



# OSF<sup>®</sup>

SAINT JAMES - JOHN W. ALBRECHT  
MEDICAL CENTER

## Emergency Medical Services

### SYSTEM ENTRY APPLICATION

You must print legibly.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Nickname (If you go by another name): \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female (Please Circle)

SS Number (Required by IDPH): \_\_\_\_\_

Driver Lic: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

EMT Lic: \_\_\_\_\_ Level: \_\_\_\_\_ Exp Date: \_\_\_\_\_

#### Certifications:

CPR Exp Date: \_\_\_\_\_ ACLS Exp Date: \_\_\_\_\_

PALS Exp Date: \_\_\_\_\_ PEPP Exp Date: \_\_\_\_\_

ITLS Exp Date: \_\_\_\_\_ Critical Care Exp Date: \_\_\_\_\_

Lead Instructor Exp Date: \_\_\_\_\_

Agency wishing to affiliate with \_\_\_\_\_

EMS System coming from \_\_\_\_\_ State: \_\_\_\_\_

EMS System Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever had any disciplinary issue with past EMS system? \_\_\_ No \_\_\_ Yes

**Are you currently operating with an EMS service?**

**No**

**Yes**

**Have you ever been convicted of a felony?**

**No**

**Yes**

**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 system entry, or for removal from the system should I be accepted into the system. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for system entry. I also authorize you to request and receive such information**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date