

SILVER CROSS EMS SYSTEM
EMT-P, I & PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE
All items must be completed. Print only. All copies must be clear and easily readable.

ENTRY DATE: ___/___/___ **SYSTEM #** _____ (Assigned by System) SS# _____ - _____ - _____

NAME: _____ D.O.B. ___/___/___

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL#: _____ - _____ - _____

EMAIL:(**print clearly**) _____

SILVER CROSS EMS AGENCY/FD: _____

WHICH SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

WHERE WERE YOU TRAINED (SYSTEM NAME) _____ AND YEAR _____

DONE - ✓ DESCRIPTION OF ENTRY REQUIREMENTS

In special circumstances an entry applicant may be allowed to begin functioning prior to completion of the entire checklist ➤
The EMS Coordinator must call for permission AND fax this checklist with copies of the * items. Interview must be scheduled.

1. * Copy of current State of Illinois EMT-I, PHRN or Paramedic license. { License #: _____
2. Copy of current CPR card > Expiration: _____ { Expiration: _____
3. * Copy of Driver's License. Must be legible with clear photo
4. * Letter of "Good Standing" from Primary EMS System including current CE hours
5. * Interview with the System's EMS Medical Director or Manager { System Entry Appointments are the 1st & 3rd Tuesday of each month. To schedule call the System at 815-300-2900
6. Rhythm Strip Identification Written Exam
7. Medical Math Written Exam
8. Practical Exam including Mega Code, Needle Cric, and Advanced Airway
9. * Verification of successful completion of EMS Region 7 SMO exam. Date: _____ Score: _____

I agree to abide by the policies & procedures and rules & regulations of this System including DNR, and acknowledge these entry requirements as stated above.

Signature of Entry Applicant _____ Date _____

Signature of EMS Coordinator _____ Date _____