



PARAMEDIC EDUCATION CLASS ANNOUNCEMENT

**SUMMA HEALTH SYSTEM
STATE OF OHIO ACCREDITATION # 324
CAAHEP ACCREDITATION # 600111**

The program for the certification of Paramedic is fully accredited by the Ohio Department of Public Safety, Division of EMS, Number 324 Accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

**SUMMA HEALTH SYSTEM/AKRON CAMPUS
PARAMEDIC EDUCATION PROGRAM
IS CURRENTLY ACCEPTING APPLICATIONS FOR OUR
ACCREDITED PARAMEDIC PROGRAM**

**A&P CLASSES BEGIN December 1, 2025
MAIN PROGRAM BEGINS JANUARY 5, 2026**

***INITIAL APPLICATION REQUIREMENTS WITH PRETEST MUST BE
COMPLETED BY NOVEMBER 10, 2025***

- HIGH SCHOOL DIPLOMA OR GED
- STATE OF OHIO EMT OR ADVANCED CERTIFICATION
- COMPLETED APPLICATION
- VALID DRIVERS LICENSE

***ON-LINE PRE-ENTRANCE EXAM
INFORMATION WILL BE MAILED AFTER YOUR COMPLETED
APPLICATION HAS BEEN RECEIVED***

FOR MORE INFORMATION AND AN APPLICATION:

**SUMMA PARAMEDIC EDUCATION
P.O. BOX 2090
AKRON, OH 44309-2090
(330) 375-9514**

OR VISIT OUR WEB-SITE AT www.summahealth.org/ems



**SUMMA HEALTH SYSTEM
CENTER FOR EMS: PARAMEDIC EDUCATION PROGRAM
OHIO ACCREDITATION #324 & CAAHEP #600111
(COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS)**

2026 CLASS ANNOUNCEMENT

SUMMA PARAMEDIC EDUCATION PROGRAM will begin a new eleven-month class on Monday January 5, 2026. The classes will be on Mondays, Wednesdays and Thursdays from 6PM - 10:00PM. If you have **not** taken a full A&P course within the last 3 years (with a grade of C or better), we will provide A&P for the first six classes on Monday and Wednesdays starting December 1, 2025. If you have taken A&P and meet the requirements, the first day of class is Monday January 5, 2026.

Twelve hours of clinical experience are required each week bringing the total time commitment for the program to approximately 24 class hours per week. Total didactic, clinical and field internship hours will be approximately 980 hours. The schedule will include a few partial day classes and one overnight class throughout the school year plus approximately eight weekday-daytime clinical commitments (example: Rotations in Surgery, Burn Center, etc.). Total hours may vary for each student based upon clinical competencies obtained.

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The tuition for the PARAMEDIC program is \$5,900.00 plus book and lab fees (listed below). Payment is due prior to the end of each of three Trimesters (March, June and October). Tuition may be paid in three trimesters payments. The State/National Registry examination fees are included in the third trimester tuition. Book fees will be A&P - \$125.00; Trimester I - \$550.00; Trimester II - \$225.00. Lab fee \$175, National Registry fee \$175 for a total cost of \$7150. The required book and lab fees should be paid separately from tuition fees.

For an application, please contact our office (330) 375-9514 or visit our Website for an On-Line Application. (See below).

Applicant (at least 18 years of age) must submit application with \$25 check (made out to Summa Health System/Paramedic Education, which is non-refundable under any circumstances) with **CLEAN, CLEAR COPIES** of the documents listed below to our office by **11/5/2025 and complete pre-entrance testing by 11-10-2025**.

Completed Legible Application:

- High School Diploma or equivalent (GED)
- Current Ohio EMT Card or an Advanced card.
- Current American Heart Provider Course CPR Card.
- Proof of completion of a full A&P Course taken within the last 3 years (with a grade of C or better) will be accepted in lieu of the A&P course.
- Valid Driver's License

PRE-ENTRANCE REQUIREMENTS MUST BE COMPLETED BY November 10, 2025, which include completion of the online pretest.

Passing scores on the pretest for acceptance in the PARAMEDIC Class include a reading level >9th grade, math score >70% and Paramedic readiness score >65%.

The On-line Pre-entrance exam information will be sent after we receive your completed application and \$25 application fee.

After passing the pre-entrance exam, a notice will be sent to you containing two Reference Evaluation Forms along with the following information which must be returned by the date of your interview.

- Reference Evaluation Forms, one to be completed by your EMT instructor; the other completed by your prehospital service medical director, operations director, work supervisor, or someone who has known you for at least two years other than immediate family.

ADDITIONAL REQUIREMENTS:

- Pass the pre-entrance exam with required minimum scores.
- Must be available for an interview with the Staff of the Paramedic Program in September, October or November of 2024.
- Personal health history and physician physical exam (forms provided upon acceptance). Documentation of immunization history will be required upon acceptance into the program.
- Hepatitis B Vaccination series & Influenza Vaccine. (Commencing by the first night of class).

CERTIFICATION AS A PARAMEDIC:

- Following successful completion of the program, graduates are eligible to take the state-certifying exam, which is the National Registry Written and Practical Exam. Upon passing both portions, the graduate will receive both the National Registry Paramedic and Ohio Certifications. The National Registry certification, if kept current, will allow the Paramedic to receive Paramedic status in certain states with minimal testing.

