



OSF[®]
HEALTHCARE



Peoria Area EMS System

304 E. Illinois Avenue
Peoria, IL 61603
(309) 655-2113
www.paems.org

PAEMS System Student Enrollment Form

SECTION 1

Personal Information (PRINT)

Name: _____ SSN# _____ - _____ - _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Date of Birth: _____

Driver's License# _____ State: _____

Email: _____

* Vehicle Make & Model _____ Color _____ License Plate # _____

A "yes" answer to any of the following questions does not automatically disqualify you from admission to the PAEMS Course

- | | |
|--|--|
| Have you ever been suspended from an EMS System? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently suspended from an EMS System? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently charged with a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Emergency Contact Information (PRINT)

Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

CPR Card Information

(Check One)

- AHA - Healthcare Provider Card
 ARC - Professional Rescuer

Exp. Date: _____

I attest that the above information is true and accurate to the best of my knowledge.

Applicant Signature

Date

SECTION 2 (To be completed by the Course Administrator)

Course Information

Course Instructor: _____ IDPH Lead Instructor # _____

Course Site-Code: _____ Course Location: _____

The following items **MUST** be added to your file by the end of your course:

- _____ Copy of Driver's License _____ Copy of any skills validations required by the PAEMS System
- _____ Complete a Child Support Statement
- _____ Copy of Signed Student Handbook Pages (with 10 day roster)
- _____ Copy of a **current** CPR card _____ 10 Day Student Roster
- _____ Final Practical Evaluation Forms _____ Final Roster

By only completing Sections 1 and 2, you will be placed in the PAEMS database and receive mailings and continuing education offerings, but **may not** provide patient care. (A temporary file will be created.)

Return Completed Paperwork to:

Patrick Kell, EMS System Coordinator
PAEMS System Office
304 E. Illinois Avenue
Peoria, IL 61603
patrick.d.kell@osfhealthcare.org