



Peoria Area EMS System

605 NE Jefferson

Peoria, IL 61603

(309) 655-2113

www.paems.org

APPLICATION: FIELD TRAINING OFFICER

Part I:

Last Name: _____ First: _____ MI: _____ Agency: _____

Legal Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____ DOB : _____

PAEMS System Agency(s) employed/volunteer _____

_____ # Years in PAEMS System _____ # Years as a Paramedic

Provider Signature: _____

Part II:

Curriculum Vitae (CV)

Letter of Intent

Copy of Current IDPH License – License Number: _____ Expiration Date: _____

Current CPR Healthcare Provider Card Expiration Date: _____
(Attach: Copy of Current CPR Healthcare Provider Card or equivalent)

Current ITLS or BTLS Advanced Provider Card Expiration Date: _____
(Attach: Copy of Current ITLS or BTLS Advanced Provider Card)

Current ACLS Provider Card Expiration Date: _____
(Attach: Copy of Current ACLS Provider Card)

Current PEPP or PALS Advanced Provider Card Expiration Date: _____
(Attach: Copy of Current PEPP or PALS Advanced Provider Card)

Continuing Education Credits to Date: _____ (approx)

Part III: (OFFICE USE)

Protocol Test – Pass (90% or greater)

Final EXAM – Pass (90% or greater)

System Approval

Letter to File

Completion Date: _____