



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

EMT-Intermediate/EMT-Paramedic/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 EMT-I/EMT-P/PHRN license.

Part I:

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ SS #: _____ DOB : _____

Driver's Lic #: _____ Agency(s): _____

Part II:

Copy of Current License License Number: _____ Exp Date: _____

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

Current CPR Healthcare Provider Card Exp Date: _____
 (**Attach:** Copy of Current CPR Healthcare Provider Card or equivalent)

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.)

- ___ • At least 25% of hours from System taught classes (minimum 30 hours)
- ___ • No more than 75% from one site code (max 90 hours)
- ___ • 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: _____

Provider Signature: _____