



PARAMEDIC APPLICANT CHECKLIST

Please do not submit the original with your application materials.
You will **ONLY** submit a copy of this checklist (along with your proof of residency) to the Admissions office after the information session (optional attendance).
This checklist is provided for your personal use. If you did not attend an information session you can email all required application documents to Healthcarecareers@morton.edu

- ___ **Apply to Morton College**
(NOTE: Visit the Morton.edu website and click "Apply now". Be sure to write down your ID number after applying)
- ___ **Submit copy of checklist and proof of residency to the Office of Admissions**
(NOTE: Application submission period November 17, 2025 through May 21, 2026. This can be emailed to the Health Recruiter at healthcarecareers@morton.edu)
- ___ **Pass the Pre-Admission Entrance Exam and Assessment**
(NOTE: Written exam dates are: June 8 and June 9. Practical exam dates are: June 10 and June 11. Exam times are TBD. Be sure to have your schedule cleared for those dates to avoid conflict)
- ___ **Submit High School Transcripts or GED to the Admissions Office**
NOTE: Official high school equivalency (GED/HiSET/TASC) transcript, or official foreign transcript report containing high school equivalency statement – graduation date must be listed
(Deadline 4:30 pm CST May 28, 2026)
- ___ **2 Letters of recommendation outlining strengths and character.**
(NOTE: Deadline 4:30 pm CST May 28, 2026. Letters must be submitted on letterhead paper or can come from a work email such as @morton.edu, @triton.edu, etc. Cannot come from an @gmail.com, @yahoo.com, etc)
- ___ **Current Illinois Department of Public Health (IDPH) EMT-Basic license**
(NOTE: Deadline 4:30 pm CST May 28, 2026)
- ___ **Current American Heart Association (AHA) Basic Life Support (BLS) provider CPR Card**
(NOTE: Deadline 4:30 pm CST May 28, 2026. Cannot expire while you are in the program. Must be valid throughout the entire program)

SUBMISSION OPTIONAL

- ___ **Letter from employer/supervisor verifying experience as an EMT-Basic (6 months minimum preferred)**
(NOTE: Deadline 4:30 pm CST May 28, 2026)
- ___ **Submit in-district employment verification form**
NOTE: If you live outside of Cicero, Berwyn, Stickney, Lyons, McCook, Forest View, but work full-time (35+ hours) in any of the listed districts, you may be eligible to submit an in-district employment verification form. Final in-district status for applicants submitting an In-District Employment Verification form is contingent upon review from the Registrar and verification by the PTA committee
(Deadline 4:30 pm CST May 21, 2026)

AFTER CONDITIONAL ACCEPTANCE TO PARAMEDIC PROGRAM

- ___ **Background check (upon conditional acceptance)**
- ___ **Immunization Verification with blood titer lab results (upon conditional acceptance)**
- ___ **Personal Health Insurance (upon conditional acceptance)**

I understand that I have to complete these requirements prior to or upon acceptance into the program

Print Last Name

Print First Name

Signature

Date

Morton College ID Number