

Provider level:	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT/B	<input type="checkbox"/> EMT/I	<input type="checkbox"/> EMT/P	<input type="checkbox"/> PHRN
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**SECTION 1:** (please print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ SS# \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**SECTION 2:**

The following items MUST be attached before sending in the system entry application:

- \_\_\_\_\_ Copy of a current IDPH License
  - \_\_\_\_\_ Copy of Driver's License
  - \_\_\_\_\_ Copy of a current CPR Card (AHA Healthcare Provider CPR Card or current Red Cross Professional Rescuer)
  - \_\_\_\_\_ Copy of a current ITLS Card
  - \_\_\_\_\_ Copy of a current AHA ACLS Card
  - \_\_\_\_\_ Copy of a current PEPP/PALS Card
- } Required for ILS/ALS
- \_\_\_\_\_ Copy of current agency roster

The following items MUST be completed by the applicant before they can be added to the PAEMS System:

- \_\_\_\_\_ Successful Completion (**80% or better**) of PAEMS System EMT-B, I, or EMT-P Protocol Test
  - \_\_\_\_\_ PAEMS System Skills Validation
  - \_\_\_\_\_ Complete attached letter of understanding and Pre-Certification Evaluation Authorization (**See Page 2**).
  - \_\_\_\_\_ **Meet with the Medical Director.** All have to meet with the Medical Director.
  - \_\_\_\_\_ A Letter of Good Standing for any providers coming from another EMS System.
- } Required for ILS/ALS

**LETTER OF UNDERSTANDING**

**(APPLICANT) Please initial after each area below:**

**Disclaimer of Employment** \_\_\_\_\_

I understand acceptance into the Peoria Area EMS System does not imply an employee - employer relationship. I understand while functioning as an EMS Provider I am not an employee of OSF Saint Francis Medical Center. I also, understand that System Certification does not guarantee employment with the Medical Center, Provider Agency, or any other participant in the Peoria Area EMS System.

**Substance Abuse Policy** \_\_\_\_\_

I understand that as an EMS Provider, I am subject to the "Substance Abuse Policy" of the Peoria Area EMS System. This includes Blood Alcohol Test and/or Blood/Urine Toxicology Screening at the request of the EMS Medical Director.

**Standard of Care** \_\_\_\_\_

I understand that as an EMS Provider in the Peoria Area EMS System I must comply with all Policies, Procedures, and Protocols as set forth by the EMS Medical Director and Medical Advisory Board. I understand that violation of any policy, procedure, and/or protocol is noncompliance with the expected Standard of Care and such action may result in immediate corrective action, including system suspension and/ or termination.

**PRE-CERTIFICATION EVALUATION AUTHORIZATION**

**(APPLICANT) Please mark below:**

Yes \_\_\_ No \_\_\_ Have you ever been suspended from an EMS System?

Yes \_\_\_ No \_\_\_ Are you currently suspended from an EMS System?

Yes \_\_\_ No \_\_\_ Have you ever been convicted of a felony?

Yes \_\_\_ No \_\_\_ Are you currently charged with a felony?

I, \_\_\_\_\_, do hereby agree and understand that the application  
(Print Applicant Name)  
process for the *Peoria Area EMS System* may involve an investigation of my background; including contacting current and former employers, reviewing records of criminal arrests and convictions, and evaluation of my driving history. I also give the Peoria Area EMS System permission to give any results that might affect my denial into the PAEMS System to my employer/potential employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Administrative Officer:** Please SIGN below to verify that the above named applicant has been added to your agency's active roster and **ATTACH AGENCY ROSTER TO THIS APPLICATION.**

\_\_\_\_\_  
Administrative Officer Name (Please Print)

\_\_\_\_\_  
Administrative Officer Signature and Title

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

**\*\*All EMT/ I, P, and PHRN's:** A meeting will also be arranged with the PAEMS Medical Director who reserves the right to require additional clinical and/or field clinical time for the individual applicant. The Medical Director also reserves the right to deny entry into the Peoria Area EMS System or any reason that he/she feels might put his/her Medical License at risk.

**LETTER OF SYSTEM ENTRY:** Once the PAEMS Office has reviewed the application/supporting documentation and the applicant has met with the Medical Director (EMT/ I, P PHRN) the applicant & agency will receive a letter of system certification. No patient care may be provided by the applicant until this letter is received by your agency.

**Return completed application, copy of agency roster and required information to:**

*Peoria Area EMS System*  
530 NE Glen Oak Avenue  
Peoria, Illinois 61637  
(309) 655-2113