



Peoria Area EMS System

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

EMT-Paramedic 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-P 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 Card Exp Date:
Current PHTLS or BTLS Advanced Provider Card Exp Date:
Current ACLS Provider Card Exp Date:
Current PALS or PEPP Advanced Provider Card Exp Date:
120 Hours of Continuing Education Credits. (Must follow PAEMS System guidelines on number of hours allowed per subject matter.)
CEU hours verified by Agency Training Officer (Must sign this form and CEU 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: