

SILVER CROSS EMS SYSTEM

PARAMEDIC, EMT-I/AEMT & PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

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

SYSTEM USE ONLY: App Received: / / **Confirmation Emailed:** / / **System #:**

FULL LEGAL NAME: _____ **SS#** _____ / _____ / _____

STREET ADDRESS: _____ **D.O.B.** _____ / _____ / _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CELL#:** _____ - _____ - _____

EMAIL:(print neatly) _____

SILVER CROSS EMS AGENCY/DEPARTMENT: _____

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 > EMS Coordinator must call for permission & email this checklist with copies of the * items. Test date must also be scheduled.

1. * Copy of current IDPH EMT-I/AEMT, 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. **System Entry Date:** (choose either the first or third Tuesday of the month)

Rhythm Strip Written Exam: 1st Attempt: _____, 2nd Attempt: _____

Medical Math Written Exam: 1st Attempt: _____, 2nd Attempt: _____

Mega Code Practical Exam: 1st Attempt: _____, 2nd Attempt: _____

* Region 7 ALS SMO Exam: 1st Attempt: _____, 2nd Attempt: _____

By signing below I agree to review/abide by the SCEMSS policies & procedures including Policy 300-50 on DNR/POLST and 200-20 on System CE, and further agree to review all System entry prep materials on the System website silvercrossems.com System Entry page and SMO page.

Signature of Entry Applicant _____ **Date** _____

Signature of EMS Coordinator _____ **Date** _____