

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: SYSTEM ENTRY REQUIREMENTS – EMT-B****POLICY:**

The System requires that all EMT-Bs of member agencies be assigned and utilize a System ID number in order to function within the System. The following process for System number requests is necessary to ensure consistency and avoid duplication.

The correct procedure for obtaining EMT-B System numbers is as follows:

- I. Requests must be made in writing by the agency representative. The request must be made in letter format and on agency letterhead indicating that the EMT-B is or will be an active provider with that agency. All copies must be clear and easily readable.
- II. The following documentation/information must be submitted with the request:
  - A. Typed or printed on the letter **MUST** be the following:
    1. EMT's full and legal name
    2. Complete home address including street, city, state, and zip code
    3. Cell phone number with area code
    4. Date of birth and Social Security Number
    5. Email address
    6. Primary/Secondary System designation and
    7. The year that the EMT was initially licensed as an EMT.
  - B. **COPY OF THE FOLLOWING 3 DOCUMENTS ALL ON ONE PAGE**
    1. Current IDPH EMT license
    2. Current CPR card
    3. Copy of individuals Driver's License (**MUST BE READABLE/CLEAR**)
  - C. Verification of successful completion of Region 7 SMO exam for current level of licensure. The exam level (of ALS/ILS/BLS), exam date and exam score shall be included in the verification. **Must be done prior to requesting System Number and functioning on the streets.**
- III. The agency representative will receive a System number in writing within 10 working days of the receipt of the request.
- IV. The EMT will receive his System number by mail and a copy of the System's policy on relicensure. This System number is only valid while the EMT is employed by the agency that requested it.
- V. The agency representative or EMT must forward copies of the EMT's license and CPR card each time relicensure is completed. The EMS Office must be notified in writing anytime an EMT-B leaves the agency or when personal information outlined in section II above changes.

**EFFECTIVE DATE:** 06-01-94

**REVISED DATE:** 05-02-17

**ATTACHMENT:** 1-Page (Form Letter)

**SYSTEM AGENCY AFFILIATION VERIFICATION**  
***for System Entrance Applicant***

(Place this form letter on your Agency letterhead)

Date: \_\_\_/\_\_\_/\_\_\_

David J. Mikolajczak, DO, FACOEP  
Silver Cross EMS System  
1900 Silver Cross Blvd  
New Lenox, IL 60451

Dr. Mikolajczak,

I verify that (entry applicant name) \_\_\_\_\_ is an actively functioning EMT-B with this IDPH approved provider agency with the Silver Cross EMS System. The aforementioned individual will operate and be affiliated with this agency. Should the applicant cease affiliation with this agency, the System EMS Office will be notified. Please forward a Silver Cross EMS System Number.

Entry Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone # :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County of Residence: \_\_\_\_\_

Date-of-Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

Primary System: \_\_\_\_\_ Secondary System: \_\_\_\_\_

This individual was initially licensed at his current level in \_\_\_\_\_ (year).

Region VII SMO Exam Date: \_\_\_/\_\_\_/\_\_\_ and Score: \_\_\_\_\_%

Attachment: \* ALL ON 1 PAGE \* EMT License / Current CPR Card / Drivers License  
**All copies must be clear and easily readable or the request will not be processed.**

\_\_\_\_\_  
EMS Coordinator's Signature and Date