



## Paramedic Program 2026-2027

**CMC EMS SYSTEM**  
**801 S. Milwaukee Avenue/EMS Office**  
**Libertyville, IL 60048**  
**847-990-5309**

Dear Prospective Student,

This letter includes your application for the paramedic class sponsored by Advocate Condell Medical Center. The course will be held **Tuesday August 18<sup>th</sup>, 2026 – Tuesday June 22<sup>nd</sup>, 2027**. Classes will be held on **Tuesdays and Thursdays from 0900 until 1600**. The Condell Medical Center EMS System Paramedic Program is recognized as a CAAHEP accredited program. Graduates of this program will sit for the NREMT-Paramedic examination to be eligible for state licensure. Please note, the Condell EMS System Paramedic Program does not accept transfer of credits, credits for experiential learning, or advanced placement credits. All applicants must be dual enrolled in the Program as well as the institutional affiliate, the College of Lake County.

**Please submit your application packet *in pdf format* for processing to the Lead Instructor: John Worklan [john.worklan@aah.org](mailto:john.worklan@aah.org). Submit applications by **1200 on May 18<sup>th</sup>, 2026**. Applications will be processed on a first-come-first-served basis. All application submissions must include the following: (1) Resume (2) Copy of current driver's license or state ID (3) Copy of valid IL EMT License (4) Copy of NREMT certificate, if applicable (5) Copy of current AHA BLS for Healthcare Providers card or equivalent (6) Complete application (7) Proof of Bio 111 (or equivalent). Please call John at 847-990-5309 if you do not receive a confirmation email that we have received your application.**

We will contact you prior to May 20<sup>th</sup>, 2026 to set up an EMT competency exam (also utilized in the event of a waitlist) and pre-admission interview. Applicants must demonstrate minimally acceptable EMT knowledge through written pre-testing to be accepted into the paramedic class. Testing will be held June 1, 3, and 5<sup>th</sup> at Advocate Condell Medical Center.

### **Program Dates:**

- August 18, 2026- June 22, 2027
- Tuesdays and Thursdays 0900 – 1600 (some sim labs may be held other weekdays or 0800-1500)
- Clinicals and ride time scheduled by student on non-class hours (at least 200 clinical hours and 320 ride time hours)

### **Location:**

- EMS Classrooms, located on the lower level of Condell below the Emergency Department
- Clinical locations: Advocate Condell Medical Center, Alternative locations TBD.

### **Tuition:**

- \$5,000\* Those with tuition sponsored by a fire department: please call for information
- Includes Platinum Planner/EMS Testing accounts and one Program Polo
- Course tuition does not include textbooks, background check, urine drug screen, licensing/testing fees, or extensive damages to classroom/simulation equipment. Additional polos can be purchased at student's expense.



**ADVOCATE HEALTH**



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Acceptance letters will go out June 22<sup>nd</sup>, 2026. Please note: successful completion of program will involve a significant time commitment from the student.

**Upon Acceptance: Requirements and conditions for Admission:**

1. Copy of valid Illinois Driver's License. For ID and age verification. All applicants must be at least 18 years of age.
2. Active Illinois EMT license in good standing
3. Current AHA BLS for healthcare card or equivalent.
4. Proof of Bio 111 Anatomy and Physiology Human Form and Function course (or equivalent) – must have received a grade of C or better. Official transcripts must be forwarded to CLC. Contact CLC directly with questions on course equivalency. Must be completed before class starts on 8/18.
5. Registered College of Lake County student. If applicant is not currently a CLC student, please complete the college application at <https://www.clcillinois.edu/admission/become-a-student> prior to application submission. We will enroll students in the class.
6. Submission of completed application packet.
7. Proof of vaccination/immunity to hepatitis B, varicella, measles, mumps, rubella, tetanus and pertussis, influenza (given in class), and TB test. TB test must be dated after June 1, 2026.
8. Proof of health clearance by physical exam dated in 2026.
9. Urine drug screening.
10. Personal health insurance. Insured must be covered until at least June 30<sup>th</sup>, 2027.
11. Proof of affiliation with a fire department for completion of field requirements. We will assist independent students in obtaining field affiliation.
12. Proof of professional liability insurance. Healthcare Providers Service Organization can provide this coverage if not affiliated with the fire department you will be riding with. Website: [www.hpsso.com](http://www.hpsso.com)
13. You will be required to complete a Background Check through the College of Lake County at a cost to you and may be subject to further assessment by the riding EMS agency.
14. Transcripts (unofficial transcripts may be submitted with application) from highest level of education completed (high school diploma, Associate's, Bachelor's, etc.).
15. A \$500 deposit is due first night of class to hold your seat.
16. Required books:
  - a. Bledsoe's Paramedic Care: Principles and Practice, 6<sup>th</sup> edition.
  - b. Walraven's Basic Arrhythmias with 12-lead EKGs, 9<sup>th</sup> edition.

**Dress Code:** Students accepted into the program will be expected to wear a department uniform, or blue khaki work pants and Program sponsored polo in class, field, and all clinical experiences. A student ID Badge will be given to you the first week of class and needs to be always worn while on campus or when functioning in the capacity as a student (including field experience).

We look forward to meeting with you and assisting you with this challenging next step in your career. For any questions, contact Lead Instructor John Worklan at [John.Worklan@aah.org](mailto:John.Worklan@aah.org).



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Application

Name:	Date of birth:
Address:	Phone #:
Email:	Emergency contact:
EMT Training Site:	Year completed:
IDPH EMT License #:	Expiration:
National Registry License #:	Expiration:
Biology Requirement:	Date Completed/Scheduled to complete:
List below any college attendance (if applicable)	College degree earned (if applicable)
CLC Student ID:	
Current Employer:	
Current schedule:	
<p>Have you <b>applied &amp;/or attended</b> a paramedic program previously? If yes, attach additional paper with reasons for not attending or completing and where the program was.</p> <p><input type="checkbox"/> yes   <input type="checkbox"/> no</p>	
<p>Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> yes   <input type="checkbox"/> no</p>	
<p>I hereby affirm and declare that the foregoing statements are true and correct. I understand that false information or statements may be considered as sufficient cause for denial of entry and/or removal from the paramedic program.</p> <p>Signature:</p>	