



Peoria Area EMS System

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

PHRN 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 PHRN 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 TNS, TNCC or BTLS Advanced Provider Card Exp Date:
Current ACLS Provider Card Exp Date:
Current ENPC, PALS or PEPP Advanced Provider Card Exp Date:
120 Hours of Continuing Education Credits.
CEU hours verified by Agency Training Officer

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: