

# Admissions Requirements for the Edward Hospital Paramedic Program Spring 2022

Please read this entire packet carefully and retain for your records

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**Paramedic I-II-III**  
**Fire 2278-2279-2280**

**THIS PACKET IS ONLY FOR STUDENTS INTERESTED IN  
EDWARD HOSPITAL**

**Beginning Spring 2022 through Fall 2022**

**Application deadline:**

**September 3, 2021 at 3 p.m.**

**Classes and clinicals run January 2022 through December 2022**

**PLEASE MAINTAIN A PERSONAL COPY OF THIS PACKET FOR FUTURE REFERENCE**

**Note:** Students are not accepted into this program until they have received an official acceptance letter from Edward Hospital EMSS. Completion of Health Requirements, CPR completion, criminal background checks, and proof of insurance is an independent activity to prepare for entrance into health programs at College of DuPage and/or participation in clinical sites within health programs. Funds paid to Edward Corporate Health or to a personal health care provider/source, [CastleBranch.com](http://CastleBranch.com), insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course is not successfully completed.

## **PROGRAM OVERVIEW**

College of DuPage (COD) offers Paramedic training through Central DuPage Hospital, Edward Hospital, Good Samaritan Hospital and Loyola University Medical Center Emergency Medical Services System (EMSS). These Paramedic training programs are currently utilizing the U.S. Department of Transportation's National Education Standards and are approved to offer Paramedic training by the Illinois Department of Public Health (IDPH).

The hospitals have been designated as Emergency Medical Services System resource hospitals by the State of Illinois. This designation specifies certain responsibilities in the delivery of pre-hospital care. Among these are the training and education of Paramedic personnel. Edward Hospital's Paramedic program starts in January of each year and is one year in length. Registration is through College of DuPage with classes and clinical rotations held at the hospital.

## **PROGRAM INFORMATION DISCLAIMER**

This program information packet is published for that purpose; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in the program information packet in accordance with the COD policies and procedures.

## **PROGRAM & COURSE DESCRIPTION**

The Paramedic Certificate Program is composed of three courses. The [certificate requirements](#) and [course descriptions](#) for the Paramedic program can be found in the Course Catalog under the Fire Science discipline.

## **ATTENDANCE**

Class attendance is **mandatory**. Students are expected to arrive at class on time and not leave early. Unexpected or unforeseen circumstances can be discussed with the Program Director. Students who know in advance that they are going to be late or miss classes must notify their instructor. Paramedic program students can miss only a certain number of classes to still be eligible to sit for certification exams. Students must also maintain a minimum of 80% on each exam, practical, and clinical rotation to remain in the Paramedic program.

## **TEXTBOOKS**

Books will be discussed at orientation. Students will be required to purchase books prior to the first day of class. In addition to the textbook, there will be several online learning tools utilized both in the classroom and independently. In the best interest of the student, the recommendation is for each student to have the ability to bring their own computer, laptop, or tablet with wireless capabilities into the classroom.

## **UNIFORM POLICY**

Edward Hospital Paramedic Program requires the student to wear a paramedic program uniform and will discuss the uniform policy at orientation.

## **TUITION/FEES/FINANCIAL AID**

The paramedic program consists of 36 semester hours of college credit at the [prevailing tuition rate](#). In addition to the tuition, there will be a non-refundable lab fee payable to Edward Hospital. This will be discussed at orientation. College of DuPage payment policy states payment will be due immediately following registration. If you are unable to pay the amount in full, you must sign up for the payment plan offered by the college. If you are expecting financial aid or other assistance, you may be able to sign up for a deferred payment plan. If you have questions regarding the payment plan or the payment policy, please contact the Cashier's office at (630) 942-2206. The College of DuPage reserves the right to drop students for non-payment of tuition.

Financial Aid is available to any eligible student enrolled in the college for six or more eligible credits. Grants, loans, on-campus employment, veteran's grants and scholarships are aid options available to help students meet their education expenses. If you are planning on applying for financial aid and have not already done so, please

[visit our website](#) or contact the Financial Aid office at (630) 942-2251. It can take 6-8 weeks for processing, so if you have not already completed your [FAFSA form](#) you may need to sign up for the standard payment plan and be reimbursed once your financial aid is processed.

If you are a veteran and are planning to use veteran's benefits, please [visit our website](#) and the [United States Department of Veteran's Affairs](#)

If a company will be paying for your tuition or you have a chargeback agreement from another community college, please [download our Third Party Billing/Chargeback form](#) or speak with a representative at (630) 942-2377.

Students enrolled in the Paramedic program needing to verify full-time status (medical or insurance) are considered full time students. To receive a letter stating full-time status, visit the Records office (SRC 2015). A request form needs to be completed. There is a \$5 processing fee for this request, payable by cash or check. This request takes five to 10 days to process. For additional questions, call (630) 942-2431 or (630) 942-3022.

### **NON-DISCRIMINATION STATEMENT**

The College prohibits discrimination in its admissions, employment, and educational programs or activities on the basis of race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, arrest record, military status or unfavorable military discharge, citizenship status, and physical or mental disability. The College will protect an individual's right to express their viewpoint or opinion, so long as it does not violate State or Federal law and is not detrimental to the College.

This Policy against discrimination applies throughout all College environments, whether on campus, at work assignments off campus, at College-sponsored social functions, or otherwise.

Procedures to facilitate the College's prohibition of discrimination will be promulgated consistent with the Policy. (Board Policy 20-5).

### **STUDENT E-MAIL POLICY**

College of DuPage will send all official communications to you through your official COD email (dupage.edu). You will no longer be able to use a preferred email account. You do have the option to forward these communications to a personal email account if you wish.

Check out your COD email to get the message about:

- Official COD communications
- Financial aid communications
- Petition to graduate
- Transfer credit evaluation
- Prerequisite proof Sensitive
- FERPA-related communications
- Transcript order Important messages from instructors

[https://cod.edu/student\\_life/resources/information\\_technology/email/email-policy.aspx](https://cod.edu/student_life/resources/information_technology/email/email-policy.aspx)

## **CRIMINAL BACKGROUND CHECK INFORMATION**

All health care workers and student health care workers are required to undergo a criminal background check in order to work in a clinical setting. A student with a positive background check containing disqualifying conditions as defined by Federal and State law will not be allowed to enter the clinical portion of the program. A student with a positive background check containing disqualifying conditions as defined by Illinois State Law ([225ILCS46/25](#)) and 77 Ill Adm. Code 955 Section [955.160](#) will not be allowed to enter the clinical portion of this program, thus preventing the student from obtaining mandated certification and/or licensure.

**NOTE: You may have been convicted and not sent to jail.** People are often fined or given probation or conditional discharge rather than jail time, but these are still considered convictions. If you are unsure as to whether an arrest resulted in a conviction, contact the county in which you were arrested and speak to a representative in the Circuit Clerk's office, State's Attorney's office or your attorney.

**Criminal background checks only need to be completed once accepted into the Paramedic program.**

## **MISCELLANEOUS INFORMATION**

For additional information about any programs at COD, consult the college *Catalog*, the *Class Schedule*, or visit [www.cod.edu](http://www.cod.edu). For questions specifically concerning the [Paramedic program](#), contact the Fire Science Program Manager at (630) 942-2107.

## **POLICY FOR PROFESSIONAL CONDUCT AT CLINICAL SITES**

Please visit the College of DuPage Health and Science Programs Policy for Professional Conduct Policy at <https://www.cod.edu/academics/programs/fire/resources.aspx>

## **HEALTH REQUIREMENTS**

Once accepted into the Paramedic program, the student will be required to meet the health requirements (including mandatory immunizations) of the program prior to the first day of class. Flu immunization will be required in the fall when it becomes available. Failure or inability to follow health requirement procedures will disqualify the student from participation in the program. **Details to follow once you are accepted. Please do not complete these requirements until instructed to do so.** Students are responsible for all costs involved. Health insurance is required during the program and may be available through the college.

