

CREIGHTON UNIVERSITY- ADVANCED MEDICAL TRANSPORT OF CENTRAL ILLINOIS PARAMEDIC CONSORTIUM

Dear Prospective Student,

Thank you for expressing your interest in the Creighton University- Advanced Medical Transport of Central Illinois Paramedic Program. We are excited announce that applications for admission into the 2026 – 2027 class are now being accepted. Enclosed in this application packet you will find the following documents:

1. Program Information
2. Technology Requirements
3. Health Physical and Immunization Record
4. Program Orientation Dates
5. Resources

Tuition for the Creighton University- Advanced Medical Transport Paramedic Consortium program is \$6, 500. This includes: Program course software, textbooks, drug screen and criminal background check, Influenza Vaccination, ACLS, PALS, and ITLS Certifications, and 1 uniform shirt. Financial Assistance is available. (Not applicable for AMT employees under the Tuition Waiver Program.) Please complete financial assistance application or request one from Bret Ramp.

Students who are seeking University course credit for the Paramedic Program should contact the Program Director for additional instructions.

All applications and subsequent required documents must be completed in full and received by **June 1, 2026**. Partial or incomplete documents will not be considered. Please note that class size is limited and will be filled on a first come, first serve basis.

The Creighton University- Advanced Medical Transport of Central Illinois Paramedic Program offers an EMT-Basic to Paramedic course. As such, all applicants are required to hold an EMT-Basic License. Please review the following pre-requisites to ensure that you meet all requirements prior to applying to the Program.

1. EMT-Basic License. Eligible candidates must have one year or 1,500 hours experience. Students are required to maintain their EMT-Basic License throughout the course.
2. CPR- Health Care Provider. Eligible candidates must have a valid CPR certification and maintain certification throughout the course.
3. High school diploma or equivalent.
4. No felony convictions.
5. Agree to complete all background requirements within the first 30 days of the course start.

In addition, the following are required documents that must be submitted with your application:

- Resume
- 500-700-word letter of interest/personal statement as to why you want to be a Paramedic and why you want to attend Creighton University-Advanced Medical Transport of Central Illinois Paramedic Consortium

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- 3 letters of recommendation (1 MUST be from a member of leadership from your current place of employment)
- Authorization for Release of Information (The program may contact your current employer to investigate your EMT employment history to evaluate your qualifications to be accepted into the program. Please find this form at the end of this packet.)
- Health Physical and Immunization Records
- Copy of your Driver's License
- Copy of EMT-Basic License
- Copy of CPR card

To apply and upload documents for the course please follow this link:

<https://www.amtci.org/paramedic.html>

Should you have any questions during the application process, please feel free to contact Jackie Coons for assistance: jcoons@amtci.org or 309-681-4152



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PROGRAM INFORMATION

1. Applications and all required documents must be received no later than **June 1, 2026 at 1700.**
2. Once application and all required documents have been received, applicants will be notified via email to schedule an interview with the Program Director and consortium faculty.
3. Applicants will be notified by June 30, 2026 if they have been accepted into the program. (Tuition for the program will then be due prior to the first day of class.)
4. A mandatory Program Orientation will occur on the following date(s):
STUDENTS ONLY NEED TO ATTEND 1 SESSION (Additional information regarding orientation will be sent to students upon acceptance into the program.)
 - July 28, 2026 from 0900-1100
 - July 30, 2026 from 0900-1100
5. All classes will be held from 0800-1600 at Advanced Medical Transport, 1718 N Sterling, Peoria, IL 61604
6. First day of class will be August 31, 2026. Last Day of class is April 27, 2027.
7. In addition to the time dedicated to course work in the classroom, students are required to complete a minimum of 176 hours of hospital clinical and a minimum of 324 hours of field internship.
8. Hospital clinical hours must be completed by April 27, 2027.
9. Field internship must be completed by October 27, 2027.

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10. Additional information regarding hospital clinical and field internship will be provided at orientation.
11. The Creighton University- Advanced Medical Transport of Central Illinois Paramedic Consortium program is accredited by the Commission on Accreditation of Allied Health Education Programs. This prestigious status is an honor that affords us the ability to say we are committed to delivering continuous high-quality education to our Paramedic students.

To contact CoAEMSP:

*Committee on Accreditation of Educational Programs for EMS
Professionals*

8301 Lakeview Parkway Suite 111-312

Rowlett, TX 75088

214-703-8445

FAX 214-703-8992

www.coaemsp.org

To contact CAAHEP:

*Commission on Accreditation of Allied Health Education
Programs*

9355 - 113th St. N, #7709

Seminole, FL 33775

(727) 210-2350

www.caahep.org

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Paramedic Program Technology Requirements

All students are required to have access to and bring to class every day an electronic device (laptop) that meets the following requirements:

System Requirements

To work successfully with Navigate 2 your computer/mobile device should match one of the supported browser and operating system configurations. Navigate 2 may run on newer (or even slightly older) versions of these browsers, but a version is not considered fully supported until it is specified with an "X" in the matrix below.

