



Peoria Area EMS System
 605 NE Jefferson Street
 Peoria, IL 61603
 (309) 655-2113
www.paems.org

EMT- Basic (EMT-B) Recertification Check List

Complete and attach this checklist with the paperwork listed below. Submit to the EMS Office no less than 60 days prior to expiration date of EMT license.

Part I:

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ SS #: _____ DOB: _____

Agency(s): _____

Part II:

Copy of Current IDPH License

License Number: _____ Exp Date: _____

Copy of Current Drivers License

IDPH Child Support Form ____ (**Attached**)

Current CPR Card Exp Date: _____

(**Attach:** Copy of Current AHA Healthcare Provider Card or ARC Professional Rescuer)

120 Hours of Continuing Education Credits.
No more than 25% from one single topic area (max 30 hours)

CEU hours verified by Agency Training Officer (Must sign this form **and** CEU report)
 (**Attach:** Continuing Education Report)

Training Officer Name (Print): _____

Training Officer Signature: _____

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.

Provider Signature: _____