

EMERGENCY MEDICAL SERVICES PARAMEDIC TRAINING

Dear Applicant:

Attached you will find an Information Bulletin and an Application. Please complete the application and return to:

**City Colleges of Chicago
Office of Student Development
226 West Jackson Blvd. – 9th Floor
Chicago, Illinois 60606**

We look forward to working with you and thank you for your interest in the City Colleges of Chicago.

Sincerely,



**Cynthia D. Armster, Associate Vice Chancellor
Student Affairs**

CDA:gb

EMERGENCY MEDICAL SERVICES PARAMEDIC TRAINING

INFORMATION BULLETIN

COLLEGE CREDIT FOR EMERGENCY MEDICAL SERVICES TRAINING

You can earn college credit at the City Colleges of Chicago based on the Emergency Medical Services (EMS) training you have completed. In order to conduct the evaluation, the following documents must be sent to this office:

<u>COURSE</u>	<u>CR. HRS.</u>	<u>DOCUMENTS REQUIRED FOR CREDIT</u>
<u>CATEGORY 1 – EMT Level \$60.00 (Fee)</u>		
EMS 101	6	<ol style="list-style-type: none"> 1. Letter or official transcript from training hospital, agency or college indicating grade and verification that program met DOT curriculum standards. -AND- 2. Current Illinois or National Registry EMT license. 3. Current CPR certification (AHA or ARC) <p style="text-align: center;">-OR-</p> <ol style="list-style-type: none"> 1. Current Illinois or National Registry Paramedic license. 2. Current CPR certification (AHA or ARC).

CATEGORY II – Paramedic Course Level \$60.00 (Fee)

EMS 221	9	<ol style="list-style-type: none"> 1. Current Illinois or National Registry Paramedic License. 2. Documentation from EMT system verifying initial training and continuing education which meets the current National DOT curriculum adopted by this program in 2003. 3. Documentation of 160 hours of clinical time over the past four years.
EMS 222	5	
EMS 223	9	
EMS 224	5	

College Credit for Emergency Medical Services Training (Cont.)**CATEGORY III – Paramedic Internship \$60.00 (Fee)**

EMS 227	6	<ul style="list-style-type: none"> - Current Illinois or National Registry Paramedic license. - Verification of over 504 hours working as a paramedic on an ALS ambulance provider. - A letter of good standing for current EMS system. - BTLS certification.
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All items in each category **must** be submitted to conduct the evaluation. There is a \$60.00 evaluation fee, payable by **MONEY ORDER ONLY**, for each category.

PLEASE NOTE: Although you may request an evaluation of your training upon enrollment, Such credit will be placed on your record once you have successfully completed one course at the City Colleges of Chicago extra credits program. City Colleges of Chicago requires a minimum of 15 credit hours be earned in residency at the college from which your are requesting the certificate or degree.

**AN APPLICATION FORM IS ATTACHED
PLEASE COMPLETE AND RETURN WITH FEE TO:**

City Colleges of Chicago
Student Affairs/Office of Student Development
226 W. Jackson Blvd. – 9th Floor
Chicago, Illinois 60606
(312) 553-3363

CDA:gb

COLLEGES OF CHICAGO

CREDIT BY ASSESSMENT – PARAMEDIC TRAINING

APPLICATION FORM

**NOTE: ALL ITEMS ON THIS APPLICATION FORM MUST BE COMPLETED
PLEASE READ ALL ITEMS ON THE REVERSE SIDE CAREFULLY.**

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
SOC. SEC.# _____ () _____ ()
_____ DAY PHONE _____ EVENING PHONE

INDICATE YOUR CURRENT STATUS: (CHECK ONLY ONE)

_____ Currently Enrolled _____ Formerly Enrolled _____ Will Enroll

AT WHICH OF THE CITY COLLEGES OF CHICAGO ARE YOU CURRENTLY OR FORMERLY ENROLLED.

___ Daley ___ Malcolm X ___ Wright ___ Kennedy-King
___ Olive Harvey ___ Harold Washington ___ Truman

PROCEDURES:

Documentation is to be submitted verifying previous paramedic training and practical experience. (See Information Bulletin)

To be acceptable, the learning must approximate the standards of the National DOT Paramedic Curriculum.

There is a \$60.00 per category non-refundable fee to be submitted with this application **(Money order only)**

PLEASE NOTE: City Colleges of Chicago requires a minimum of 15 credit hours be earned in residency at the college from which you are requesting the certificate or degree.

I have read the Information Bulletin plus both sides of this application and understand the requirements of the City Colleges of Chicago Credit by Assessment Program.

Date _____ Your signature is required: _____

(BE SURE TO READ OTHER SIDE)

TO THE STUDENT

In order to qualify for the Credit by Assessment program offered by the Chicago City College, you must be a City Colleges of Chicago student.

Complete all items of the application form on the reverse side. **BE SURE TO INDICATE YOUR SOCIAL SECURITY NUMBER.** If all information is not completed, the application will be returned to you for completion.

Enclosed MONEY ORDER ONLY, payable to the **City Colleges of Chicago** for the total fee. Personal checks are not accepted.

The City Colleges of Chicago requires a minimum of 15 credit hours earned residency at the college from which you are requesting the certificate or degree.

Mail completed application form, documents, and fee to:

CITY COLLEGES OF CHICAGO
OFFICE OF STUDENT DEVELOPMENT
226 WEST JACKSON BLVD. 9TH FLOOR
CHICAGO, ILLINOIS 60606

When the assessment is completed, the credits awarded will be forwarded to your CCC campus of enrollment and a copy will be sent to you.

It is the student's responsibility to determine if Credit by Assessment is accepted at the school of his or her choice if the intent is to transfer at a later date.

(BE SURE TO READ THE REVERSE SIDE)

CDA:gb