



## System Entry Application

<b>Provider level:</b>	<b>EMR</b>	<b>Basic</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>PHRN</b>
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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: [Shelley.S.Peelman@osfhealthcare.org](mailto:Shelley.S.Peelman@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**