CAREER POSSIBILITIES:

- Paramedics are readily employed by private ambulance services, Fire Departments and some hospital emergency rooms. There may be some other areas of service with a PARAMEDIC license. We do not offer job placement by our office but we do receive notices of job opportunities, which we make available to student and graduates. When applying for the large, full-time paid Fire Departments, applicants are usually given additional points for having a PARAMEDIC certification.

Please make your check or money order for \$25.00 payable to SUMMA PARAMEDIC EDUCATION. Address all correspondence to: **Summa Paramedic Education, P.O .Box 2090, Akron, Ohio 44309-2090.**

FOR ADDITIONAL INFORMATION OR AN APPLICATION, PLEASE GO TO OUR WEB SITE

www.summahealth.org/ems

**SUMMA PARAMEDIC EDUCATION PROGRAM
OHIO ACCREDITATION #324 & CAAHEP #600111
525 EAST MARKET STREET, P.O. BOX 2090
AKRON, OHIO 44309-2090**



OFFICE USE ONLY

| | | | | | |
|---------------------|---|------------------|---|-----------------------------|---|
| High School Diploma | 0 | Driver's License | 0 | Eval #1 | 0 |
| School Transcript | 0 | Ohio EMT Card | 0 | Eval #2 | 0 |
| College Diploma | 0 | NR EMT Card | 0 | \$25 Pre-test Fee | 0 |
| GED Certificate | 0 | CPR Card | 0 | | |
| Nursing Diploma | 0 | A&P Course | 0 | <u>FILE COMPLETE</u> | 0 |

***SUMMA HEALTH EMS: PARAMEDIC APPLICATION
CLASS OF 2026***

APPLICATIONS MUST BE TURNED INTO OUR OFFICE NO LATER THAN: NOVEMBER 5, 2025, with PRE-ENTRANCE TESTING COMPLETED BY NOVEMBER 10, 2025.

Interviews will take place from September 15 through November 13, 2025.

Please print/type full LEGAL name

DATE: _____

NAME _____
first name middle initial last name maiden name

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE _____ SOCIAL SECURITY # _____

E-MAIL _____ DATE OF BIRTH _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY _____

PHONE _____ ADDRESS _____ RELATIONSHIP _____

EMS SERVICE AFFILIATION (IF ANY) _____

MAILING ADDRESS _____

COUNTY _____ PHONE _____ FULL-TIME ☐ PART-TIME ☐ VOLUNTEER ☐

HOURS PER WEEK _____ SUPERVISOR _____ YEARS AS EMT _____

EDUCATIONAL HISTORY

HIGH SCHOOL/GED _____ GRADUATION DATE _____

COLLEGE _____ MAJOR _____ DIPLOMA OR DEGREE _____

OTHER (TECHNICAL/NURSING/FIREFIGHTER) _____ FROM _____ TO _____

EMT TRAINING - WHERE? _____ WHEN? _____

ADVANCED TRAINING - WHERE? _____ WHEN? _____

EMS RELATED COURSES? YES ☐ NO ☐ IF YES, PLEASE LIST: _____

HAVE YOU EVER APPLIED TO THIS OR ANY OTHER PARAMEDIC PROGRAM BEFORE? YES ☐ NO ☐
IF YES, PLEASE GIVE DATES, GRADUATION AND/OR REASONS FOR LEAVING:

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AKRON, OHIO 44309-2090**

USING THE FOLLOWING SPACES, PLEASE WRITE A FULL PARAGRAPH ACCOUNT OF:

(1) Your experiences and activities since school, if more than six months have elapsed:

2) Accomplishments that have given you great satisfaction:

(3) Your reasons for selecting this program as a career:

(4) Any special reasons for desiring to enter the Summa program:

(5) Your plans and aspirations for the future:

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CURRENT EMPLOYER (Other than or in addition to EMS affiliation listed on the front page)

Address _____ City _____ State _____ Zip _____

County _____ Phone Number _____

Job Functions _____

Employment Dates From _____ To _____

Supervisor _____ Hours per week _____

PREVIOUS EMPLOYER _____

Address _____ City _____ State _____ Zip _____

County _____ Phone _____

Job Functions _____

Employment Dates From _____ To _____

Supervisor _____ Reason for leaving? _____

NOTE: PLEASE READ THIS SECTION OF THE APPLICATION VERY CAREFULLY. DO NOT SIGN THIS APPLICATION UNTIL AFTER YOU HAVE READ AND UNDERSTAND THE FOLLOWING PROVISION:

I certify that the information given by me in this Application is true in all respects, and I agree that if any of the information is misrepresented, an offer of admission into the Paramedic Education Program may be revoked at any time without liability to SUMMA. I further agree that if I am admitted and it is subsequently discovered that the information contained in this Application is false or misleading in any way, I am subject to dismissal without notice. As an applicant for admission to the Paramedic Education Program at SUMMA HEALTH SYSTEM, I hereby authorize SUMMA to fully and completely investigate my background generally and, to that end, I further authorize and direct any and all of my past employers, physicians, schools, references, and any and all other persons and organizations to answer all questions asked by SUMMA concerning as the case may be, my ability, character, reputation, health, grades, and previous employment record. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to SUMMA.

By subscribing my signature to this Authorization and Release, I hereby authorize any city, county, state, or federal law enforcement agency or court to release to SUMMA any information they possess concerning me, including information concerning prior arrests which resulted in conviction or any pending matter which has not been resolved.

SIGNATURE OF APPLICANT _____ DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? ☐ YES ☐ NO - IF YES, PLEASE EXPLAIN IN DETAIL ON SEPERATE PAGE.