

System Entry Application

Provider level:	EMR	Basic	AEMT	Paramedic	PHRN
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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: _____

Read and initial each section

_____ 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.

_____ I understand that it is solely my responsibility to ensure my EMT license remains current and to file the appropriate paperwork with the EMS office two months prior to my licensure expiration to ensure my license is renewed in a timely manner. I also understand that I am responsible for maintaining current and accurate records of my EMS continuing education (per IDPH administrative code).

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 _____

Advanced Providers 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**