## **ACCREDITATION**

The Edward Hospital Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

To contact CAAHEP:  
9355 - 113th St. N, #7709  
Seminole, FL 33775  
727-210-2350  
[www.caahep.org](http://www.caahep.org)

To contact CoAEMSP:  
8301 Lakeview Parkway Suite 111-312  
Rowlett, TX 75088  
214-703-8445  
FAX 214-703-8892  
[www.coaemsp.org](http://www.coaemsp.org)

## **FUNCTIONAL JOB DESCRIPTION – PARAMEDIC**

### **Qualifications**

To qualify for EMS certification or licensure an individual must successfully complete a State approved course and achieve competency in each of the psychomotor skills. In addition, the individual must achieve a passing score on the National Registry of EMT's (NREMT) licensure examination.

EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. EMS personnel must have ability to:

- Communicate verbally via telephone and radio equipment
- Lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Interpret written, oral and diagnostic form instructions
- Use good judgment and remain calm in high-stress situations
- Work effectively in an environment with loud noises and flashing lights
- Function efficiently throughout an entire work shift
- Calculate weight and volume ratios and read small print, both under life threatening time constraints
- Read and understand English language manuals and road maps
- Accurately discern street signs and address numbers; ability to interview patient, family members and bystanders
- Document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Converse in English with coworkers and hospital staff as to status of patient

EMS personnel should possess good manual dexterity, with ability to perform all related tasks to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

### **Description of Tasks**

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as (but not limited to) defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observes patient en route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.

- Moves the patient into the emergency facility from the ambulance. Reports verbally and in writing concerning observations about the patient, patient care at the scene and en route to facility, provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

### **STANDARD SKILLS IN HEALTH CARE PROGRAMS**

To participate in the clinical education portion of any health career programs at College of DuPage that involves direct patient care, the applicant must possess additional non-academic skills. These occupational standards are consistent with the duties of the entry-level professional in that field and are set by the individual program. These skills protect the health and well-being of patients and may include, but are not limited to, the ability to:

- Lift and carry 30 pounds of weight
- Lift and transfer patients to and from wheel chairs, stretchers, beds and tables
- Move, adjust and manipulate equipment. Manipulate necessary hospital equipment for patient care, such as dials, switches, push buttons and keyboards. Position patients for exams.
- Respond appropriately to sounds such as the patient's voice and movements at a normal conversational volume. Respond appropriately to equipment signals such as sound and light.
- Perform for a prolonged period without breaks in a typical shift of eight hours
- Communicate orally and in writing with patients, doctors and other personnel clearly and effectively
- Follow verbal and written directions

Students who are unsure if they can meet any/all of these requirements should speak to a program faculty member.

March 31, 2021

Dear Applicant:

Thank you for your interest in the Edward Hospital Emergency Medical Services System's Paramedic Education Program. We would like to take this time to wish everyone the best of luck during this very competitive application process.

There is a great deal of information within this application packet. It is imperative that you take your time to fully read all of the directions. **All applications and required documents must be emailed to [emsrequirements@cod.edu](mailto:emsrequirements@cod.edu) by 3:00 PM local time on September 3, 2021.**

The second component of the application process is the mandatory written exam, which will be offered on:

**Friday, September 10<sup>th</sup>, 2021 at Edward Hospital, 801 S Washington St, Naperville IL – Education Center, Auditorium (3<sup>rd</sup> floor.) Registration opens at 9:00 AM and the test begins promptly at 9:30 AM.**

*In order to take the exam, you will be required to pay a \$30 nonrefundable testing fee on the day of the exam. Payments must be in the form of Cash, Money Order or Certified Check (made payable to Edward Hospital EMS).*

The test is a 100 question general knowledge EMT exam. **In order to proceed with the application process, you must score an 80% or above on the written exam.**

The third component of the application process is an oral interview. Applicants will be assigned a date and time for their interviews. Shortly after the interview process, a decision will be made as to who is accepted into the program. Edward Hospital will only select up to 16 students for the 2022 program.