Operating System/Platform*	Safari 7.0	Safari 8.0	Firefox 36	Chrome 41	IE11	IE10
MAC 10.7	X	X	X	X		
MAC 10.9	X	X	X	X		
Windows 7			X	X	X	X
Windows 8.1			X	X	X	X
iPad 2 with IOS 8+		X				
iPad 3/Air with IOS 8+		X				
iPad Mini with IOS 8+		X				
iPhone with IOS* 8+		X				
Android tablet with OS 4.3**				X		
Android phone with OS 4.1*				X		
Windows 8 tablet					X	X

"+" Means minimum version, tested to latest current version widely available.

* Applications currently operate correctly, but in an attenuated manner within small screen sizes. Additionally, the Navigate eReader is not compatible with mobile devices with screen sizes smaller than seven inches. Users on smaller screens cannot necessarily access all functionality. Issue will be addressed in future release.

** Excludes Kindle and Nook platforms. Flash player used in offline ebook reader is not supported beyond Android 4.1. Issue will be addressed in future release.

Students will utilize their device daily for access to the ebook, homework assignments, quizzes, tests, and skills lab documentation. Students will also use their electronic device to document all clinical and field experiences.

Students should ensure their electronic device is equipped with Microsoft Office or includes access to Microsoft Online- including Word and Power Point. Google Docs and Slides may also be utilized.

Should a student not have access to an electronic device, assistance is available through the program. Please contact Jackie Coons for additional information.

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STUDENT HEALTH PHYSICAL & IMMUNIZATION REQUIREMENTS

- Health Physical**
Should have been completed within the past 365 days

- Measles, Mumps, and Rubella (MMR)**
2 Doses of MMR vaccine given after the 1st birthday and at least 30 days apart
OR
Positive blood test showing immunity for Measles, Mumps, and Rubella

- Annual Influenza Vaccine**
Required for all Paramedic students prior to October 1st.
INFLUENZA VACCINATION WILL BE COMPLETED IN CLASS

- COVID-19 Vaccine** or
 - COVID-19 Medical Exemption
 - COVID-19 Religious Exemption

- DPT/Td/Tdap Vaccine**
Three dose series. All three doses must be on file to be considered valid
Td booster is recommended every 10 years

- Hepatitis B**
Three dose series. All three doses must be on file to be considered valid

- Varicella Vaccine (Chicken Pox)**
Two doses Varicella vaccine to be considered valid
OR
Positive blood test showing immunity

Most students should be able to obtain a copy of their immunization records from one of the following sources: pediatrician's office, current health care provider office, high school records.

Should you be deficient in one or more areas, vaccinations are available through your private health care office, city/county health department, or quick health clinics.

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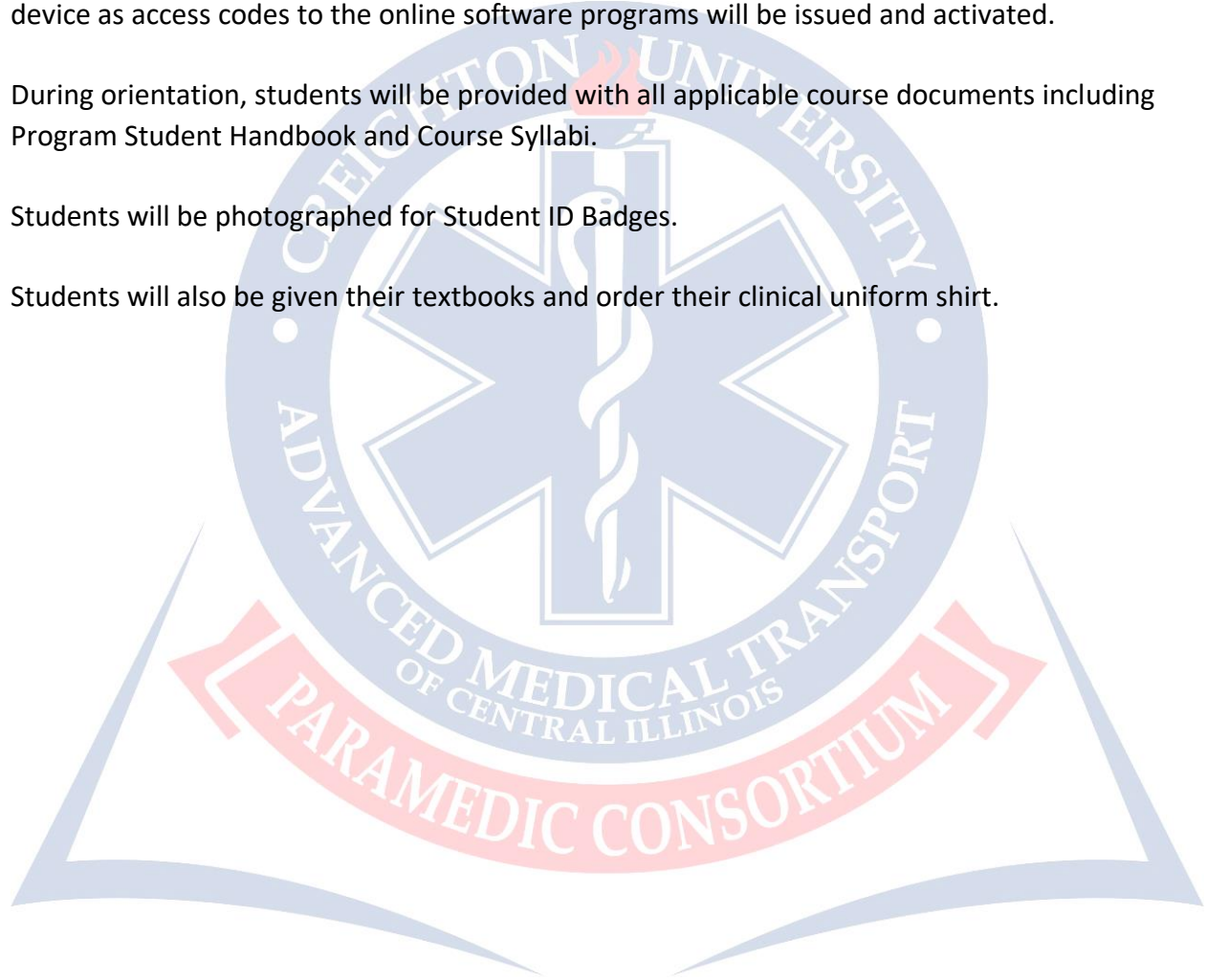
Paramedic Program Orientation

Program Orientation will be held on Tuesday July 28th or Thursday July 30th from 0900-1100. All students are required to attend one orientation session. Students should bring their electronic device as access codes to the online software programs will be issued and activated.

During orientation, students will be provided with all applicable course documents including Program Student Handbook and Course Syllabi.

Students will be photographed for Student ID Badges.

Students will also be given their textbooks and order their clinical uniform shirt.



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Paramedic Consortium by and between Creighton University, a Nebraska not-for-profit corporation, duly authorized to transact business in Illinois, and Peoria Hospitals' Mobile Medical Services d/b/a Advanced Medical Transport of Central Illinois, an Illinois not-for-profit corporation

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant as a student in the Creighton University-Advanced Medical Transport of Central Illinois Paramedic Consortium (hereinafter "CU-AMT Consortium"). The CU-AMT Consortium needs to thoroughly investigate my employment history to evaluate my qualifications to be accepted into this Program.

I hereby authorize any representative of the CU-AMT Consortium presenting this release to obtain any and all employment information in your files pertaining to my EMT employment records and I hereby direct you to release such information upon request of the bearer. I further hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the CU-AMT Consortium, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my employment history and to provide all pertinent data for the CU-AMT Consortium to determine my suitability for acceptance into their program. It is my specific intent to provide access to personal information, however private and confidential it may appear.

I consent to the release of any and all public and private information that you may have concerning me, my work record, my background and reputation, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, attendance records, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damage(s) pursuant to any state or federal laws which may apply in this regard. I further hereby release you, and your officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the CU-AMT Consortium regardless of any agreement I may have made with you previously to the contrary. The CU-AMT Consortium may refuse to process my application if you fail or decline to disclose the information requested.

For and in consideration of the CU-AMT Consortium's acceptance and processing of my application for acceptance into their program, I agree to hold the CU-AMT Consortium, their agents and employees, harmless from any and all claims and liability associated with my application for acceptance into this program or in any way connected with the decision whether to accept me into this program.

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I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and my rights under Section 7 of the Illinois Personnel Record Review Act to written notice from any previous employer that personnel information, including any disciplinary reports, written reprimand or other disciplinary action, is being or has been divulged by the employer or its agents. I waive those rights with the full understanding that information furnished will be used by CU-AMT Consortium in conjunction with program application processes.

A photocopy, fax, or e-mail of this release form will be valid as an original thereof, even though the said photocopy, fax, or e-mail does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any question as to the validity of this release, or my intent herein, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person(s) to which this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I understand I possess the right to revoke this authorization in writing, but I consent to the presumption it remains valid until such time or the expiration of the one year set forth above.

Dated: _____

APPLICANT NAME (PRINT) _____

APPLICANT DATE OF BIRTH _____

APPLICANT SIGNATURE _____

ADDRESS _____

APPLICANT MUST SIGN AND RETURN THIS FORM

WITH THE STUDENT APPLICATION