



**OSF**  
SAINT FRANCIS  
MEDICAL CENTER

(309)



**Peoria Area EMS System**

605 NE Jefferson Street  
Peoria, IL 61603  
655-2113  
[www.paems.org](http://www.paems.org)

### EMT-Intermediate 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-I 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 Drivers License

IDPH Child Support Form \_\_\_\_\_ (Attached)

Current CPR Healthcare Provider Card Exp Date: \_\_\_\_\_  
(Attach: Copy of Current AHA Healthcare Provider Card or ACR Professional Rescuer)

Current PHTLS or BTLS Advanced Provider Card Exp Date: \_\_\_\_\_  
(Attach: Copy of Current PHTLS or BTLS Advanced Provider Card)

Current ACLS Provider Card Exp Date: \_\_\_\_\_  
(Attach: Copy of Current ACLS Provider Card)

Current PALS or PEPP Advanced Provider Card Exp Date: \_\_\_\_\_  
(Attach: Copy of Current PALS or PEPP Advanced Provider Card)

120 Hours of Continuing Education Credits. (Must follow PAEMS System guidelines on number of hours allowed per subject matter.)  
**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: \_\_\_\_\_