



Dear Applicant:

Thank you for your interest in the Loyola University Medical Center Emergency Medical Services Emergency Medical Technician (EMT) Program. This 196-hour course meets and exceeds the requirements of the US DOT National EMS Education Standards (2009) and NHTSA National EMS Scope of Practice Model (2007) for EMS instruction. Upon successful completion of the course of studies, Loyola EMT candidates are eligible to challenge the National Registry examination for EMTs to gain their licensure as an EMT-Basic by the State of Illinois.

Loyola EMS will conduct its next EMT Program from **September 22nd, 2025 through December 19<sup>th</sup> 2025**. Classes will be held every Monday, Wednesday, and Friday evening from 5:00 pm to 9:00 pm in the EMS classroom at Loyola University Medical Center. Tuition for the course is \$1,000 plus a \$500 non-refundable deposit. This includes all textbooks, lab fees, and a clinical uniform shirt (students are responsible for parking and licensing exam fees). **Scholarship opportunities may be available to qualifying students.**

The following application materials are required for admission into the LUMC EMS EMT Program and **must be submitted to the Loyola EMS office on or before 12:00 noon on Friday September 18<sup>th</sup>**. Frequently, the class is filled prior to the deadline. It is recommended that you submit your application as soon as possible.

**Classes will be held in-person at Loyola University Medical Center in Maywood.**

**Requirements:**

- ☐ Proof of age – minimum of 18 years of age
- ☐ Copy of high school diploma or equivalency
- ☐ Completed Application form
- ☐ Completed Essay form
- ☐ Copy of a current American Heart Association ***BLS Healthcare Provider*** CPR card
- ☐ Criminal background check (**students are responsible for background check, will have an additional cost of \$55.00. Information will be given by Program Coordinator upon acceptance to the program**)
- ☐ Drug screen (**students are responsible for the drug screen, will have an additional cost of \$39.00. Information will be given by Program Coordinator upon acceptance to the program**)
- ☐ Immunization Form (**Completion of Immunizations is Mandatory**)
- ☐ Copy of personal health insurance card (upon acceptance into program)
- ☐ \$500.00 non-refundable deposit

Please feel free to contact the EMS office 708.327.2547 or myself at [Joanna.Munguia@luhs.org](mailto:Joanna.Munguia@luhs.org) if you have any questions regarding the application process or any of our educational programs.

Sincerely,

Joanna Munguia, EMT-P  
EMT Course Coordinator  
Loyola University Medical Center



LOYOLA UNIVERSITY MEDICAL CENTER  
EMT Program  
2025 Application



Name

(Last)

(First)

(Middle Initial)

Social Security Number

Residence Address

Primary Phone Number

City

State

Zip

Alternate Phone Number

E-mail Address

Are you at least 18 years of age?

Yes

No

Date of Birth

Emergency Contact Person Name

Emergency Contact Phone Number

EDUCATION

Do you have a ☐ high school diploma or

☐ GED certificate?

Date Received

Name of high school attended

City/State

Name of college attended

City/State

Highest grade completed in school

EMPLOYMENT

Employer

City/State

Job Title

Duties/Responsibilities

Length of Employment

PERSONAL BACKGROUND

Have you ever been convicted of a Disqualifying Offense as listed in IDPH Administrative Code 955.160\*?

\*Accessed at <http://www.idph.state.il.us/nar/disconvictions.htm>

☐ No ☐ Yes

If yes, please explain, giving dates, details and dispositions.

**Applicant Authorization and Certification:** I authorize the Loyola University Medical Center EMT Program and its agents to obtain any information relating to the facts provided in the application from schools, employers, criminal justice agencies and other individuals. I certify that the statements herein are true to the best of my knowledge.

Signature

Date



**2025**  
APPLICATION ESSAY

In the space below, please type in 150 words or less your answer to: ***Why I want to become an EMT:***