Moraine Valley Community College Paramedic Program APPLICATION

APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE SUBMITTED IN A MANILLA ENVELOPE TO THE MAILBOX OUTSIDE ROOM T-953 ON THE MV Main CAMPUS

NO LATER THAN September 4, 2026, at 1700 hours.

Please print clearly, using a black pen.

APPLICANT INFORMATION	
Name:	**Phone#:**
Address:	**DOB:**
City:	
State:	**County:**
Email Address:	

EMPLOYMENT

Current/Past Employer:	**Dates of employment:**
Address:	**City, State:**
Occupation:	**Duties:**
Current/Past Employer:	**Dates of employment:**
Address:	**City, State:**
Occupation:	**Duties:**
Current/Past Employer:	**Dates of employment:**
Address:	**City, State:**
Occupation:	**Duties:**
Current/Past Employer:	**Dates of employment:**
Address:	**City, State:**
Occupation:	**Duties:**

EDUCATION

High School:
Undergraduate:
Graduate:
Other:

MILITARY EXPERIENCE
Branch:
Years of Service:
EMT-B INFORMATION
Training Site:
Date Completed:
Please list any experience working as an EMT-B and dates of service:
PREVIOUS PARAMEDIC EDUCATION
Have you attended a previous Paramedic Program?
If yes, what program did you attend? What dates did you attend? And describe why you left:

I hereby affirm and declare that the information supplied in this entire application package is true. I acknowledge that any intentional false information will result in the termination of my application at the Moraine Valley Paramedic Program.

_____ _____

Applicant Signature Date

_____

Printed Name

MVCC Paramedic Program

Preference points request form

Preference points will be awarded to the applicants with proper proof and documentation. These points will be added to your cumulative, didactive, and psychomotor entrance exams.

Check the box or boxes that apply to you:

	4 POINTS	Awarded to Veterans of military service (*must submit copy of DD214*)
	3 POINTS	Awarded to Fulltime Firefighters at a precepting department*
	********	Verification form must be completed **by employer** and submitted with this form.
	OR	
	2 POINTS	Awarded to an applicant sponsored by a Fire Department or a private ambulance service that is an approved precepting department*
	********	Verification form must be completed **by employer** and submitted with this form.
	1 POINT	Awarded to an applicant with 6 months or more experience doing one of the following: • Working on an ambulance • Working on a Fire Department • Working as an ER Technician
	********	Verification form must be completed **by employer** and submitted with this form.
	1 POINT	Awarded to an applicant who successfully completed the MVCC EMT-B program: Completion date: _____
	1 POINT	Awarded to an applicant who successfully completed the MVCC Fire Academy Completion date: _____
	TOTAL	***Total preference points requested (10 maximum)***

_____

Signature and Date

MVCC Paramedic Program

Preference points verification form

I hereby certify that _____ meets the following:
APPLICANT NAME

Mark the box that best applies to the applicant:

	Currently employed as a Fulltime Firefighter with our MVCC precepting agency:
	Name of agency:
	Currently employed in a position other than Fulltime Firefighter with our agency or sponsored by our MVCC precepting agency:
	Name of agency:
	Has 6 months or more of experience doing one of the following:
	• Working on an ambulance
	• Working on a Fire Department
	• Working as an ER technician
	Name of agency:

_____ _____
Supervisor's printed name Supervisor's title

_____ _____
Supervisor's signature Date

_____ _____
Supervisor's Email address Supervisor's Phone Number

PARAMEDIC APPLICATION STEPS:

It is the applicant's responsibility to ensure that all material listed below has been completed and submitted in a manilla envelope to the mailbox located outside room T-953 on the Moraine Valley Campus NO LATER THAN September 4, 2026 @ 1700 hours.

Please retain a copy of this packet for your records.

To be eligible for the 2027 Paramedic Program, complete applications must be submitted, including all the following items:

REQUIRED DOCUMENTS

- ❑ Completed Moraine Valley Paramedic Application (all 4 pages must be submitted)
- ❑ State of Illinois EMT license (if pending, proof of passing NREMT exam letter)
- ❑ Current American Heart Association Basic Life Support CPR Card
- ❑ Health Insurance Card
  - ☐ With applicant's name listed or proof of insurance document
- ❑ Valid Driver's License
- ❑ High School Transcripts/GED
- ❑ Transcripts showing any higher education you have received
  - ☐ Transcripts must be enclosed with your application. DO NOT send transcripts to the registrar's office for the purposes of the application.
  - ☐ If you have attended MVCC, you will still need to submit your transcripts with your application.
- ❑ One page Autobiography stating why you want to be a Paramedic
- ❑ A personal picture of the applicant.
  - ☐ Pictures of identification cards such as employee ID, driver's license, and passport will not be accepted.
- ❑ Two letters of recommendation
  - ☐ One personal and one professional
    - Letter of recommendation from family members will not be accepted.
- ❑ Provide proof of military service, DD214, if applicable
- ❑ Preference Points Request Form
- ❑ Preference Points Verification Form
  - ☐ If you are requesting preference points for your current employment and/or experience, you must have your verification form completed by your employer.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.