

Peoria Area EMS System Recertification Checklist

<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I /AEMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> PHRN
<input type="checkbox"/> EMD	<input type="checkbox"/> Lead Instructor			

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ SS#: _____
 Email Address: _____ Driver's License #: _____
 IDPH License Number: _____ Expiration Date: _____
 Agency(s) Affiliation: _____

All Provider Levels:

- Copy of current IDPH license
- Copy of driver's license
- [IDPH Renewal Notice/Child Support/Personal History Statement](#)
- Copy of current CPR card - May be AHA Healthcare Provider or ARC Professional Rescuer
- Continuing education hours: (Paramedics 100 hours, EMT-Is / AEMTs 80 hours, EMT-Bs 60 hours, First Responders 24 hours & must follow PAEMS System guidelines on the number of hours allowed per subject matter and be verified by the PAEMS System Manager)
- [Payment of IDPH renewal license fee](#) or submission of [Volunteer License Fee Waiver Application](#)

Additional EMT-Intermediate, Paramedic & PHRN Certifications

- Copy of current Advanced Cardiac Life Support (ACLS) certification – ACLS certification must be from the American Heart Association
- Copy of current Pediatric Advanced Life Support (PALS) or Pediatric Education for Pre-Hospital Professionals (PEPP) certification - PALS certification must be from the American Heart Association
- Copy of current International Trauma Life Support (ITLS) certification

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.

Authorized Agency Representative Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____