



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

Lead Instructor 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 Lead Instructor 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)

40 Hours of Continuing Education Credits. (Must follow PAEMS System guidelines on number of hours allowed per subject matter)

Medical Director letter of support

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: _____