Again, everyone in the EMS office would like to wish you the best of luck. If you have any questions, please feel free to contact me at (630) 527-3341. Thanks!

Sincerely,



Robert Kocolowski, BS, Paramedic  
Paramedic Education Coordinator  
Emergency Medical Services  
Edward Hospital  
(630) 527-3341  
[Robert.Kocolowski@eehealth.org](mailto:Robert.Kocolowski@eehealth.org)

## **EDWARD HOSPITAL PROGRAM PREREQUISITES**

In order to qualify for a position within the Edward Hospital Paramedic Education Program, the applicant must:

1. Be at least 18 years old
2. Provide a copy of a Current State of Illinois (IDPH) License as an Emergency Medical Technician (or proof of passing the National Registry of EMT's Certification Exam).
3. Provide transcripts from highest level of education completed (high school, associates, bachelor's, etc.)
4. Provide a copy of a current Healthcare Provider CPR card
5. Provide a copy of a Health Insurance Card
6. Provide a copy of a Valid Driver's License
7. Have completed a college Anatomy & Physiology course (COD Anatomy 1500 or 1551/1571 **and** 1552/1572 or transfer equivalency) with a grade of 'C' or better within the last 10 years. **(see statement below)**.
8. **\*\*Have completed Biomedical Terminology course (COD HLTHS 1110 or transfer equivalency) with a grade of "C" or better within the last 10 years. (see statement below)**
9. Submit three (3) Recommendation Forms (not from family or relatives) with the application (pages 15-16)
10. Pass the Entrance Exam with an 80% or higher
11. Complete the oral interview process

\*Submit copies of the above along with the completed application by the application deadline to the designated offices as described in the Application Steps on pages 9-10.

**\*Students currently enrolled in courses listed in items #7 & #8 above are strongly encouraged to apply. First consideration will be to those students who have completed the courses, but other strong candidates currently completing the courses may still be considered for the program.**

**\*\*Due to the COVID-19 Pandemic, we understand that these course offerings may have been greatly reduced or not offered due to college institutions limiting the amount of in-person classes. Therefore, these requirements are being waived as "Pre-Requisites" for the 2022 program. However, if one or both of these courses are available during the Summer or Fall 2021 terms, students are strongly encouraged to complete them if possible.**

### **Notes**

- If selected into Edward Hospital's Paramedic Education Program, the student will be responsible to: complete mandatory health requirements, apply for a background check, purchase textbooks and obtain uniforms for the program.
- If the student successfully completes the Edward Hospital Paramedic Education Program, they will be eligible to test for National Registry of EMT's (NREMT) Certification, and upon successful completion, apply for State of Illinois Licensure. The student is responsible for all fees and scheduling associated with these processes.



## **PARAMEDIC APPLICATION STEPS:**

***It is the applicant's responsibility to ensure that all material listed below have been completed and received by 3 pm on **September 3, 2021**. Please retain a copy of this packet for your records.***

- \_\_\_\_\_ 1. Register to attend a highly recommended **Paramedic [Information Session](#)**.
  
- \_\_\_\_\_ 2. If you have not been admitted to College of DuPage, please complete the **non-refundable \$20 [College of DuPage General Admissions Application](#)** online. **This application is for general admissions to College of DuPage only; it is not an application to the Limited Enrollment Paramedic program.**
  
- \_\_\_\_\_ 3. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended. Immediately:
  - a. Submit your official transcript(s) to **College of DuPage, [Office of Student Records](#)**. ***If College of DuPage is the only institution you have attended, you do not need to request official transcripts.***
  
  - b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website [http://cod.edu/registration/records/trans\\_eval\\_listing.aspx](http://cod.edu/registration/records/trans_eval_listing.aspx) for details.

- \_\_\_\_\_ 4. Complete the **non-refundable \$25 [Paramedic Program Limited Enrollment Application](#)** online.
  - Log into MyAccess for Students
  - Near the bottom of the MyAccess Student Menu/Screen, locate Health Careers Applications
  - Then select Fire Science Applications
  - Agree to Statement of Understanding
  - Confirm Demographic Information
  - Select Paramedic Certificate for the program you are applying for
  - Term: Spring 2022
  - Select Edward Hospital as program
  - Be sure to complete process and submit payment

**Once term is selected and application submitted, you may not change the term or program.**

***If you do not have a credit card, you can purchase a prepaid credit card from your local retailer***

\_\_\_\_\_ 5. **Scan ALL Documents (no photos please)** listed below and email as a single PDF and attach to an email to: [emsrequirements@cod.edu](mailto:emsrequirements@cod.edu). **DO NOT** send links to shared drives such as Google Docs, and **DO NOT** submit photos. Scan and email as a single PDF by the application deadline of **September 3, 2021 at 3 p.m.**

- **Completed Edward Application found on pages 11 through 13 of this packet**
- **Completed FERPA release form found on page 17 of this packet. This document is REQUIRED to process your application and send your information to Edward Hospital.**
- **Copy of each of the following:**
  - **National Registry or State of Illinois EMT-B license**
  - **Current Healthcare Provider CPR Card**
  - **Health Insurance Card**
  - **Valid Driver's License**
  - **3 Recommendation Forms; not from family or relatives (pages 15-16)**

**DO NOT** submit any transcripts to this office along with your application (see directions in step 3)

Your name will be added to the applicant list and forwarded to Edward Hospital. Once testing is completed, Edward Hospital will provide an approved class list to COD. Only students on the approved list will be allowed to register. Approved students will receive an email regarding the registration process to their [dupage.edu](mailto:dupage.edu) e-mail address.

**NOTE:** If you have been accepted into another Paramedic program prior to the application deadline; please e-mail [emsrequirements@cod.edu](mailto:emsrequirements@cod.edu) to withdraw your application. You will not receive a refund for the \$25 paramedic program application and this request is asking that you be removed from further considered for any and all programs you have applied for.

\*It is the responsibility of the applicant to verify that all items are submitted & completed. Should you have specific questions related to the above items, please contact the paramedic program coordinator listed on page 7.

***"All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports."***

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the \$25 non-refundable paramedic program application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

**EDWARD HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM  
PARAMEDIC EDUCATION PROGRAM**

**PARAMEDIC ENROLLMENT APPLICATION**

***Personal Information***

Last Name:	First Name:	Middle Name:
Address:		Apartment/Unit #:
City:	State:	Zip:
Home Phone: (     )		Cell Phone: (     )
Email Address:		
Date of Birth:	Social Security #:	COD Student ID #:
Have you ever been known by another name?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:

***Emergency Medical Technician Information***

Current Level of Licensure or Certification:	State of Licensure or Certification:
State EMT Number:	Expiration Date: (Must be valid throughout entire course):
National Registry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:
CPR Certification <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Instructor or Trainer	Expiration Date: (Must be valid throughout entire course):
Have you ever applied to a paramedic education program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?:	
Have you ever attended a paramedic education program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?:	
What was the reason for dismissal from the paramedic education program?	
List all EMT-B experience including dates and time involved:	

## Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain:		

## Education

<b>High School:</b>	Address:
From: To:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
<b>College:</b>	Address:
From: To:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
<b>EMT Training:</b>	Address:
From: To:	Additional Certifications:
<b>Other Training:</b>	Address:
From: To:	Certifications:

## Employment Background

Present Employer:	Description of Duties:	
Address:		
City:	State:	Zip:
Name of Supervisor:	Phone: ( )	
Dates of Employment:	Reason for Leaving:	

## Employment #2

Present Employer:	Description of Duties:	
Address:		
City:	State:	Zip:
Name of Supervisor:	Phone: ( )	
Dates of Employment:	Reason for Leaving:	

### Employment #3

Present Employer:		Description of Duties:	
Address:			
City:		State:	Zip:
Name of Supervisor:		Phone: (     )	
Dates of Employment:		Reason for Leaving:	

### Criminal Background

Have you ever been convicted of a crime?:  Yes  No

If Yes, give details:

### Emergency Notification Information

Last Name:		First Name:	
Address:		Apartment/Unit #:	
City:		State:	Zip:
Home Phone: (     )	Cell Phone: (     )	Relationship:	

### Physician Information

Last Name:		First Name:	
Address:		Suite #:	
City:		State:	Zip:
Office Phone: (     )		Office Fax Number: (     )	

*The Edward Hospital Paramedic Education Program endorses the principle of equal educational opportunities for all people, regardless of race, color, sex, religion, ancestry, national origin, sexual orientation, age, or non-job-related disability. Furthermore, Edward Hospital Paramedic Education Program does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, sexual orientation, age, or non-job-related disability as part of our program.*

**EDWARD HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM  
PARAMEDIC EDUCATION PROGRAM**

**Required Documents Checklist**

Please provide the following scanned documents and this check sheet with your application by September 3, 2021 at 3pm local time to [emsrequirements@cod.edu](mailto:emsrequirements@cod.edu)

- Copy of your valid National Registry or Illinois EMT license
- Copy of a valid Healthcare Provider CPR Card
- Copy of a valid State Driver's License
- Copy of a valid Health Insurance Card
- Three (3) Recommendation Forms, not from family or relatives (pages 15-16)
- FERPA Release Form

**College of DuPage Edward Paramedic Program  
Student Recommendation Form**

**Must be received by [emsrequirements@cod.edu](mailto:emsrequirements@cod.edu) prior to September 3, 2021 at 3pm**

**Section A: Must Be Completed By Applicant**

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign: \_\_\_\_\_ I waive my right of access to this recommendation

\_\_\_\_\_ I do not waive my right of access to this recommendation

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

**Section B: Must be completed by applicant's instructor or employer. Please proceed only if Section A has been completed and signed by the applicant.**

The above individual is applying for admission to the Edward Paramedic Program. The Paramedic program requires the completion of **three (3) recommendation forms**. **Recommendation forms completed by friends or relatives of the applicant are unacceptable.** Please rate the applicant on the following characteristics by checking the appropriate boxes.

	5	4	3	0	0	0
	Outstanding	Excellent	Good	Fair	Poor	Unable to Assess
Academic Ability						
Clinical Ability						
Written Language Skills						
Oral Language Skills						
Maturity						
Respect for Others						
Motivation						
Dependability						
Punctuality						
Critical Thinking						
Kinesthetic Awareness						
Leadership						

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (i.e. instructor, clinical supervisor) \_\_\_\_\_

How well do you know the applicant? (Please check one)

very well  
 fairly well  
 not very well

What do you feel are the applicant's strengths?

What do you feel are the applicant's weaknesses?

**Summary of Recommendation** (please check one)

Recommend as outstanding  
 Recommend very highly  
 Recommend  
 Recommend with reservation  
 Do not recommend

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution or Facility: \_\_\_\_\_

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

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

Return completed form along with application packet to:  
[emsrequirements@cod.edu](mailto:emsrequirements@cod.edu) by September 3, 2021 3pm local time.  
(Page 2 of 2)



**College of DuPage  
Paramedic Program Application  
FERPA Release Form**

College of DuPage, in compliance with the Family Educational Rights and Privacy Act (FERPA), is required to protect the privacy of student education Records the College cannot disclose non-directory or personally identifiable information to a third party without the student's written consent.

I hereby authorize College of DuPage to notify the partner hospitals i.e. Advocate Good Samaritan Hospital, Central DuPage Hospital/Cadence Health, Edward Hospital, or Loyola University Medical Center, of my intent to pursue the paramedic program indicated above, and upon my application, to release details of my educational records for the purpose of admission consideration. Educational records may include, but are not limited to, College of DuPage transcripts and transcripts from previously attended institutions.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
COD ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date