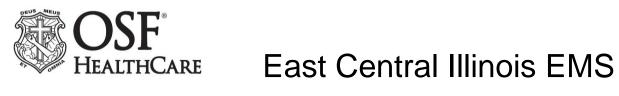


East Central Illinois EMS

System Entry Application

Pro	vider l	evel:	EMR	Basic	AEMT	Paramedic	PHRN
IDPH	l Licen	se num	iber:				
Sect	ion 1:	(please	print)				
Full I	Name:					Date of Birth:/_	/
Stree	et Addr	ess:					
City,	State,	ZIP:					
Phor	ne:						
E-ma	ail:						
Hirin	g Agen	cy:					
Nam	e of cu	rrent/pre	evious EMS sy	stem:			
Sect	<u>ion 2:</u> (attach 1	the following i	items)			
	Сору	of curre	nt IDPH license	е			
	Copy	of curre	nt Driver's licer	nse			
	Сору	of curre	nt CPR card (A	AHA BLS or eq	uivalent)		
	Сору	of curre	nt ITLS or PHT	LS card (Adva	nced Provide	ers only)	
	Сору	of curre	nt AHA ACLS	card (Advance	d Providers o	nly)	
	Сору	of curre	nt AHA PALS	or PEPP card (Advanced Pr	oviders only)	
				current/previonan@osfhealth		ical Director or designe	e
Sect	ion 3:						
Yes	No	Have yo	ou ever been s	uspended or a	re you curren	tly suspended from an	EMS system?
If Ye	s, pleas	se expla	in:				
Yes	No	Have yo	ou ever been o	onvicted of or	are you curre	ntly charged with a felo	ony?
If Ye	s, pleas	se expla	in:				
Yes	No	Have yo	ou ever had an	y disciplinary is	ssue with an	EMS system?	
If Ye	s. pleas	se expla	in:				



Read and initial each section

I understand that as an EMS Provider in the East Cewith all Policies, Procedures, and Protocols as set forth by the violation of any policy, procedure, and/or protocol is noncomy and such action may result in immediate corrective action, in revoking privileges to function within the system.	ne EMS Medical Director. I understand that pliance with the expected Standard of Care
I understand that it is my responsibility to maintain all ITLS/PHTLS, PALS/PEPP, ACLS) as required by the system function within the East Central Illinois EMS System. I underscertifications to expire or lapse for any reason, the system m privileges to function within the system.	n to maintain good standing and ability to stand that if I allow any of the required
I understand that it is solely my responsibility to ensu file the appropriate paperwork with the EMS office two month my license is renewed in a timely manner. I also understand current and accurate records of my EMS continuing education	ns prior to my licensure expiration to ensure that I am responsible for maintaining
Applicant Affidavit:	
I certify that the information contained in this application is counderstand that to falsify information is grounds for refusing system or for suspension/termination from the system should	entry into the East Central Illinois EMS
	/ /
Signature of Applicant	// Date
Printed Name of Applicant	
EMS Office Use Only	
Advanced Providers only	
Meeting with Medical Director or designee://	
Scheduled Advanced Skills:/	
Date Successful completion of Protocol Exam (80% or above):	
Notes:	te
EMS System Coordinator	// Date
EMS Medical Director	// Date
Line invalval bil cotol	Duto