



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 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)

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: _____

