

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

All fields must be completed. Copies must be readable. Type into fields then print.

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

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

STREET ADDRESS: _____ **DOB:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CELL:** _____

EMAIL: _____

SILVER CROSS EMS AGENCY/DEPARTMENT: _____

WHO WILL BE YOUR PRIMARY EMS SYSTEM: _____

WHERE WERE YOU TRAINED (SYSTEM NAME) _____ AND YEAR _____

DONE - ✓ DESCRIPTION OF ENTRY REQUIREMENTS

In special circumstances an entry applicant may be allowed to function prior to completion of testing only when this checklist and all * items have been received. The EMS Coordinator must email for permission and the test date must be scheduled.

1. * Copy of current IDPH Paramedic/PHRN/EMT-I 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 www.silvercrosssems.com System Entry, SMO, Moodle CE and Licensure pages.

Signature of Entry Applicant _____ **Date** _____

Signature of EMS Coordinator _____ **Date** _____