

System Entry Application

| Provider level: | EMR | Basic | AEMT | Paramedic | PHRN |
|-----------------|-----|-------|------|-----------|------|
|-----------------|-----|-------|------|-----------|------|

IDPH License number: _____

Section 1: (please print)

Full Name: _____ Date of Birth: ____/____/____

Street Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

Hiring Agency: _____

Name of current/previous EMS system: _____

Section 2: (attach the following items)

____ Copy of current IDPH license

____ Copy of current Driver's license

____ Copy of current CPR card (AHA BLS or equivalent)

____ Copy of current ITLS or PHTLS card (Advanced Providers only)

____ Copy of current AHA ACLS card (Advanced Providers only)

____ Copy of current AHA PALS or PEPP card (Advanced Providers only)

____ Letter of good standing from current/previous EMS Medical Director or designee
(email to: Leslie.R.Mennenga@osfhealthcare.org)

Section 3:

Yes No Have you ever been suspended or are you currently suspended from an EMS system?

If Yes, please explain: _____

Yes No Have you ever been convicted of or are you currently charged with a felony?

If Yes, please explain: _____

Yes No Have you ever had any disciplinary issue with an EMS system?

If Yes, please explain: _____



_____ I understand that as an EMS Provider in the East Central Illinois EMS System I must comply with all Policies, Procedures, and Protocols as set forth by the EMS Medical Director. 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 revoking privileges to function within the system.

I understand that it is my responsibility to maintain all required certifications (CPR, ITLS/PHTLS, PALS/PEPP, ACLS) as required by the system to maintain good standing and ability to function within the East Central Illinois EMS System. I understand that if I allow any of the required certifications to expire or lapse for any reason, the system may take action up to and including revoking privileges to function within the system.

Applicant Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing entry into the East Central Illinois EMS system or for suspension/termination from the system should I be accepted into the system.

_____/_____/_____
Signature of Applicant Date

Printed Name of Applicant

EMS Office Use Only

Meeting with Medical Director or designee: _____ / _____ / _____
Date

Scheduled Advanced Skills: ____/____/____
Date

Successful completion of Protocol Exam (80% or above): _____/_____/_____
Date

Notes: _____

EMS System Coordinator

Date

EMS Medical Director _____ **Date** ____/____/____