



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

**SYSTEM ENTRY / AGENCY ENROLLMENT FORM  
 (EMT-Intermediate & EMT-Paramedic)**

**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 <b>current</b> AHA Healthcare Provider CPR Card, or <b>current</b> Red Cross Professional Rescuer CPR Card |
| ____ Copy of a <b>current</b> IDPH License   | ____ Copy of current agency roster  |
| ____ Copy of a <b>current</b> ITLS Card      | ____ Copy of a <b>current</b> AHA ACLS Card   |
| ____ Copy of a <b>current</b> PEPP/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
- \_\_\_\_ 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)*
- \_\_\_\_ **Meet with the Medical Director**

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

**\*\*Please note:** A **Letter of Good Standing** is required for any Paramedic 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](mailto: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**