



Peoria Area EMS System

605 NE Jefferson Street
Peoria, IL 61603
(309) 655-2113
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 ITLS 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: