICATE: _____ Year completed: _____

LIST ALL COLLEGES ATTENDED (Including Kishwaukee)

Date Attended

_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION LEVEL:

_____ EMT-B Completed at: _____ Year completed: _____

_____ Associate Degree Completed at: _____ Year completed: _____

_____ Bachelor's degree Completed at: _____ Year completed: _____

_____ Master's degree Completed at: _____ Year completed: _____

_____ Other: Type Completed at: _____ Year completed: _____

WORK EXPERIENCE:

Employer 1: _____ Dates: _____

Job Responsibilities: _____ Location: _____

Employer 2: _____ Dates: _____

Job Responsibilities: _____ Location: _____

REFERENCES: References that will be submitted must include at least one supervisor and/or one instructor. **Relatives and friends are not acceptable references.** All student references being submitted with application must be placed in a sealed envelope with the reference giver's signature across the seal. The reference giver may also mail the reference directly to the EMS program.

1. Name: _____ Phone: _____

☐ Supervisor

☐ Instructor

☐ Other

☐ Other: _____

2. Name: _____ Phone: _____

☐ Supervisor

☐ Instructor

☐ Other

☐ Other: _____

3. Name: _____ Phone: _____

☐ Supervisor

☐ Instructor

☐ Other

☐ Other: _____



Essential Functions for Health Career Programs

There are essential functions for admission and continuance in this program. Participants in health programs must possess the following functional abilities to provide safe and effective patient care.

MOTOR CAPABILITY	COMMUNICATION ABILITY
<ol style="list-style-type: none"> 1. Move from room to room and maneuver in small spaces. 2. Squat, crawl, bend/stoop, reach above shoulder level, use standing balance and climb stairs 3. Lift and carry up to 50 lbs., and exert up to 100 lbs. force or push/pull 4. Use hands repetitively; use manual dexterity; sufficient fine motor function 5. Must be able to walk and stand for extended periods of time 6. Perform CPR 7. Travel to and from academic and clinical externship sites 	<ol style="list-style-type: none"> 1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing 2. Effectively adapt communication for intended audience 3. Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds 4. Assume the role of a health care team member 5. Function effectively under supervision 6. Sufficient command of the English language in order to read and retrieve information from lectures, textbooks, as well as understand medical terminology 7. Must be computer literate
SENSORY CAPABILITY	BEHAVIORAL SKILLS AND PROFESSIONALISM
<ol style="list-style-type: none"> 1. Coordinate verbal and manual instruction 2. Auditory ability sufficient to hear verbal communication from clients and members of the health team; includes ability to respond to emergency signals 3. Discern soft sounds, such as those associated with taking a blood pressure 4. Visual acuity to acquire information from documents such as charts 5. Comfortable working in close physical proximity to patient 	<ol style="list-style-type: none"> 1. Follow policies and procedures required by academic and clinical settings 2. Adheres to Kishwaukee College Code of Conduct and Discipline (per College Catalog) 3. Abides by the guidelines set forth in the Health Information Portability and Accountability Act (HIPAA, i.e., the national privacy act)

I have read the Kishwaukee College Essential Functions for Health Career Programs. I attest I am able to meet this requirement to participate in the Paramedic Program.

Signature: _____ Date: _____

Print Full Name: _____ Student ID # _____



Paramedic Program Medical/Felony Form

Medical History

This form is to be completed by the student. A complete medical exam will be completed by a physician prior to entering the program. A physical form will be provided at that time.

Name: _____
Last, First Middle Previous

Address: _____
Street City, State Zip Code

Are you now or have you ever been diagnosed or treated for the following:

1. Mental Disorders: _____
2. Emotional Instability: _____
3. Alcohol or Other Substance Abuse: _____
4. Chronic Illness (i.e., heart disease, diabetes, hypertension, orthopedic problems, seizure disorders, etc.):

5. Physical Impairments: _____
6. Are you currently taking any medications and/or drugs? _____ If yes, please list medications and/or drugs along with frequency: _____
7. Do you consider yourself in good health: Physically? _____ Emotionally? _____ Mentally? _____

If no, for any of the above, please explain:

8. Do you have any limitations which could impact your performance in a clinical setting? _____
If yes, please explain: _____

Please provide any additional details you feel relevant to understanding the scope of your medical history:

The above-mentioned health problem has been confirmed and is being treated by my physician. I assume responsibility for following the physician's recommendations for treatment and/or limitation of activities. If such treatment or limitation prevents satisfactory completion of the course objectives, I understand that withdrawal from the course may be required.

Signature _____

Date _____

Felony and Misdemeanor Form

CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING

Kishwaukee College affiliating hospitals require criminal background checks and drug screens. It is the responsibility of the student to provide accurate information to the State of Illinois for the background check. Drug screening dates will be given to students at orientation. Reports of both background check and drug screen will be sent to the College and may be sent to affiliating hospitals.

Students with unfavorable background checks may not be able to do clinical rotations and will be required to withdraw from the Paramedic Program. Students with positive drug screens will be required to participate in appropriate drug counseling before a second drug screen is given. If a student has a positive drug screen, there is no guarantee that his/her slot will remain open for the semester admitted.

The Department of Professional Regulation asks for the following information on the Application. Providing fraudulent information for the below may be grounds for refusal to issue the license.

NOTE: You are not obligated to provide the following information at this time.

PART VI: Personal History Information (<i>This part must be completed by all applicants for licensure</i>)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>		
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

Any student who can answer YES to question #1 above is STRONGLY ENCOURAGED to submit a recent criminal background check with his/her application or upon initial meeting after acceptance. Information on where to get background check can be obtained from the Health Sciences Division Office, B1222.

By signing below, I certify that I have read and fully understand the above.

Signature _____

Date _____



Please evaluate this applicant on a scale of 1 to 5, with 5 being excellent. (N/O = Not Observed).	1 Poor	2	3 Average	4	5 Excellent	N/O
Emotional Stability						
Judgment						
Integrity/Honesty						
Punctuality/Dependability						
Adaptability/Flexibility						
Initiative (Leadership Ability)						
Communication Skills: Written						
Communication Skills: Verbal						
Interpersonal Relations						
Professional Attitude						
Motivation						

Organizational Skills						
Ability to work with others as a team member						
Accepts supervision						
Work Habits/Ethics						

- If an EMPLOYER, would you rehire? Yes _____ No _____
- If an INSTRUCTOR, would you ask this student to take another of your classes? Yes _____ No _____

Additional feedback or comments

Signature: _____ Date: _____

Printed Name: _____

Position/Affiliation: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

All student references must be placed in a sealed envelope.

If returning reference to applicant: Seal envelope, place signature across seal of envelope, and return to applicant.

If you prefer to mail reference directly, please mail to:

- Kishwaukee EMS - 2727 Sycamore Road Suite 1A - DeKalb, IL 60115
- Or by email: susan.lencioni@nm.org

