

* Shows that these fields are required

Training Program Initial Criteria

Necessary Requirements for Initial Certification

(For programs to be eligible, one of the following two criteria must be met)

1. Is the provider/program seeking WIOA certification currently approved or accredited under an existing process recognized by the State of Illinois?
Yes
If yes, please check all types of accreditation and approval that apply.
☐ North Central Association
☒ Illinois Community College Board
☐ Illinois State Board of Education
☐ Other(Specify)
2. Is the program for which WIOA certification is being sought been recognized as meeting industry approved standards such as Pro Start for food services, A Plus for computers and ASE for auto mechanics?
No
If yes, identify the standard(s)

Training Program Basic Information

1. * Program Name (**For Providers Only**, if you publish a course catalog, this name must match the one used in the catalog)
Emergency Medical Technician
2. Program Description
 - a. *Please provide a short description of your program. **For Providers Only**, this description must be detailed enough so that your program can be identified with a Classification of Instructional Program (CIP) code. If you know the CIP code of your program, please type it in the space provided. If not, leave the data field for the CIP code blank.
The Emergency Medical Technician (EMT) Certificate program prepares students for employment in pre-hospital emergency medical services. Students will learn to assess, stabilize, and transport patients in emergent situations and gain skills in patient care, airway management, CPR, trauma response, and ambulance operations. The program includes Emergency Vehicle Operator Course (EVOC), Basic Life Support (BLS) certification, and foundational coursework in medical terminology and healthcare math. Graduates are eligible to sit for the NREMT Certification exam and apply for licensure through the Illinois Department of Public Health.
 - b. * If you know it, what is the 6-digit CIP code?
510810
 - c. If there is a website that provides more program information, please provide the address.
www.chawneecc.edu
 - d. * Training Program Type:
Vocational
 - d. Registered Apprenticeship Type:
3. Is this a credit hour program?
Yes
If yes, how many credit hours for program completion?
17.5
What is the curriculum code for this program (if one exists)?
EMS 1125
4. * How many weeks does it typically take to complete this program?
16
5. What is the total hours of instruction/classroom/lab time?

312.0

6. * Other than employment, what is the primary goal of the program?

- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Certificate of Completion - Apprenticeship
- ☐ Community College Certificate of Completion
- ☐ Employment
- ☒ Industry Recognized Certification
- ☐ License
- ☐ Measurable Skills Gain (Lead to Credential)
- ☐ Measurable Skills Gain (Lead to Employment)
- ☐ Other
- ☐ Secondary School Diploma or GED

If other, specify:

If Certification, License, or Registration, what is the name of the certifying, licensing, or registering body?
MREMT and IDPH

7. * **For Providers Only,** please put a check in the box of each O*Net Occupation code where this training program is offered.

- ☒ 292042 Emergency Medical Technicians

8. What are the program offerings? (Check all that apply)

- ☒ Full-Time Enrollment
- ☒ Part-Time Enrollment
- ☐ Internships
- ☐ Non-English Instruction
- ☐ Classroom Instruction
- ☐ Labs
- ☒ Weekend Classes
- ☒ Night Classes
- ☒ Day Classes
- ☒ Online/E-Learning Instruction
- ☐ Open Entry/Exit
- ☐ Other(Specify)

If other, specify

9. What are the entry level requirements of the program? (Check all that apply and add text to appropriate text boxes)

- ☐ Drug/Alcohol Screening
- ☐ HS Diploma/GED
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Physical Exam
- ☐ Math(Specify)
- ☐ Reading(Specify)
- ☐ Language(Specify)
- ☐ Writing(Specify)
- ☐ Prerequisites(Specify)

- ☒ Other(Specify)

Must be 18 years of age by Clinical and HS Grad or GED for NREMT Certification Test.

10. * What is the total cost of this program? (round to the nearest dollar amount)

Tuition :	\$2,800
Books :	\$310
Fees :	\$95
Tests :	\$104
Other Expenses(Materials, Supplies, Tools, Uniforms, etc) :	(Description)
TOTAL COST:	\$3,309

NOTE: The costs listed above are for those individuals who live in-district. Costs may be higher for out of district residents.

11. Types of Financial Aid Available (Check all that apply)

- ☒ Pell Grants
- ☐ Illinois Monetary Award Program
- ☐ Federal loans(Stafford, PLUS, etc)
- ☐ Institutional Scholarships
- ☐ Other(Specify)

If other, Specify

12. * What year was the program established?

2025

- 13.** * Please put a check in the box of each location where this training program is offered.
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 8364 Shawnee College Rd. Ullin, IL 62992 |
| <input type="checkbox"/> | 601 James R. Thompson Blvd. East St. Louis, IL 62201 |
| <input type="checkbox"/> | 8364 Shawnee College Road Ullin, IL 62992 |
| <input type="checkbox"/> | 412 S. Blanche Mounds, IL 62964 |
| <input type="checkbox"/> | 305 23rd Cairo, IL 62914 |
| <input type="checkbox"/> | 1150 E. Vienna Anna, IL 62906 |
| <input type="checkbox"/> | 2403 Walnut Cairo, IL 62914 |
- 14.** * Has the provider given assurance and certifications that their agency fully complied with the nondiscrimination, equal opportunity, and disability provisions of the Workforce Investment Act of 1998? (29 CFR 37.20, 29 CFR 37.42 & 54)
Yes
- 15.** * Is the facility and programs accessible to all people with disability? (29 CFR 32.3)
Yes
- 16.** Please describe the application procedure for this program. **For Providers Only,** include in this description any documents or materials that the customer should bring when applying for this program.
Shawnee Community College Application for admission and high school transcripts must be submitted.
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