

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 must be scheduled by calling 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 \_\_\_\_\_