



Peoria Area EMS System
 304 E. Illinois Ave Ste 114
 Peoria, Illinois 61603
 (309) 655-2113
 www.paems.org

Updated 03/04/2025

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
 - ____ Copy of current agency roster
 - ____ Current NinthBrain Suites account holder w/all up-to-date credentials on file (then no need to attach them to this form)
- } Required for ILS/ALS

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 (**Required** for ILS/ALS)
- ____ Letter of Good Standing for **ANY** provider coming from another EMS System

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: _____

Current agency affiliations (within PAEMS System or other EMS Systems): _____

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:

Jessica L. Sieg
Peoria Area EMS System
304 E. Illinois Ave Ste 114
Peoria, Illinois 61603
W:(309)655-3027
F: (309)655-2090
Jessica.L.Sieg@osfhealthcare.org