



System Entry Application

Provider level:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Paramedic	<input type="checkbox"/> PHRN
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Section 1: (please print)

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

Street Address: _____

City, State, ZIP: _____

Phone: _____ SS# _____

E-mail: _____

Hiring Agency: _____

Name of current/previous EMS system: _____

Section 2: (attach the following items)

___ Copy of current IDPH license

___ Copy of current CPR card (AHA BLS provider or equivalent)

___ Copy of current ITLS or PHTLS card (ILS/ALS only)

___ Copy of current AHA ACLS card (ILS/ALS only)

___ Copy of current AHA PALS or PEPP card (ILS/ALS only)

___ Letter of good standing from current/previous EMS Medical Director or designee
(email to: Shelley.S.Peelman@osfhealthcare.org)

Section 3:

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

Yes No Are you currently suspended from an EMS system?

Yes No Have you ever been convicted of a felony?

Yes No Are you currently charged with a felony?



OSF
HEALTHCARE

East Central Illinois EMS

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** _____

Notes: _____

Validation of Skills Competency: Location: _____ Date: _____

Preceptor: _____

Successful completion (**80% or better**) of Protocol exam: _____ Date: _____

EMS Medical Director

EMS System Coordinator