

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

**TITLE:           SYSTEM ENTRY REQUIREMENTS - PARAMEDIC, EMT-I, AND PHRN**

**POLICY:**

To ensure that Paramedics, EMT-Intermediates and Prehospital RN's wishing to enter and operate in the Silver Cross EMS System have received adequate training and performed at an acceptable standard. **ALL PARAMEDIC, INTERMEDIATE, AND PHRN ENTRY APPLICANTS MUST BE HIRED BY A SCEMSS AGENCY PRIOR TO SCHEDULING SYSTEM ENTRY TESTING.** An agency may state that employment is determinant on passing the SCEMSS entry process, but entry testing shall not be initiated until an offer of employment is decided.

- I.     **Licensed Paramedics, Intermediates and Prehospital RN's** may enter (function in) the Silver Cross EMS System by successfully completing the following requirements:
- A.   **Submit the attached System Entry Checklist completely filled out and signed** by the applicant. Submit the following with the completed checklist: Copies must be clear and easily readable.
1.   Copy of current (EMT-P, EMT-I, or PHRN) Illinois State license.
  2.   Copy of current CPR Card-both sides. **(Copy all cards and licenses on 1 page)**
  3.   Copy of Driver's license. **The copy must be completely legible for photo and DL #.**
  4.   Letter of **Good Standing** from entry applicant's current EMS System; including verification that he/she has received training and/or has been tested on the current DOT Curriculum.
  5.   Copies of all continuing education hours acquired in entry applicant's current re-licensure period. (This is only necessary when Silver Cross will be the Primary System.)
  6.   Verification of successful completion of Region 7 SMO exam for current level of licensure. This exam is based only on the Standing Medical Orders. The exam level (ALS/ILS/BLS), exam date, and exam score shall be included in the verification. ALL entry applicants must complete this exam or show verification of completion.
  7.   Interview with the System EMS Medical Director or Manager. Interview/Testing dates must be pre-scheduled with the System Office Operations Coordinator at 815-300-2900.
  8.   Successful completion of system entrance written and practical exams consisting of a 10-question medical math exam, a 10-question EKG rhythm strip identification exam, and a practical exam including needle cric, advanced airway and ACLS Mega Code. This must be scheduled and completed at the System office along with the Interview (see # 7 above).
- Note: Failure of any exam shall warrant the entry applicant to complete a 4-hour Emergency Department rotation with the System's EMS Medical Director.
- B.   The Agency Coordinator shall assist the applicant in completing the checklist and is required to sign the System Entry Checklist. The EMS Coordinator shall review the Checklist with the entry applicant ensuring all information on the checklist is clear and legible to avoid delays.
- C.   System providers may only keep Silver Cross as a secondary system if they maintain an agency affiliation within the System.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:** SYSTEM ENTRY REQUIREMENTS - EMT-P, EMT-I, AND PHRN**POLICY:** CONTINUED**NOTE:** SILVER CROSS EMS SYSTEM ID NUMBERS ARE ISSUED AFTER ALL ENTRY REQUIREMENTS HAVE BEEN COMPLETED & LICENSE RECEIVED.

- II. **New Graduates of the Silver Cross EMS Paramedic Education Program** that presently have EMT-B System ID numbers will receive a new Paramedic System number upon successful completion of the ALS SMO exam and State licensure exam. The System no longer receives carbon copies of new licenses, so the office must receive a copy of the new Paramedic's license along with a System Entrance Checklist Profile sheet for System entry AND a copy of your ALS SMO test result in order to receive your Paramedic System Number. The graduate must have their Illinois Paramedic License physically in their possession in order to begin functioning as a Paramedic.

A graduate that does NOT already have a System number will need to have their Silver Cross Agency send an affiliation letter with all of the above items (Entry Checklist, SMO result, copy of Paramedic license) AND also a copy of a current BLS CPR card and driver's license. A CE Blue Book may be obtained through their Silver Cross Agency's EMS Coordinator or their Agency may track CE in other ways for their EMS providers. The graduate should check with his/her perspective Silver Cross EMSS Agency regarding both of these issues.

A graduate must have an agency affiliation to join the System.

- III. **New Graduates of any other Paramedic Program** must complete the entire System Entry Checklist. The entire checklist is required even if the new Paramedic is already an EMT-Basic in the Silver Cross EMS System. The good standing letter would come from their ALS training program's System.

**New Paramedics already functioning in the Silver Cross EMS System as EMT-Bs will have ONLY 2 WEEKS to contact the System office and begin System Entry once their new Paramedic license is in hand. The provider must complete the checklist and schedule their entry test date within those 2 weeks. The reason for this is because once the Paramedic license is issued the EMT-B license is no longer active, therefore leaving the newly licensed Paramedic not able to function in the System. The System allows a 2-week waiver while the entry process is started.**

**ATTACHMENTS:** 1 – PAGE (Entry Checklist)**EFFECTIVE DATE:** 09-01-94**REVISED DATE:** 05-02-17**REVIEWED DATE:**

SILVER CROSS EMS SYSTEM

**EMT-P, I & PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE**

All items must be completed. Print only. All copies must be clear and easily readable.

ENTRY DATE: \_\_\_/\_\_\_/\_\_\_ SYSTEM # \_\_\_\_\_ (Assigned by System) SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL:(**print clearly**) \_\_\_\_\_

SILVER CROSS EMS AGENCY: \_\_\_\_\_

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: \_\_\_\_\_

WHERE WERE YOU TRAINED (SYSTEM NAME) \_\_\_\_\_ AND YEAR \_\_\_\_\_

**DONE - ✓ DESCRIPTION OF ENTRY REQUIREMENTS**

In special circumstances an entry applicant may be allowed to begin functioning prior to completion of the entire checklist > The EMS Coordinator must call for permission AND fax this checklist with copies of the \* items. Interview must be scheduled.

- 1. \* Copy of current State of Illinois EMT-I, PHRN or Paramedic license. { License #: \_\_\_\_\_
- 2. Copy of current CPR card > Expiration: \_\_\_\_\_ { Expiration: \_\_\_\_\_
- 3. \* Copy of Driver's License. Must be legible with clear photo
- 4. \* Letter of "Good Standing" from Primary EMS System including current CE hours
- 5. \* Interview with the System's EMS Medical Director or Manager
- 6. Rhythm Strip Identification Written Exam
- 7. Medical Math Written Exam
- 8. Practical Exam including Mega Code, Needle Cric, and Advanced Airway
- 9. \* Verification of successful completion of EMS Region 7 SMO exam. Date: \_\_\_\_\_ Score: \_\_\_\_\_

System Entry Appointments are the 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of each month. To schedule call the System at 815-300-2900

I agree to abide by the policies & procedures and rules & regulations of this System including DNR, and acknowledge these entry requirements as stated above.

Signature of Entry Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of EMS Coordinator \_\_\_\_\_ Date \_\_\_\_\_