



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 you have met with the Medical Director and the Medical Director has given 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