



Peoria Area EMS System
 605 Northeast Jefferson
 Peoria, Illinois 61603
 (309) 655-2113
 www.paems.org

PHRN SYSTEM ENTRY / AGENCY ENROLLMENT FORM

SECTION 1 (please print)

Name: _____ Date of Birth: _____
First Middle Last

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

SS# (required): _____ Driver's License #: _____

A "yes" answer to any of the following questions does not automatically disqualify you from admission to the PAEMS System or agency:

- Have you ever been suspended from an EMS System? Yes ___ No ___
- Are you currently suspended from an EMS System? Yes ___ No ___
- Have you ever been convicted of a felony? Yes ___ No ___
- Are you currently charged with a felony? Yes ___ No ___

Applicant Signature (required)

 Date

SECTION 2

The following items MUST be attached before sending in the system entry application:

- ____ Copy of Driver's License
- ____ Copy of a **current** AHA ACLS Card
- ____ Copy of current agency roster
- ____ Copy of a **current** TNS, TNCC, or ITLS Card
- ____ Copy of a **current** IDPH License
- ____ Copy of a **current** AHA Healthcare Provider CPR Card, or **current** Red Cross Professional Rescuer CPR Card
- ____ Copy of a **current** ENPC, PEPP, or PALS Card

The following items MUST be completed by the applicant before they can be added to the PAEMS system:

- ____ **A Letter of Good Standing will be required****
- ____ PAEMS System Skills Validation

To schedule Protocol & Skill Testing
 Contact Dale Tippett at (309)-624-3101

- ____ Successful Completion (**80% or better**) of PAEMS System EMT-P Protocol Test
- ____ Complete attached *Letter of Understanding and Pre-Certification Evaluation Authorization (See Page 2)*

****Please note:** A **Letter of Good Standing** is required for any PHRN coming from another EMS System. A meeting will also be arranged with the PAEMS Medical Director who reserves the right to require additional clinical and/or field clinical time for the individual applicant.

SECTION 3

Administrative Officer: Please SIGN below to verify that the above named applicant has been added to your agency's active roster. Return completed application and required information to Casey Connett (see page 2 for contact information).

 Administrative Officer Name (Please Print)

 Administrative Officer Signature and Title

 Agency Name

 Date



LETTER OF UNDERSTANDING

(APPLICANT) Please initial after each area below:

Disclaimer of Employment _____

I understand acceptance into the Peoria Area EMS System does not imply an employee - employer relationship. I understand while functioning as an EMS Provider I am not an employee of OSF Saint Francis Medical Center. I also, understand that System Certification does not guarantee employment with the Medical Center, Provider Agency, or any other participant in the Peoria Area EMS System.

Substance Abuse Policy _____

I understand that as an EMS Provider, I am subject to the "Substance Abuse Policy" of the Peoria Area EMS System. This includes Blood Alcohol Test and/or Blood/Urine Toxicology Screening at the request of the EMS Medical Director.

Standard of Care _____

I understand that as an EMS Provider in the Peoria Area EMS System I must comply with all Policies, Procedures, and Protocols as set forth by the EMS Medical Director and Medical Advisory Board. I understand that violation of any policy, procedure, and/or protocol is noncompliance with the expected Standard of Care and such action may result in immediate corrective action, including System suspension.

PRE-CERTIFICATION EVALUATION AUTHORIZATION

I, _____, do hereby agree and understand that the application

(Print Applicant Name)

process for the *Peoria Area EMS System* may involve an investigation of my background; including contacting current and former employers, reviewing records of criminal arrests and convictions, and evaluation of my driving history.

Signature: _____ Date: _____

LETTER OF SYSTEM ENTRY: Once the PAEMS Office has reviewed your application/supporting documentation and the applicant has Medical Director approval, the applicant & agency will receive a **letter of system certification**. No patient care may be provided by the applicant until this letter is received by your agency.

Return completed application, copy of agency roster and required information by:

Email – casey.j.connett@osfhealthcare.org

Fax – (309) -655-2090

Or mail to -
ATTN: System Entry
Peoria Area EMS System
605 Northeast Jefferson
Peoria, Illinois 61603
(309) 655-7748