



**Peoria Area EMS System**  
605 NE Jefferson Street  
Peoria, IL 61603  
(309) 655-2113  
[www.paems.org](http://www.paems.org)

## First Responder-Defibrillator (FR-D) 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 FR-D 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)

24 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)  
(**Attach:** Continuing Education Report)

Training Officer Name (Print): \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_