

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

# **200 SERIES**

**POLICY AND PROCEDURES**

# SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

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### 200 SERIES

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**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: SYSTEM REGISTRATION OF EMS PERSONNEL****POLICY:**

All System Agency EMS personnel must be registered through the System in order to function and operate in the prehospital care setting.

Each System Agency Coordinator must submit to the System EMS Office a current, updated roster of EMS personnel on an annual basis, due by April 1<sup>st</sup>. The EMS Office may request a specific format be used when submitting these updated rosters. All EMS personnel included on the agency roster shall have an assigned four (4) digit identification number to be used on all EMS report forms and continuing education forms to verify attendance.

Requests for individual system identification numbers must be made in writing by the agency coordinator/representative and forwarded to the System EMS Office for processing. The letter, (on agency letterhead), must include proof of EMS licensure in the State of Illinois, current CPR card, driver's license, home address, home phone, social security number, driver's license number, date of birth, email, primary system designation, current SMO exam date and score, and the year that the individual was initially licensed at their current level of licensure.

Any INCOMPLETE System Number requests (requests not containing all requirements as outlined in system entry policies 200-2 and 200-3) WILL BE RETURNED.

Any UNCLEAR OR UNREADABLE System Number requests (copies of cards or licenses too dark, too light or unreadable writing) as outlined in system entry policies 200-2 and 200-3) WILL BE RETURNED.

A licensed EMT-P or EMT-I may **NOT** function as an EMT-B (other than a **2-week** grace period while completing system entry requirements). Other than this 2-week grace period, the only time an EMS person may function at a level lower than their License is when they are working for an Agency that has a State approved level of service that is lower than that of the EMS person's license level. An example in our EMS System is XYZ Fire Department is State approved at the BLS level only, but has Paramedics working for them. Those Paramedics can only function at the BLS level because the State has not authorized XYZ Fire Department to function at any level higher than BLS.

In the event that an individual EMT of any level resigns from active participation or allows licensure to lapse, or for any reason terminates his or her affiliation with the agency, the EMS Office must be notified in writing by the agency coordinator/representative.

In the event that a System EMS Provider is killed in the line of duty, notification must be made to the System and IDPH within 1 business day.

**EFFECTIVE DATE:** 08-15-80

**REVISED DATE:** 10-05-16

**REVIEWED DATE:**

**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.
- IV. 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

**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).

2016 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

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

**TITLE:           SYSTEM ENTRY REQUIREMENTS - PARAMEDIC, EMT-I, AND PHRN**

**POLICY:**

To ensure that Paramedics, EMT-Intermediates and Prehospital RN's wishing to enter and operate in the Silver Cross EMS System have received adequate training and performed at an acceptable standard. **ALL PARAMEDIC, INTERMEDIATE, AND PHRN ENTRY APPLICANTS MUST BE HIRED BY A SCEMSS AGENCY PRIOR TO SCHEDULING SYSTEM ENTRY TESTING.** An agency may state that employment is determinant on passing the SCEMSS entry process, but entry testing shall not be initiated until an offer of employment is decided.

- I.     **Licensed Paramedics, Intermediates and Prehospital RN's** may enter (function in) the Silver Cross EMS System by successfully completing the following requirements:
- A.     **Submit the attached System Entry Checklist completely filled out and signed** by the applicant. Submit the following with the completed checklist: Copies must be clear and easily readable.
1.    Copy of current (EMT-P, EMT-I, or PHRN) Illinois State license.
  2.    Copy of current CPR Card-both sides. **(Copy all cards and licenses on 1 page)**
  3.    Copy of Driver's license. **The copy must be completely legible for photo and DL #.**
  4.    Letter of **Good Standing** from entry applicant's current EMS System; including verification that he/she has received training and/or has been tested on the current DOT Curriculum.
  5.    Copies of all continuing education hours acquired in entry applicant's current re-licensure period. (This is only necessary when Silver Cross will be the Primary System.)
  6.    Verification of successful completion of Region 7 SMO exam for current level of licensure. This exam is based only on the Standing Medical Orders. The exam level (ALS/ILS/BLS), exam date, and exam score shall be included in the verification. ALL entry applicants must complete this exam or show verification of completion.
  7.    Interview with the System EMS Medical Director or Manager. Interview/Testing dates must be pre-scheduled with the System Office Operations Coordinator at 815-300-2900.
  8.    Successful completion of system entrance written and practical exams consisting of a 10-question medical math exam, a 10-question EKG rhythm strip identification exam, and a practical exam including needle cric, advanced airway and ACLS Mega Code. This must be scheduled and completed at the System office along with the Interview (see # 7 above).
- Note: Failure of any exam shall warrant the entry applicant to complete a 4-hour Emergency Department rotation with the System's EMS Medical Director.
- B.     The Agency Coordinator shall assist the applicant in completing the checklist and is required to sign the System Entry Checklist. The EMS Coordinator shall review the Checklist with the entry applicant ensuring all information on the checklist is clear and legible to avoid delays.
- C.     System providers may only keep Silver Cross as a secondary system if they maintain an agency affiliation within the System.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: SYSTEM ENTRY REQUIREMENTS - EMT-P, EMT-I, AND PHRN****POLICY: CONTINUED****NOTE: SILVER CROSS EMS SYSTEM ID NUMBERS ARE ISSUED AFTER ALL ENTRY REQUIREMENTS HAVE BEEN COMPLETED & LICENSE RECEIVED.**

- II. **New Graduates of the Silver Cross EMS Paramedic Education Program** that presently have EMT-B System ID numbers will receive a new Paramedic System number upon successful completion of the ALS SMO exam and State licensure exam. The System no longer receives carbon copies of new licenses, so the office must receive a copy of the new Paramedic's license along with a System Entrance Checklist Profile sheet for System entry AND a copy of your ALS SMO test result in order to receive your Paramedic System Number. The graduate must have their Illinois Paramedic License physically in their possession in order to begin functioning as a Paramedic.

A graduate that does NOT already have a System number will need to have their Silver Cross Agency send an affiliation letter with all of the above items (Entry Checklist, SMO result, copy of Paramedic license) AND also a copy of a current BLS CPR card and driver's license. A CE Blue Book may be obtained through their Silver Cross Agency's EMS Coordinator or their Agency may track CE in other ways for their EMS providers. The graduate should check with his/her perspective Silver Cross EMSS Agency regarding both of these issues.

A graduate must have an agency affiliation to join the System.

- III. **New Graduates of any other Paramedic Program** must complete the entire System Entry Checklist. The entire checklist is required even if the new Paramedic is already an EMT-Basic in the Silver Cross EMS System. The good standing letter would come from their ALS training program's System.

**New Paramedics already functioning in the Silver Cross EMS System as EMT-Bs will have ONLY 2 WEEKS to contact the System office and begin System Entry once their new Paramedic license is in hand. The provider must complete the checklist and schedule their entry test date within those 2 weeks. The reason for this is because once the Paramedic license is issued the EMT-B license is no longer active, therefore leaving the newly licensed Paramedic not able to function in the System. The System allows a 2-week waiver while the entry process is started.**

**ATTACHMENTS: 1 – PAGE (Entry Checklist)****EFFECTIVE DATE:** 09-01-94**REVISED DATE:** 05-02-17**REVIEWED DATE:**



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: \_\_\_\_\_

WHAT 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
- 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: \_\_\_\_\_

System Entry Appointments are the 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of each month. To schedule call the System at 815-300-2900

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 \_\_\_\_\_

**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 \_\_\_\_\_

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**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
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: \_\_\_\_\_

{ System Entry Appointments  
are the 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of  
each month. To schedule call  
the System at 815-300-2900

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 \_\_\_\_\_

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE:**      **PREHOSPITAL R.N. (PHRN)**

**POLICY:**      IDPH CODE 515.730

The System will recognize as a Prehospital R.N. (PHRN), any registered nurse who meets all requirements set forth in this policy. A PHRN may function in the prehospital setting as an ALS provider only in accordance with the System Policies and approved Standing Medical Orders as they apply to all other Advanced Life Support personnel.

- I.      **INITIAL LICENSURE:** Any registered nurse wishing to function within the System as a PHRN must successfully meet the following requirements:
- A.      **For Illinois licensed RN's with no prehospital certification**, the following will be required:
1. Successful completion of an IDPH approved PHRN course
  2. A current Illinois registered nurse license
  3. A current BLS Healthcare Provider CPR card
  4. A current Advanced Cardiac Life Support (ACLS) card
  5. A current Pediatric Advanced Life Support (PALS) card
  6. A current Pre-hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS) card or certificate.
  7. Completion of all applicable requirements for System entrance (see Policy #200-3).
  8. Completion of 120 hours of clinical ride time with a System approved ALS preceptor. A minimum of 10 ALS runs must be approved during this time.
  9. Current affiliation with a System approved ALS provider agency.
- B.      **A licensed PHRN from another EMS system:** who wishes to function in the Silver Cross EMS System must successfully meet the requirements of system entrance as stated in policy 200-03 "System Entry Requirements-EMT-P, EMT-I, and PHRN".
- C.      Approval as a PHRN will be granted for a period of 4 years. The PHRN will need to pay a \$30 initial license fee on line to IDPH at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) once all requirements are met. The System will complete the appropriate licensure forms and submit to IDPH.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:** PRE-HOSPITAL R.N. (PHRN)**POLICY:** CONTINUED

- II. **RELICENSURE** - It is the responsibility of the individual PHRN and/or their System Provider Agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period (with the System checking accrued hours every 2 years).
- A. The EMS Medical Director will process the PHRN's renewal with the IDPH upon documentation of the following:
1. A total of 100 hours of Continuing Education, seminars and workshops, addressing both adult and pediatric care, is required for the 4-year relicensure period. No more than 25 percent in the same subject.
    - a. Refer to the "Standards for PHRN Continuing Education" in this policy for a breakdown of acceptable CE.
    - b. Proof of CE hours shall be submitted in a System approved format as designated in Policy 200-8.
    - c. IDPH allows the use of the following internet CE sites only for independent hours: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com www.CECBEMS.org
  2. A current CPR completion card that covers adult and pediatric one-rescuer CPR, adult and pediatric foreign body airway obstruction management, and adult two-rescuer CPR.
  3. Affiliation with a State-approved ALS System Provider Agency validating that the PHRN is currently functioning within the System and State guidelines. Appearance on a System Agency Roster with valid System number is sufficient.
  4. Successful completion of any mandatory System CE as required by the EMS Medical Director (i.e.: performance or QA needs-based CE, introduction of new skills or procedures based CE, etc).
  5. A completed Child Support and Felony Conviction Statement must be made on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) using the PIN provided by IDPH or last 4 of your SS#.
  6. Renewal fee of \$20 paid to IDPH on-line via credit/debit card along with 5 above.
- B. All relicensure requirements shall be submitted at the same time. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:**      **PREHOSPITAL R.N. (PHRN)****POLICY:**      CONTINUED

- C.      If the EMS System Medical Director has appropriate evidence that the PHRN's skill performance has not been adequately demonstrated, then the PHRN will be required to complete a written and/or skills examination.
1.              A minimum of 80% is required for successful completion on the written examination. A successful skills demonstration would require that the performer commit no critical errors and commit no mistakes in the application or performance of invasive ALS procedures.
  2.              A failed examination may be re-taken within fourteen days of the original test date. If the second attempt on either exam is failed, the EMS Medical Director will conduct a review to determine the PHRN's status. Further reviews beyond this point must follow the procedure regarding conflict resolution.
- D.      A PHRN who fails to meet all requirements will not be recommended for relicensure unless the PHRN submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the PHRN will have until the end of the extension period to meet all requirements for relicensure. The request must be made in writing with appropriate documentation supporting the need for an extension. All such requests will be considered on a case-by-case basis.
- E.      Any PHRN, whose license has expired, within 60 days after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00, made payable to Illinois Department of Public Health, in the form of a certified check or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.
- F.      Any PHRN whose license has expired for a period of more than 60 days shall be required to reapply for licensure and successfully complete the required training programs.

**EFFECTIVE DATE:**    04-30-92  
**REVISED DATE:**      07-20-16  
**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**STANDARDS FOR PHRN CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 100 Hours of CE (The 100 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency Training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<b><u>Continuing Education Recommendations</u></b>	<b><u>(Documentation) &amp; [Hours]</u></b>	<b><u>*Over 4 Years*</u></b>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	100 hours	100 hours
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	100 hours	100 hours
3. Audit EMT-P Class (Instructor signature required).....	UNLIMITED	UNLIMITED
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	100 hours	100 hours
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	16 hours (max)
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	8 hours (max)
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	hour for hour
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	12 hours (max)
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	25 hours (max)
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	12 hours (max)
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	UNLIMITED
12. EMS related Conferences and/or Seminars (Certificate).....	hour for hour	hour for hour
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	25 hours (max)	25 hours (max)
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	25 hours (max)	25 hours (max)
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	5 hours (max)
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	hour for hour
17. ECRN Course apart from ACLS,PALS, etc courses (Certificate).....	hour for hour	hour for hour
18. TNS or TNCC (Certificate).....	hour for hour	hour for hour

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent PHRNs are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, and 18 for CE and must submit Items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**STANDARDS FOR PHRN CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 100 Hours of CE (The 100 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency Training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<b><u>Continuing Education Recommendations</u></b>	<b><u>(Documentation) &amp; [Hours]</u></b>	<b><u>*Over 4 Years*</u></b>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	100 hours	
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	100 hours	
3. Audit EMT-P Class (Instructor signature required).....	UNLIMITED	
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	100 hours	
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	
12. EMS related Conferences and/or Seminars (Certificate).....	hour for hour	
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	25 hours (max)	
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	25 hours (max)	
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	
17. ECRN Course apart from ACLS,PALS, etc courses (Certificate).....	hour for hour	
18. TNS or TNCC (Certificate).....	hour for hour	

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent PHRNs are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, and 18 for CE and must submit Items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-B RELICENSURE****POLICY: IDPH CODE 515.590**

It will be the responsibility of the individual EMT-B and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period. Requirements for EMT license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The licensee shall file for renewal with the IDPH in a form prescribed by the IDPH at least 30 days prior to the license expiration date. The System shall process the EMT for renewal upon receiving documentation of the following, from the EMT or the EMT's Agency EMS Coordinator or Chief:
  - A. A total of 60 hours of Continuing Education, seminars and workshops, addressing both adult and pediatric care, is required for the 4-year relicensure period. Refer to "Standards for EMT-Basic Continuing Education" for recommendations. Proof of CE hours shall be submitted in an approved format per System policy 200-8 "METHODS FOR SUBMITTING CONTINUING EDUCATION".
  - B. A current CPR completion card in compliance with AHA guidelines that covers adult and pediatric one-rescuer and two rescuer CPR with adult and pediatric fbao management.
  - C. A completed Child Support and Felony Conviction Statement must be made on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$20 paid to IDPH on-line via credit/debit card.
- II. All relicensure requirements shall be submitted at the same time to the System. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS.
- III. Upon relicensure, the EMT-B must submit a copy of their current EMT license to the System Office, their Agency's EMS Coordinator.
- IV. An EMT shall submit to the System proof of successful completion of any MANDATORY System Continuing Education as required by the EMS Medical Director (i.e.: performance needs-based CE, introduction of new skills or procedures based CE, SMO Updates and or Testing etc), when requested. SCÉMSS Trimester CME is worth 10 hours per trimester and must include completion of 3 packets with corresponding single exam. SCÉMSS Moodle Monthly CE is worth 2 - 2.5 hours per month. Details at [www.silvercrosssems.com](http://www.silvercrosssems.com) System CME Page.
- V. If the EMS Medical Director has appropriate evidence that an EMT-B's skills performance has not been adequately demonstrated; the EMT-B will be required to complete a written exam with a minimum score of 80% to pass. An EMT-B may request to retake the exam in its entirety within 14 days of the original test date. It is the EMT-B's responsibility to make the necessary arrangements. Should an EMT-B fail a second attempt, a review must be completed by the EMS Medical Director to make a determination on the EMT-B's status. Further reviews beyond this point must follow the procedure outlined regarding conflict resolution.
- VIII. An EMT-B who fails to meet all requirements will not be recommended for relicensure unless one of the following applies:
  - A. The EMT-B has successfully completed a state approved Intermediate or Paramedic Education Program and has met all requirements for licensure at the EMT-I or P level.
  - B. The EMT-B submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the EMT-B will have until the end of the extension period to meet all requirements for relicensure.



**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-B RELICENSURE**

- VII. At any time prior to the expiration of the current license, an EMT-B may revert to First Responder status for the remainder of the license period. The EMT-B is required to submit their original license and voluntary reduction request in writing to the System (who forwards to IDPH). To re-register at the First Responder level, the individual must then meet the requirements for First Responder registration. An EMT-B who has reverted to First Responder status may NOT be re-instated to the EMT-B level. The First Responder would need to re-complete the respective EMT-B training program.
- VIII. An EMT-I or EMT-P who has reverted to EMT-B status may be subsequently relicensed as an EMT-I or EMT-P, upon the recommendation of the EMS Medical Director who has verified that the individual's knowledge and clinical skills are at an active level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming EMT-I/P activities. The individual may not be relicensed at a level higher than that of their previous level prior to reverting to EMT-B status.
- IX. Any EMT-B, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00 made payable to the Illinois Department of Public Health, in the form of a certified check, organizational check, or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.
- X. Any EMT whose license has expired for a period of **more than 60 days but less than 36 months** may apply for "**REINSTATEMENT**" with their EMS System. This reinstatement shall include submission of all relicensure material as required in this policy, plus a fee of \$45.00 made payable to the Illinois Department of Public Health in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the EMT, the System will approve and sign the EMT's IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to take and pass an IDPH test for the level of EMT license sought to be reinstated.
- A. The provider will be required to produce a valid CPR card and 120 hours of CE
  - B. Pay for and submit a State of Illinois background check via ISP.
  - C. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
  - D. EMTs will take and pass with a >80% score:
    1. 100 question EMT-B general knowledge written exam
    2. A 50 question SMO (most recent) exam
    3. A skills evaluation exam scored on NREMT-P guidelines
- XI. Any EMT whose license has expired for a period of **more than 36 months** shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

**EFFECTIVE DATE:** 01-01-94  
**REVISED DATE:** 07-08-16  
**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-BASIC CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 60 Hours of CE (The 60 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE: Item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<u>Continuing Education Recommendations</u>	<u>(Documentation) &amp; [Hours]</u>	<u>*Over 4 Years*</u>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	60 hours	
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month) .....	60 hours	
3. Audit EMT-B Class or B topics of I or P Class (Instructor signature required) .....	UNLIMITED	
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	60 hours	
5. Initial: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	16 hours (max)	
6. Renewal: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour .....	15 hours (max)	
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	
11. Health Related College Courses [1 college credit hour = 8 CE hours] .....	UNLIMITED	
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate) .....	15 hours (max)	
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	15 hours (max)	
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent EMT-Bs are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-BASIC CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 60 Hours of CE (The 60 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE: Item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<u>Continuing Education Recommendations</u>	<u>(Documentation) &amp; [Hours]</u>	<u>*Over 4 Years*</u>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	60 hours	
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month) .....	60 hours	
3. Audit EMT-B Class or B topics of I or P Class (Instructor signature required) .....	UNLIMITED	
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	60 hours	
5. Initial: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	16 hours (max)	
6. Renewal: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour .....	15 hours (max)	
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	
11. Health Related College Courses [1 college credit hour = 8 CE hours] .....	UNLIMITED	
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate) .....	15 hours (max)	
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	15 hours (max)	
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent EMT-Bs are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-I RELICENSURE****POLICY: IDPH CODE 515.590**

It will be the responsibility of the individual EMT-I and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period (with the System checking accrued hours every 2 years). Requirements for EMT license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The EMS Medical Director will process the EMT-I's relicensure with the IDPH upon documentation of the following:
  - A. A minimum of 80 hours of Continuing Education, seminars and workshops, addressing both adult and pediatric care, is required for the 4-year relicensure period. No more than 25 percent of those hours may be in the same subject.
    1. Refer to the "Standards for EMT-Intermediate Continuing Education" in this policy for a breakdown of acceptable CE. Proof of CE hours shall be submitted in a System approved format per the System policy 200-8 "METHODS FOR SUBMITTING CONTINUING EDUCATION".
  - B. A current CPR completion card in compliance with AHA guidelines that covers adult/pediatric one and two-rescuer CPR with adult/ pediatric fbao management.
  - C. A completed Child Support and Felony Conviction Statement must be made on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$30 paid to IDPH on-line via credit/debit card.
  - D. Successful completion of any mandatory System CE as required by the EMS Medical Director (ie: performance or QA needs-based CE, introduction of new skills or procedures based CE, SMO Updates and or testing, etc).
  - E. Upon relicensure, the EMT-I must submit a copy of their current EMT-I license to the System Office and their Agency EMS Coordinator.
- II. All relicensure requirements shall be submitted at the same time to the EMS System Office. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS.
- III. If the EMS Medical Director has appropriate evidence that an EMT-I's skills performance has not been adequately demonstrated; the EMT-I will be required to complete a written system examination with a minimum score of 80% to pass. An EMT-I may request to retake the exam in its entirety within 14 days of the original test date. It is the EMT-I's responsibility to make the necessary arrangements. Should an EMT-I fail a second attempt, a review must be completed by the EMS Medical Director to make a determination on the EMT-I's status. Further reviews beyond this point must follow the procedure outlined regarding conflict resolution.
- IV. An EMT-I who fails to meet all requirements will not be recommended for relicensure unless:
  - A. The EMT-I has successfully completed a state approved Paramedic Education Program and has met all requirements for licensure at the EMT-P level; or
  - B. The EMT-I submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the EMT-I will have until the end of the extension period to meet all requirements for relicensure.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-I RELICENSURE continued**

- V. At any time prior to the expiration of the current license, an EMT-I may revert to the First Responder or EMT-B status for the remainder of the license period. The EMT-I is required to submit their original license and voluntary reduction request in writing to the System who forwards to IDPH. To relicense at the EMT-B level, the individual must then meet the EMT-B relicensure requirements.
- VI. An EMT-I who has reverted to EMT-B status may be subsequently relicensed as an EMT-I, upon the recommendation of the EMS Medical Director who has verified that the individual's knowledge and clinical skills are at an active EMT-I level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming EMT-I activities. An EMT-I who has reverted to First Responder status may NOT be re-instated to their previous EMT level, but would need to re-complete the respective EMT training programs.
- VII. Any EMT-I, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00, made payable to Illinois Department of Public Health, in the form of a certified check or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.
- VII. Any EMT whose license has expired for a period of **more than 60 days but less than 36 months** may apply for "REINSTATEMENT" with their EMS System. This reinstatement shall include submission of all relicensure material as required in this policy, plus a fee of \$45.00 made payable to Illinois Department of Public Health in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the EMT-I, the System will approve and sign the EMT-I's IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to take and pass an IDPH test for the level of EMT license sought to be reinstated.
- A. The provider will be required to produce a valid CPR card and 120 hours of CE
  - B. Pay for and submit a State of Illinois background check via ISP.
  - C. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
  - D. EMT-Is will take and pass with a >80% score:
    1. 100 question EMT-I general knowledge written exam
    2. A 50 question SMO (most recent) exam
    3. A skills evaluation exam scored on NREMT guidelines
- IX. Any EMT whose license has expired for a period of **more than 36 months** shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

**EFFECTIVE DATE:** 01-01-94  
**REVISED DATE:** 07-08-16  
**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-INTERMEDIATE CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 80 Hours of CE (The 80 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$30 renewal fee

**Submit to System: Items 1 & 2/ Submit to IDPH ONLINE: Item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<u>Continuing Education Recommendations</u>	<u>(Documentation) &amp; [Hours]</u>	<u>*Over 4 Years*</u>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	80 hours	
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	80 hours	
3. Audit EMT-I Class or I topics of Paramedic Class (Instructor signature required).....	UNLIMITED	
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	80 hours	
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	20 hours (max)	
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate).....	20 hours (max)	
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent EMT-Is are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-INTERMEDIATE CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 80 Hours of CE (The 80 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$30 renewal fee

**Submit to System: Items 1 & 2/ Submit to IDPH ONLINE: Item 3 to complete relicensure.**

**ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.**

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<u>Continuing Education Recommendations</u>	<u>(Documentation) &amp; [Hours]</u>	<u>*Over 4 Years*</u>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	80 hours	
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	80 hours	
3. Audit EMT-I Class or I topics of Paramedic Class (Instructor signature required).....	UNLIMITED	
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	80 hours	
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	20 hours (max)	
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate).....	20 hours (max)	
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent EMT-Is are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-P RELICENSURE****POLICY: IDPH CODE 515.590**

It will be the responsibility of the individual EMT-P and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period (with the System checking accrued hours every 2 years). Requirements for EMT license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The EMS Medical Director will process the Paramedic's relicensure with the IDPH upon documentation of the following:
  - A. A minimum of 100 hours of Continuing Education, seminars and workshops, addressing both adult and pediatric care, is required for the 4-year relicensure period. No more than 25 percent of those hours may be in the same subject.
    1. Refer to the "Standards for EMT-Paramedic Continuing Education" in this policy for a breakdown of acceptable CE. Proof of CE hours shall be submitted in a System approved format per System policy 200-08 "METHODS FOR SUBMITTING CONTINUING EDUCATION".
  - B. A current CPR completion card in compliance with AHA guidelines that covers adult and pediatric one and two-rescuer CPR with adult and pediatric fbaio management.
  - C. A completed Child Support and Felony Conviction Statement must be made on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$40 paid to IDPH on-line via credit/debit card.
  - D. Successful completion of any mandatory System CE as required by the EMS Medical Director (i.e.: performance or QA needs-based CE, introduction of new skills or procedures based CE, SMO Updates and testing, etc).
  - E. Upon relicensure, the EMT-P must submit a copy of their current EMT-P license to the System Office and their Agency EMS Coordinator.
- II. All relicensure requirements shall be submitted at the same time. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS.
- III. If the EMS Medical Director has appropriate evidence that an EMT-P's skills performance has not been adequately demonstrated; the EMT-P will be required to complete a written system examination with a minimum score of 80% to pass. An EMT-P may request to retake the exam in its entirety within 14 days of the original test date. It is the EMT-P's responsibility to make the necessary arrangements. Should an EMT-P fail a second attempt, a review must be completed by the EMS Medical Director to make a determination on the EMT-P's status. Further reviews beyond this point must follow the procedure outlined regarding conflict resolution.
- IV. An EMT-P who fails to meet all requirements will not be recommended for relicensure unless the EMT-P submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the EMT-P will have until the end of the extension period to meet all requirements for relicensure.



**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMT-P RELICENSURE continued**

- V. At any time prior to the expiration of the current license, an EMT-P may revert to the First Responder, EMT-B or EMT-I status for the remainder of the license period. The EMT-P is required to submit their original license and voluntary reduction request in writing to the System who forwards to IDPH. To relicense at the First Responder, EMT-B or I level, the individual must then meet the relicensure requirements of that level.
- VI. An EMT-P who has reverted to EMT-B or EMT-I status may be subsequently relicensed as an EMT-P, upon the recommendation of the EMSMD who has verified that the individual's knowledge and clinical skills are at an active EMT-P level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming EMT-P activities. An EMT-P who has reverted to First Responder status may NOT be re-instated to their previous EMT level, but would need to re-complete the respective EMT training programs.
- VII. Any EMT-P, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00, made payable to Illinois Department of Public Health, in the form of a certified check or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.
- VIII. Any Paramedic whose license has expired for a period of **more than 60 days but less than 36 months** may apply for "REINSTATEMENT" with their EMS System. This reinstatement shall include submission of all relicensure material as required in this policy, plus a fee of \$60.00 made payable to IDPH in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the Paramedic, the System will approve and sign the Paramedic's IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to take and pass an IDPH test for the level of EMT license sought to be reinstated.
- A. The provider will be required to produce a valid CPR card and 120 hours of CE
  - B. At the discretion of the EMS Medical Director, the provider may be required to produce a valid ACLS and PALS card
  - C. Pay for and submit a State of Illinois background check via ISP.
  - D. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
  - E. Paramedics will take and pass with a >80% score:
    1. A ten question EKG strip test and a ten question medical math test
    2. A 100 question Region 7 EMT-P general knowledge written exam
    3. A 50 question Region 7 SMO (most recent) exam
    4. A skills evaluation exam scored on NREMT-P guidelines
- IX. Any EMT whose license has expired for a period of **more than 36 months** shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

**EFFECTIVE DATE:** 01-01-94  
**REVISED DATE:** 07-08-16  
**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-PARAMEDIC CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 100 Hours of CE (The 100 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$40 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE item 3 to complete relicensure.**

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

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**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<b><u>Continuing Education Recommendations</u></b>	<b><u>(Documentation) &amp; [Hours]</u></b>	<b><u>*Over 4 Years*</u></b>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	100 hours	100 hours
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	100 hours	100 hours
3. Audit EMT-P Class (Instructor signature required).....	UNLIMITED	UNLIMITED
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	100 hours	100 hours
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	16 hours (max)
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	8 hours (max)
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	hour for hour
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	12 hours (max)
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	25 hours (max)
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	12 hours (max)
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	UNLIMITED
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	hour for hour
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	25 hours (max)	25 hours (max)
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	25 hours (max)	25 hours (max)
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	5 hours (max)
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	hour for hour

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent Paramedics are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit Items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
STANDARDS FOR EMT-PARAMEDIC CONTINUING EDUCATION**

**I. RELICENSURE REQUIREMENTS SUMMARY:**

1. 100 Hours of CE (The 100 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$40 renewal fee

**Submit to System: Items 1 & 2 / Submit to IDPH ONLINE item 3 to complete relicensure.**

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

=====

**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

<b>Continuing Education Recommendations</b>	<b>(Documentation) &amp; [Hours]</b>	<b>*Over 4 Years*</b>
1. SCEMSS Trimester CME: (10 hours per completed trimester) .....	100 hours	100 hours
2. SCEMSS Moodle CME Monthly PowerPoint and Quiz (2 - 2.5 hours/month).....	100 hours	100 hours
3. Audit EMT-P Class (Instructor signature required).....	UNLIMITED	UNLIMITED
4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) .....	100 hours	100 hours
5. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr.....	16 hours (max)	16 hours (max)
6. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr .....	8 hours (max)	8 hours (max)
7. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only .....	hour for hour	hour for hour
8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) .....	12 hours (max)	12 hours (max)
9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour.....	25 hours (max)	25 hours (max)
10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....	12 hours (max)	12 hours (max)
11. Health Related College Courses [1 college credit hour = 8 CE hours].....	UNLIMITED	UNLIMITED
12. EMS related Conferences and/or Seminars (Certificate) .....	hour for hour	hour for hour
13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, cecbems.org (Certificate).....	25 hours (max)	25 hours (max)
May include: Webinars and online offerings with subject matter found in the EMS Education Standards [eg sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings]		
14. Commercial CE: EMS Video and Magazine CE (Certificate) .....	25 hours (max)	25 hours (max)
15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy .....	5 hours (max)	5 hours (max)
(Written & Signed statement from Charge Nurse or Physician regarding attendance)		
16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) .....	hour for hour	hour for hour

Certificates must include provider’s name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

**Independent Paramedics are limited to 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, and 16 for CE and must submit Items 1 & 2 to the IDPH Regional Coordinator NOT A SYSTEM.**

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

### **TITLE: METHODS FOR SUBMITTING CONTINUING EDUCATION**

**POLICY:** IDPH CODE 515.560, 515.570, 515.580

The System and the IDPH Regional EMS Coordinator have agreed to accept continuing education hours in the following formats. Acceptable types of CE documentation are listed under the “Standards for Acceptable CE” section in the relicensure policies and should be referred to when assessing valid CE hours. Refer to policy (200-16) “Continuing Education Acceptance & Validation Standards” also, on IDPH site code approval. Once the required number of CE hours has been accumulated they shall be submitted in one of the following formats:

- I. **Provider agency computer print-out** that contains the following:
  - A. Fire Department or Agency name.
  - B. EMT-B, I, P or PHRN’s full name.
  - C. Signature of the Chief or EMS Coordinator that verifies the total number of hours stated is correct and on file at that agency.
  - D. Dates and names of the subjects taught **with the corresponding IDPH approved site codes** and number of hours awarded per each attended offering.
  - E. Printout shall contain only pertinent data to that EMT-I, P or PHRN’s current license period and only hours taught at that department. Do not include SCEMSS CE.
- II. **Certificate** with the EMT-B, I, P or PHRN’s full name, topic/title of educational seminar/conference/training program, IDPH and/or CECBEMS authorization code/number and number of hours awarded for the program.
- III. The proof of CE hours **MUST** be submitted in one of these approved formats a minimum of 30 days prior to the individual’s relicensure date. These records will become part of that provider’s permanent file in the System Office, therefore, that individual or Agency should keep identical copies.
- IV. E-MAIL Continuing Education to your primary System office. Utilizing email for this purpose provides a more streamlined process.
- V. Complete your IDPH Renewal Notice/Child Support Statement form online at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). You will need the PIN number mailed to you on the IDPH renewal notice and you will need to input your System’s IDPH assigned number. The SCEMSS System Number is 0710. Please review the full list of System Numbers for other System’s on the website at [www.silvercrossems.com](http://www.silvercrossems.com) Licensure page.

**EFFECTIVE DATE:** 09-01-94  
**REVISED DATE:** 03-09-16  
**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:** EXTENSION OF LICENSURE FOR EMS SYSTEM PERSONNEL**POLICY:** IDPH CODE 515.590

All System personnel are required to fulfill the requirements for continued state relicensure as outlined in the System policies/procedures and the Illinois Department of Public Health Rules/Regulations. If, however, extenuating or extraordinary circumstances prevent the individual from fulfilling those requirements, the individual may petition the EMS Medical Director and the Illinois Department of Public Health for an extension.

1. An extension can be requested for a three (3) or six (6) month time period, but for extreme hardship cases only.
2. Only one extension request will be granted every two (2) relicensure periods (one every eight (8) years).
3. Concurrent extension requests for relicensure will not be approved.
4. System personnel must petition the EMS Medical Director in writing explaining the reason(s) an extension is necessary. The provider must print and complete the IDPH EMS Extension Application form from the System website [www.silvercrosssems.org](http://www.silvercrosssems.org), attach the request letter, copies of all current continuing education, and a current CPR card to the request.
5. The EMS Medical Director will review and forward to IDPH for approval.
6. If approved, IDPH will forward a revised license to the provider, at which time the provider must meet all relicensure requirements by the newly issued expiration date.

**EFFECTIVE DATE:** 08-15-89**REVISED DATE:** 12-29-10**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:**     **INACTIVE STATUS - EMT-B, EMT-I, EMT-P, PHRN, & ECRN****POLICY:**     IDPH CODE 515.600

Prior to the expiration of the current license, an EMT-B, I, P, ECRN, or PHRN may request to be placed on inactive status when he/she is not actively functioning in the profession for a time due to illness, injury, or military duty.

- I.     Prior to the end of a four (4) year licensure period, an EMT-B, I, P, ECRN or PHRN may request to be placed on inactive status.
  - A.     The request shall be made in writing to the System's EMS Medical Director. The EMS provider's actual original IDPH state license must be attached to the appropriate IDPH form for the request to be granted. This form may be printed from the IDPH website at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems).
  - B.     The EMS Medical Director will apply to the IDPH in writing and request that the EMT-B, I, P, ECRN or PHRN be placed on inactive status. The application must be on the appropriate IDPH Application Form and contain the following information:
    1.     Name and address of individual;
    2.     Level of License and License ID number;
    3.     Circumstances requiring inactive status with expected time frame;
    4.     Signature of applicant and EMS Medical Director; and
    5.     Actual/original State of Illinois EMS Licenses (both large and small) to be placed inactive.
  - C.     IDPH will review requests for inactive status and notify the EMS Medical Director in writing of its decision.
  
- II.    In order for the EMT-B, I, P, ECRN or PHRN to return to active status, the EMS Medical Director must make application to the IDPH in writing and include a statement that:
  - A.     The individual has been examined (physically and mentally) and found capable of functioning within the System.
  - B.     The individual has demonstrated that their knowledge and clinical skills are at the active level of licensure and has completed any refresher training deemed necessary by the EMSMD and approved by the IDPH. If the inactive status was based on a temporary disability, the EMSMD shall also verify that the disability has ceased.
  
- III.   During inactive status, the EMT, ECRN or PHRN shall not function at any level of EMS licensure.

**EFFECTIVE DATE:**   07-01-90**REVISED DATE:**     03-31-13**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: MULTIPLE SYSTEM LICENSURES****POLICY:**

In the event that an EMT-B, I, P, or PHRN is functioning in one or more EMS Systems in addition to the Silver Cross EMS System, the following will apply:

- I. In order for an EMT-B, I, P, or PHRN to function in the Silver Cross EMS System while functioning in other Illinois systems, the individual must:
  - A. Submit a written statement that indicates what EMS System will be considered primary for the purpose of relicensure. This is satisfied upon System entry by completing appropriate System Entry forms. If changing primary Systems after initial System entry a formal letter (signed and dated) or an email from the provider must be submitted to the System requesting the change. All System status changes must always be submitted in writing/by email directly from the provider requesting the change.
  - B. If the Silver Cross EMS System is to be the primary system, the individual must meet all requirements as set forth in their level Relicensure Policy.
  - C. If an Illinois system other than the Silver Cross EMS System is to be considered the primary system, the individual must:
    1. Maintain an active agency affiliation within the Silver Cross EMS System and be listed on that Agency's Roster at the time of relicensure.
    2. Submit proof of relicensure within 10 days after such time, or proof of an extension granted by the IDPH. Proper documentation and verification will consist of:
      - a. Either a copy of a current EMT-B, I, P, or PHRN license, or
      - b. A copy of the approved IDPH Extension or Temporary License.
    3. Attend all Silver Cross EMS System mandatory continuing education programs as designated.
- II. Eligibility of Participation in this System will be granted to individuals who meet the requirements in Section I of this Policy unless one of the following circumstances exists:
  - A. The EMT/PHRN fails to obtain relicensure in his/her primary system.
  - B. The EMT/PHRN is prohibited from functioning in the State of Illinois because of any disciplinary actions or any other reasons, provided the appropriate due-process has been accorded and the deprivation of rights to act in the capacity of prehospital care provider is consistent with the rules and regulations promulgated by IDPH.
  - C. The EMT/PHRN fails to maintain a Silver Cross System provider agency affiliation.

**EFFECTIVE DATE:** 08-15-89

**REVISED DATE:** 03-09-16

**REVIEWED DATE:**

ATTACHMENT : ECRN Course/System Entry Application

**EMS REGION 7  
EMERGENCY COMMUNICATIONS REGISTERED NURSE  
COURSE/SYSTEM ENTRY APPLICATION  
(PLEASE PRINT)**

**FOR COURSE CANDIDATES & SYSTEM ENTRY**

Check One:  Registering for \_\_\_\_\_ (date) ECRN Course.  Licensed ECRN entering the System.

DATE: \_\_\_/\_\_\_/\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ R.N. LICENSE #: \_\_\_\_\_

**E-MAIL (print legibly):** \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

EMS SYSTEM/RESOURCE HOSPITAL: Silver Cross EMS System

HOSPITAL WHERE YOU WORK: \_\_\_\_\_ NORMAL SHIFT: \_\_\_\_\_

**CIRCLE ANY THAT APPLY**

ECRN    EMT-B    EMT-I    EMT-P    PHRN    >IDPH License# \_\_\_\_\_

IF ALREADY LICENS D ECRN: DATE OF ORIGINAL ECRN COURSE: \_\_\_/\_\_\_/\_\_\_    REGION: \_\_\_\_\_

**CHECK AND COMPLETE ANY THAT APPLY**

TNS    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_    IDPH License # \_\_\_\_\_

TNCC    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_

ACLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    PALS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

PHTLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    ITLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

**ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.**

**\*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

\_\_\_\_\_  
ER Manager or EMS Coordinator Signature/Approval

\_\_\_\_\_  
Silver Cross EMS Coordinator Signature/Approval



## **SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE:** EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) PROGRAM

**POLICY:** IDPH CODE 515.740

The ECRN Program of education established by the Region 7 EMS Education Committee is designed to enhance the overall quality of pre-hospital patient care of system providers by utilizing licensed registered nurses in the role of medical control. The scope of medical control will be during emergency radio communication operations and after the provider agency has delivered the patient(s) to the receiving medical facility. An individual trained as an ECRN will function as the designee of the Silver Cross EMS System Medical Director and will provide appropriate medical direction according to the Standing Medical Orders developed and implemented by the System and Region.

### **I. Requirements for Admission**

In order to be accepted into the ECRN program, the applicant must meet the following requirements:

- A. Currently a registered nurse licensed in the State of Illinois.
- B. Be actively employed as a registered nurse in the Emergency Department of the Resource hospital or a System Associate/Participating Hospital. The applicant must have a minimum of six (6) months experience in Emergency or Critical Care nursing.
- C. Provide current documentation of successful completion of Advanced Cardiac Life Support course
- D. Provide documentation of successful completion of a course that focuses on advanced trauma care, (i.e.: TNS; Trauma Nurse Specialist, TNCC; Trauma Nurse Core Course, ITLS; International Trauma Life Support, or PHTLS; Pre-Hospital Trauma Life Support).

### **II. Initial System Certification**

An individual will be certified to function as an ECRN within the Silver Cross EMS System upon documentation of the following:

- A. Successful completion of the Region 7 ECRN training program and all pre-requisites.
- B. Eight (8) hours of field ride time with a System Advanced Life Support provider agency that must be completed within 90 days from the end of the ECRN class.
- C. Participation in ten (10) ALS radio/cellular phone ambulance runs while precepted by a System certified ECRN that must be completed within 90 days from the end of the ECRN class. (4 hours class credit for precepted learning)
- D. A \$55 initial license fee made payable to IDPH in the form of a certified check or money order must be brought to the first day of ECRN class.
- E. An individual certified as an ECRN from another EMS System who wishes to function in the same capacity within the Silver Cross System must provide the following documentation upon requesting System entrance.
  - 1. Current Illinois RN license and ECRN certification and
  - 2. Successful completion of the Region 7 ECRN written examination.
  - 3. Participation in five (5) ALS radio/cellular phone ambulance runs under the direction of a system certified ECRN.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:** EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) PROGRAM**POLICY:** CONTINUED**III. System Re-Certification (See Attachment for Relicensure)**

An individual must recertify as an ECRN every four (4) years following completion of the initial training program. In addition to a current Illinois RN license and ECRN certification, documentation of the following must be provided to meet the required re-certification criteria:

- A. Participation in all mandatory SMO update programs, or other Continuing Medical Education programs, as required by the EMS System Medical Director.
- B. Completion of 32 hours of Continuing Medical Education over the 4-year certification period.
- C. Current certification status in Advanced Cardiac Life Support (ACLS) and trauma related certifications.
- D. Participation in the Quality Improvement (QI) program reviews as stipulated by the EMS System policy.
- E. Approximately 60 days prior to your relicensure, IDPH will mail a “Renewal Notice/Child Support/Personal History Statement” form directly to your home. Complete this information on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.

**IV. Revocation of System Certification**

An individual may be denied the ability to function as an ECRN in this System due to one or more of the following circumstances:

- A. Failure to complete all requirements for initial system certification within the time stipulated.
- B. Failure to complete all requirements for system recertification.
- C. Failure to comply with the policies/procedures of the Silver Cross EMS System
- D. When it is determined by the EMS Medical Director that an individual has not adequately demonstrated skill proficiency as an ECRN
- F. Failure to maintain employment/affiliation with a System hospital.
- G. Failure to maintain a current Illinois RN license

The Silver Cross EMS System will notify the IDPH by submitting a list of individuals who have had revocation of System certification.

**ATTACHMENTS:** ECRN Certification Course Outline  
 Course/System Entry Application form  
 ECRN Ride Time Validation Form  
 ECRN Telemetry Radio Call Preceptor Form  
 Relicensure Requirements form

**EFFECTIVE DATE:** 08-26-91  
**REVISED DATE:** 03-09-16  
**REVIEWED DATE:**

**ATTACHMENT : ECRN Certification Course Outline****ECRN COURSE OUTLINE****DAY ONE – 7:45AM-5:30PM**

7:45-8:00	Registration
8:00-9:00	Scope and Purpose of EMS, EMS Act, Region 7 policies
9:00-10:00	Break apart session – System policies and system ECRN requirements
10:00-10:15	Break
10:15-11:45	Cardiac SMO's, Role-playing
11:45-12:45	Lunch
12:45-2:00	Trauma SMO's, Role-playing
2:00-2:15	Break
2:15-3:15p	Medical SMO's, Role playing
3:15-3:30p	Break
3:30-4:30p	Special Situation Protocols
4:30-5:30p	Question and answer session

**DAY TWO – 8:00AM – 5:30PM**

8:00-9:00	Pediatric SMO's, Role-playing
9:00-9:15	Break
9:15-10:15	Maternal Child SMO's, Role-playing
10:15-10:30	Break
10:30-11:00	Critical Incident Stress Management
11:00-12:00	Lunch
12:00-12:30	Customer service, Communications, Equipment exchange & radio communications
12:30-1:45	Disaster Planning
1:45-2:00	Break
2:00-3:45	Special Procedures, Equipment demonstration, ambulance orientation, equip practice
3:45-4:00	Break
4:00-5:30	Written Test, Course Summary

ATTACHMENT : ECRN Course/System Entry Application

**EMS REGION 7  
EMERGENCY COMMUNICATIONS REGISTERED NURSE  
COURSE/SYSTEM ENTRY APPLICATION  
(PLEASE PRINT)**

**FOR COURSE CANDIDATES & SYSTEM ENTRY**

Check One:  Registering for \_\_\_\_\_ (date) ECRN Course.  Licensed ECRN entering the System.

DATE: \_\_\_/\_\_\_/\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RESOURCE HOSPITAL: Silver Cross EMS System R.N. LICENSE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ **E-MAIL:** \_\_\_\_\_

HOSPITAL WHERE YOU WORK: \_\_\_\_\_

**CIRCLE ANY THAT APPLY**

ECRN    EMT-B    EMT-I    EMT-P    PHRN    >IDPH License# \_\_\_\_\_

IF ALREADY LICENS D ECRN: DATE OF ORIGINAL ECRN COURSE: \_\_\_/\_\_\_/\_\_\_    REGION: \_\_\_\_\_

**CHECK AND COMPLETE ANY THAT APPLY**

TNS    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_    IDPH License # \_\_\_\_\_

TNCC    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_    ACLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

PHTLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    BTLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

**ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.**

**\*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

\_\_\_\_\_  
ER Manager or EMS Coordinator Signature/Approval

\_\_\_\_\_  
Silver Cross EMS Coordinator Signature/Approval

**REGION 7 EMS  
ECRN**

**CLINICAL FIELD EXPERIENCE / AMBULANCE RIDE-TIME  
PRECEPTOR VERIFICATION REPORT FORM  
(8 HOURS REQUIRED FOR NEW CANDIDATE LICENSURE)**

ECRN – LAST NAME: \_\_\_\_\_, FIRST NAME: \_\_\_\_\_

HOSPITAL AFFILIATION: \_\_\_\_\_ SHIFT: \_\_\_\_\_

DATE OF RIDE TIME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

STATION #: \_\_\_\_\_ UNIT # ASSIGNED TO: \_\_\_\_\_

TIME IN: \_\_\_\_\_ AM/PM      TIME OUT: \_\_\_\_\_ AM/PM      TOTAL HOURS LOGGED: \_\_\_\_\_

TOTAL # OF RUNS MADE: \_\_\_\_\_ # OF ALS: \_\_\_\_\_ # OF BLS: \_\_\_\_\_

NAME OF LEAD PARAMEDIC ON UNIT: \_\_\_\_\_ SYSTEM # \_\_\_\_\_

ADDITIONAL CREW MEMBERS: \_\_\_\_\_

DESCRIPTION OF EXPERIENCE AND PERFORMANCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF LEAD PRECEPTOR: \_\_\_\_\_ SYSTEM # \_\_\_\_\_

ECRN CANDIDATE SIGNATURE: \_\_\_\_\_

**Silver Cross EMS System ECRN ALS Telemetry Preceptor Log**

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

<b>ECRN Student Name</b> _____	<b>Hospital affiliation</b> _____
<b>ECRN Class Date</b> _____	<b>Site sponsoring class</b> _____
<b>Site code #</b> _____	
ALS Call #1	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #2	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #3	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #4	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #5	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #6	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #7	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #8	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #9	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #10	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____

Return completed competency form to EMS Coordinator for submission to Resource Hospital for validation.

Completion of this form is necessary to be recognized by IDPH as an ECRN.

**Manual Page 200-12e**

**ATTACHMENT : ECRN Relicensure Requirements****REQUIREMENTS FOR ECRN RENEWAL**

- A. Pass all current "Standing Medical Orders" exams with a minimum score of 80% every time the System updates the SMO's (usually once every other May).
- B. Provide documentation of current CPR certification.
- C. Complete 32 hours of prehospital focused continuing education: Upon submission of your CE, the System will review for relevance to prehospital focus.

CE Hours may include:

1. ACLS, PHTLS, BTLS, PALS, PEPP, and AMLS Courses
  2. Disaster drill participation (moulage, evaluator, etc.)
  3. Hazmat or disaster training course
  4. EMT or Paramedic Course Instructor
  5. Seminars/lectures with prehospital focus
  6. ALS Field Ride Time (one 8-hour shift accepted)
- D. Attendance at mandatory continuing education sessions may be periodically required (i.e. SMO or policy revisions, etc.),
  - E. Approximately 60 days prior to your relicensure, IDPH will mail a "Renewal Notice/Child Support/Personal History Statement" form directly to your home. Complete this information on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). You will need your PIN # from this form. If you do not receive the form contact the System for a copy. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.
  - F. The ECRN must provide documentation of renewal requirements at least 30 days prior to their ECRN expiration date. Upon receipt of this documentation, the EMS System will process the ECRN's renewal provided the on-line portions (questions and payment) have been completed.

Summary of Renewal Requirements:

- 32 Hours of Prehospital based CE
- Current BLS CPR card
- SMO Update Exam
- IDPH \$20 Renewal Fee along with on-line statements

**ATTACHMENT : ECRN Relicensure Requirements****REQUIREMENTS FOR ECRN RENEWAL**

- A. Pass all current "Standing Medical Orders" exams with a minimum score of 80% every time the System updates the SMO's (usually once every other May).
- B. Provide documentation of current CPR certification.
- C. Complete 32 hours of prehospital focused continuing education: Upon submission of your CE, the System will review for relevance to prehospital focus.

CE Hours may include:

1. ACLS, PHTLS, BTLS, PALS, PEPP, and AMLS Courses
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  3. Hazmat or disaster training course
  4. EMT or Paramedic Course Instructor
  5. Seminars/lectures with prehospital focus
  6. ALS Field Ride Time (one 8-hour shift accepted)
- D. Attendance at mandatory continuing education sessions may be periodically required (i.e. SMO or policy revisions, etc.),
  - E. Approximately 60 days prior to your relicensure, IDPH will mail a "Renewal Notice/Child Support/Personal History Statement" form directly to your home. Complete this information on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). You will need your PIN # from this form. If you do not receive the form contact the System for a copy. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.
  - F. The ECRN must provide documentation of renewal requirements at least 30 days prior to their ECRN expiration date. Upon receipt of this documentation, the EMS System will process the ECRN's renewal provided the on-line portions (questions and payment) have been completed.

Summary of Renewal Requirements:

- 32 Hours of Prehospital based CE
- Current BLS CPR card
- SMO Update Exam
- IDPH \$20 Renewal Fee along with on-line statements



**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE:** INITIAL LICENSURE

**POLICY:** IDPH CODE 515.540

Initial licensure may be obtained from the following:

- I. Individuals who successfully complete a state approved Basic, Intermediate, or Paramedic training program, will be eligible to take the State of Illinois licensure exam and will be licensed upon passing and paying the IDPH fee.

Once the exam is successfully completed, IDPH will send the individual a form with their PIN to go online to IDPH at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) and pay their license fee. Once the license fee is paid, IDPH mails the new license.

- II. Individuals trained and/or licensed at the EMT-B, EMT-I or Paramedic level in another state wishing to obtain initial licensure in the State of Illinois must satisfy all requirements for Illinois Reciprocity. Once Illinois grants reciprocity and the provider receives their Illinois EMS license, System entry may then be applied for. Out of state reciprocity must be requested directly from the State of Illinois Department of Public Health. Print the IDPH Reciprocity Form at <http://dph.illinois.gov/sites/default/files/forms/emsreciprocityapplication.pdf>. For questions regarding reciprocity contact IDPH direct at 217-785-2080.

**EFFECTIVE DATE:** 08-15-89

**REVISED DATE:** 03-09-16

**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: UTILIZATION OF HOSPITAL CLINICAL AREAS****POLICY:**

Clinical areas of the Silver Cross EMS Resource hospital are only accessible to licensed FR, FRD, EMD, EMT-B, EMT- I, Paramedic, and PHRN personnel seeking to become a provider with SCEMSS affiliation as approved by the EMS Director and EMSMD, and may be utilized for evaluating education or skill abilities. The following policy will apply:

1. All clinical time must be pre-scheduled with the System's Education Coordinator through the FISDAP program. The student will be required to purchase this program at their own expense in order to complete ride time with any Silver Cross EMS System agency or hospital.
2. Clinical Area Dress Code and Code of Conduct:  
Providers will appear and act professional when participating in a clinical setting. They must remember they are representing themselves, Silver Cross EMS System, our affiliated EMS services, and the entire EMS profession and that they are guests at the hospital that is allowing them to complete their clinical time. Therefore, during clinicals, providers must adhere to the following dress code and code of conduct:
  - Clean, professional appearance in a uniform or business casual dress clothes are a must. Shirts must cover the entire torso. All tattoos must be covered by appropriate clothing. Full length pants must be worn. No jeans, skirts, shorts or crop pants will be allowed. Black work shoes or boots shall be worn and must be low-heeled, closed toe, in a neat and clean condition. No hats are permitted during clinicals.
  - Providers shall bring a working watch with a second hand (or digital seconds), complete stethoscope, working pen light, working pen and appropriate paperwork. Cell phones must be turned off during clinical time.
  - Hands, including fingernails, must be clean and neat. Nails should be short with clear nail polish only. No artificial nails are permitted per Joint Commission guidelines.
  - Hair must be clean, neatly combed, of a natural color and held off the collar. Long hair should be put up in a ponytail or bun. Facial hair such as mustaches, beards and sideburns must be neat and well-trimmed close to the face.
  - Perfumes and colognes shall not be worn during clinicals. Excessive jewelry, nose, lip, tongue and eyebrow jewelry, and dangly earrings shall NOT be worn. Necklaces must be kept tucked in the shirt.
  - Smoking and smokeless tobacco are prohibited in hospitals and on hospital campuses.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE: UTILIZATION OF HOSPITAL CLINICAL AREAS CONTINUED**

3. Clinical area attendees are restricted to perform only in the Emergency Department under the supervision of the Medical Director or his designee.
4. Providers must report to the ED Charge nurse upon arrival. ED Charge Nurse will take the provider to the area for clinical and to notify the EMS MD of their arrival.
5. Any individual functioning in the clinical setting may only perform skills that are included in the normal scope of practice. An EMT-P/PHRN may administer medications that are included in the pharmacology section of the Silver Cross EMS Paramedic Education Program Curriculum under the direct supervision of the physician or nurse preceptor.
6. It will be required that any individual being evaluated to function for an approved SCEMSS provider in the ED clinical area must possess professional liability insurance either personal in nature or from the provider agency that they are seeking to become a member of.

**EFFECTIVE DATE:** 06-15-80

**REVISED DATE:** 07-20-16

**REVIEWED DATE:**

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

### **TITLE: CONTINUING EDUCATION ACCEPTANCE & VALIDATION STANDARDS**

### **POLICY: IDPH CODE 515.330**

In compliance with IDPH Section 515.330 I) G) H) of the EMS System Program Plan, the System will adhere to the following policy in regards to Acceptance Standards for Continuing Education.

#### **I. Continuing Education hours counted toward Relicensure**

- A. Continuing education classes, seminars, workshops, or other types of programs shall have an assigned IDPH approved site code to be allowed as acceptable CE hours. IDPH has approved independent on-line CE programs from the following sites: EmCert.com, Eminent.com, ems-ce.com, and MedicEd.com and www.CECBEMS.org without an IDPH site code. AHA CPR, ACLS, and PALS as well as ITLS and PHTLS do not require a site code and may be counted for CE.

#### **II. IDPH Site Codes**

- A. Continuing education classes, seminars or other types of programs shall be approved by IDPH before being offered to the EMS provider. An application for approval shall be submitted to the System on the prescribed form (The “TRAINING PROGRAM APPLICATION FORM”) at least 90 days prior to the scheduled CE session. The System will then forward the approved application to the IDPH. The request must be completed in its entirety and must include an attachment with course date(s), topic(s), hour(s), and 3 objectives per topic. Include only 3 objectives per topic.
- B. Approval will be granted, provided the CE application is complete, has been received in the required amount of time, and the content of the program is based on topics or materials from the U.S. Department of Transportation National Standard Curriculum. Upon approval, IDPH will issue a site code to the class, seminar, workshop or CE program. IDPH may decline the application or not allow portions of the CE if the 60 day “prior to” rule was not adhered to.
- C. The System may apply to IDPH for a single System Site Code to cover didactic continuing education activities conducted by the System solely for System personnel of all levels. Activities conducted under the System Site Code shall not require individual approval by IDPH. A Site Code may be applied for 1 year of CE. The appropriate level of objectives must be included for each level that the CE will address.
- D. The EMSMD (or System designee) in which the EMT functions shall be responsible for determining whether a particular State-approved didactic CE program is acceptable for credit within the System.
- E. The System or IDPH Regional EMS Coordinator is responsible for verifying specific Continuing Education hours earned by the EMT.

#### **III. Levels of Relicensure**

- A. Numbers I and II above will apply to the re-licensure of the following: EMTs (all levels), PHRNs, FRDs, and ECRNs

**EFFECTIVE DATE:** 01-30-98

**REVISED DATE:** 03-09-16

**REVIEWED DATE:**

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMS LEAD INSTRUCTOR****POLICY: IDPH Section 515.700**

- A. All Silver Cross EMS System education, training and continuing education courses for EMT-B, EMT-I, EMT-P, PHRN, ECRN, First Responder and Emergency Medical Dispatcher shall be coordinated by at least one approved and IDPH licensed EMS Lead Instructor. A program may use more than one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course.
- B. To become an IDPH licensed EMS Lead Instructor an individual must first:
1. Be a current licensed EMT-B, AEMT, Paramedic, PHRN, RN, or Physician;
  2. Have a minimum of four years of experience in pre-hospital emergency care;
  3. Have at least two years of documented teaching experience with an EMD, First Responder, EMT, AEMT, or Paramedic class; and
  4. Successfully complete the NAEMSE Lead Instructor Level I Course.
- C. Once a qualified individual successfully completes the NAEMSE Lead Instructor Level I course, they will need to submit the following to the EMS System in which they teach:
1. A copy of the NAEMSE Lead Instructor Level I Certificate of Completion along with a copy of the pass letter stating their final grade for the course;
  2. A money order made payable to IDPH in the amount of \$40 to cover their IDPH License Fee;
  3. A completed IDPH Renewal Notice/Child Support/Personal History Statement form printable from IDPH website: <http://dph.illinois.gov/sites/default/files/forms/ems-renewal-notice.pdf> Be sure to check mark both statements, fill out all blanks and sign;
  4. A resume that includes a list of 2 years of teaching experience at the EMD, FR, EMT-B, AEMT, or Paramedic level. The resume shall include name, address, phone, email and list of classes with dates.
- D. Upon the receipt of the items above, the System EMSMD shall submit an approval letter along with the necessary paperwork and licensing fee to IDPH for licensure. Once IDPH approves the individual as an EMS Lead Instructor, the individual will receive an IDPH LI license valid for four years.
- E. EMT-I and EMT-P Lead Instructors shall attend an IDPH-approved curriculum review course whenever revisions are made to the National Standard Curricula for Basic, Intermediate, and/or Paramedic.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMS LEAD INSTRUCTOR CONTINUED**

- F. To renew a LI license for another four-year period, the EMS Lead Instructor shall submit the following at least 60 days, but not more than 90 days, prior to the LI license expiration:
1. TO THE EMS SYSTEM: A 1-page list documenting the courses the LI taught during the 4-year license period. The list shall include the course dates, type and location (EXAMPLE: CE at xyz Fire Department, EMT-B class at xyz college, CPR class at xyz community center);
  2. TO THE EMS SYSTEM: Documentation of at least 40 hours of continuing education (Programs used to fulfill other professional continuing education requirements, i.e., Paramedic, EMT, nursing, may also be used to meet this requirement.); and
  3. TO THE EMS SYSTEM: Documentation of attendance at an IDPH-approved curriculum review course, **if applicable**, in accordance with subsection (e).
  4. ONLINE WITH IDPH: Complete the IDPH ONLINE Child Support and Felony Conviction Statements and pay the \$20 renewal fee at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems).

The EMS System's EMSMD shall upon receipt of above items issue a letter to IDPH verifying the Lead Instructor has satisfactorily coordinated programs for the EMS System during the four-year period. License renewal will not take place without this letter.

- G. IDPH shall, in accordance with Section 515.160 of this Part, *suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show the EMS Lead Instructor has failed to conduct a course in accordance with the curriculum prescribed by the Act and/or this Part; or to comply with protocols prescribed by this Part.* (Section 3.65(b)(7) of the Act)
- H. The EMS Lead Instructor shall be responsible for the following:
1. Ensuring that no EMT training class begins until after the IDPH issues its formal written pre-approval, which shall be in the form of a numeric site approval code; and
  2. Ensuring that all materials presented to students conform to all curriculum requirements of both IDPH and the EMS System granting its approval. Methods of assessment or intervention that are not approved by both IDPH and the EMS System shall not be taught or presented.

**EFFECTIVE DATE:** 04-30-92  
**REVISED DATE:** 07-20-16  
**REVIEWED DATE:**

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

**TITLE:**      **FIRST RESPONDER (FRD)**

**POLICY:**      IDPH CODE 515.720 and 515.725

Any individual, who acts as a First Responder or First Responder-AED with an affiliated System Provider Agency, must be registered with the System and licensed by IDPH.

- I. To obtain licensure as an FRD in the State of Illinois, an individual must:
  - A. Successfully complete an IDPH approved First Responder course with AED training;
  - B. Have required licensure paperwork submitted on their behalf to the EMS System:
    1. A completed IDPH Transaction Card;
    2. A money order made payable to IDPH in the amount of \$55 for License Fee;
    3. A completed IDPH Renewal Notice/Child Support/Personal History Statement form printable from IDPH website:  
<http://dph.illinois.gov/sites/default/files/forms/ems-renewal-notice.pdf> Be sure to check mark both statements, fill out all blanks and sign; and
    4. A copy of a current BLS CPR AED card
  
- II. An agency providing service at the FR/FRD level shall ensure that a minimum of the following equipment/supplies be immediately available to the individual when acting/functioning as a licensed First Responder/FRD:
 

<ol style="list-style-type: none"> <li>1. triangular bandage</li> <li>2. roller type bandage</li> <li>3. universal dressing</li> <li>4. gauze pad</li> <li>5. occlusive dressing</li> <li>6. bandage scissors</li> <li>7. adhesive tape</li> <li>8. stick (impaled object/tourniquet)</li> </ol>	<ol style="list-style-type: none"> <li>9. blanket</li> <li>10. upper extremity splint</li> <li>11. lower extremity splint (set)</li> <li>12. oxygen equipment and masks (adult and pediatric)</li> <li>13. bag-mask resuscitator</li> <li>14. oropharyngeal airway (adult, child, and infant)</li> </ol>
--	--
  
- III. System Entry: Prior to functioning as a First Responder/FRD in the System, the Agency must:
  - A. Submit a written request/affiliation letter from a System Agency including name, address, phone, email, and provider agency affiliation information.
  - B. Submit a copy of a current State of Illinois First Responder/FRD License,
  - C. Submit a copy of a current BLS CPR AED card,

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE: FIRST RESPONDER**

**POLICY: CONTINUED**

- IV. An agency shall notify the System when a provider is no longer affiliated with them within 10 days and of any changes in name, address, employer, or system affiliation.
- V. License Renewal: A FRD license shall be valid for a period of four years. To be relicensed as a FRD, the FRD shall submit:
  - 1. TO THE EMS SYSTEM: A total of 24 CE hours consisting of IDPH approved First Responder classes, seminars, workshops, etc; All CE content shall be appropriate for the FR/FRD level. The FRD shall be responsible for maintaining their own CE documentation and ensuring all CE is valid/approved by IDPH and the System.
  - 2. TO THE EMS SYSTEM: A copy of a current BLS CPR AED card.
  - 3. ONLINE WITH IDPH: Complete the IDPH ONLINE Child Support and Felony Conviction Statements and pay the \$20 renewal fee at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems).
- VI. Any FRD whose license has expired for a period of more than 60 days shall be required to reapply for registration as an FRD, complete the training program and pass the test.
- VII. A FRD whose registration has expired may, within 60 days after license expiration, submit all renewal material as required in Part V and pay an additional late fee of \$50 to IDPH. If all material is in order and there is no disciplinary action pending against the FRD, IDPH will renew the FRD.

**ATTACHMENT: FRD RENEWAL INSTRUCTIONS**

**EFFECTIVE DATE:** 01-30-98

**REVISED DATE:** 07-20-16

**REVIEWED DATE:**



## FRD RENEWAL INSTRUCTIONS

First Responder-AED: To be relicensed as a First Responder-AED you must comply with the following System Requirements.

- A. Complete 24 hours of prehospital focused continuing education (CE) every 4 years. The System will review submitted CE for relevance to prehospital focus. CE Hours may include:
1. IDPH and System approved Agency First Responder CE
  2. Disaster drill participation (moulage, victim, evaluator, etc.)
  3. Hazmat or disaster training course
  4. Seminars/lectures with prehospital focus
- B. Submit a copy of your current Healthcare Provider CPR card. CPR shall cover adult one-rescuer CPR, Adult FBAO, Pediatric one-rescuer CPR, Pediatric FBAO, Adult two-rescuer CPR and AED.
- C. Approximately 60 days prior to your relicensure, IDPH will mail a "Renewal Notice/Child Support/Personal History Statement" form directly to your home. Complete this information on-line at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). You will need the PIN # from this form. If you do not receive it contact the System for a copy. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.
- D. Submit documentation of renewal requirements at least 30 days prior to your FR expiration date to the System EMS Office. Upon receipt of this documentation, the EMS Office will process the renewal with IDPH. A FR whose license has expired but is within 60 days of the expiration date may still file for renewal but must include a \$50 money order made payable to the Illinois Department of Public Health.

### Summary of Renewal Requirements:

- 24 Hours of Prehospital based CE
- Current BLS CPR AED certification card
- IDPH \$20 Renewal Fee along with on-line statements

- E. Any First Responder not currently with an EMS System must independently submit renewal requirements directly to IDPH with a copy of the IDPH Independent License Renewal Form. This form may also be obtained on our website.
- F. Any First Responder whose license has expired beyond 60 days of the expiration date shall be required to complete a new training program and pass the test.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMERGENCY MEDICAL DISPATCHER****POLICY: IDPH CODE 515.710**

Any dispatch agency giving pre-arrival instructions within the geographical boundaries of the Silver Cross EMS System may be required to become an EMD System Provider Agency. Any individual, who acts as an Emergency Medical Dispatcher (EMD) with an affiliated System Provider Agency, must be registered with the System and licensed by IDPH. This policy references Section 515.710 of the IDPH EMS Administrative Code.

- I. EMD Protocols - A System Agency choosing to utilize pre-arrival instructions through dispatch must adhere to the following:
  - A. The Agency shall notify the System in writing of their intent to utilize pre-arrival medical instructions and assure training for all EMDs in the proper use of these instructions. Only EMD's licensed with IDPH and the System may give pre-arrival instructions.
  - B. The Agency and its EMDs shall use an IDPH approved EMD priority reference system (EMDPRS) protocol approved by the System's EMS Medical Director (EMSMD). Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the System's EMSMD.
  - C. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by the Board in consultation with the System's EMSMD.
  - D. EMD Protocols shall include:
    1. Complaint-related question sets that query the caller in a standardized manner;
    2. Pre-arrival instructions associated with all question sets;
    3. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
    4. Post-dispatch instructions with all question sets.
  - E. IDPH and the EMSMD shall approve EMDPRS protocols that meet or exceed the requirements of subsection (II.b) above and the (1996) National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:      EMERGENCY MEDICAL DISPATCHER**

## II.     EMD Agency Certification

To apply for certification as an EMD Agency, the person, organization or government agency that operates an EMD Agency shall submit the following to the System for IDPH certification:

- A.     A completed IDPH EMD Agency certification application form;
- B.     A completed EMD System Entry Form with attachments for each dispatcher;
- C.     Documentation that a System approved emergency medical dispatch priority reference system (EMDPRS) will be utilized; and
- D.     Documentation of a continuous quality improvement (CQI) program under the approval and supervision of the EMSMD, which shall include, at a minimum:
  - 1.    A quality assistance review process used by the EMD agency to identify EMD compliance with the protocol;
  - 2.    Random case review;
  - 3.    Regular feedback of performance results to all EMDs;
  - 4.    Availability of CQI reports to the System and IDPH upon request; and
  - 5.    Compliance with the confidentiality provisions of the Medical Studies Act.

## III.    System Registration of EMD Personnel

- A.     Only EMD's registered with IDPH and the System may give pre-arrival instructions with one exception. An EMD candidate that has passed a System approved EMD class and is awaiting IDPH licensure may be considered an "EMD in Training" and may give pre-arrival instructions under the supervision of an IDPH licensed EMD.
- B.     The attached form letter shall be used to enter all individual dispatch personnel into the System (both at the time an agency joins the System and at any time after when a new dispatcher joins an agency). Photocopies of licenses and cards must be legible.
- C.     **The System MUST be notified of any personnel changes within 10 days. This includes the ADDITION of any new dispatcher, REMOVAL of any dispatcher from the agency, NAME CHANGE, address change, and phone change.**
  - 1.    ADDITIONS to the agency must use the attached form letter and include a copy of the dispatcher's EMD license, driver's license, and BLS CPR card.
  - 2.    REMOVALS from the agency should be emailed and need only state that the EMD is no longer working at that agency.
  - 3.    NAME CHANGE requests shall be emailed and must include a copy of the marriage license or divorce decree (just the first page, page identifying name change, and signature page).

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: EMERGENCY MEDICAL DISPATCHER**

## IV. EMD Training Programs

- A. IDPH approved EMD training programs shall be conducted in accordance with the standards of the NHTSA EMD National Standard Curriculum or equivalent.
- B. Two online EMD training courses approved for use by IDPH and SCEMSS are PowerPhone and APCO. These online learning systems may be used to educate EMDs in lieu of an educator or teaching institution submitting approval for their own course.
- C. Applications for approval of individual EMD training programs shall be filed by an IDPH EMS Lead Instructor through the System on forms prescribed by IDPH and must include all required attachments per IDPH. The application shall be submitted at least 60 days prior to the first scheduled class. Any changes must be filed through the System. Questions for all exams given during the program shall be prepared by the EMS Lead Instructor. All approved programs shall maintain class and student records (including exams) for seven years, which shall be made available to the System and IDPH for review upon request.
- D. Individual EMD training programs shall be conducted by instructors licensed by IDPH as an EMT-B, EMT-I, or EMT-P who:
  - 1. are at a minimum, certified as emergency medical dispatchers;
  - 2. have completed an IDPH approved course on methods of instruction;
  - 3. have previous experience in a medical dispatch agency; and
  - 4. have demonstrated experience as an EMS Instructor

## V. Emergency Medical Dispatcher (EMD) INITIAL LICENSURE

- A. To apply for initial licensure as an EMD, the individual shall submit the following to the System, who will process the license paperwork with IDPH:
  - 1. A completed IDPH EMD certification form; and
  - 2. Documentation of successful completion of a training course in emergency medical dispatching meeting or exceeding the US DOT national curriculum for EMS Dispatchers or its equivalent.
  - 3. License fee of \$30.00 per IDPH instruction
- B. The certification shall be valid for a period of four (4) years.
- C. Any EMD not currently licensed, shall NOT be allowed to give pre-arrival instructions in the Silver Cross EMS System unless doing so under supervision during training.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:      **EMERGENCY MEDICAL DISPATCHER****

## VI.    EMD Renewal (re-licensure)

- A.    To apply for renewal, a licensed EMD shall do the following **a minimum of 30 days prior** to the license expiration date:
1.    Submit proof of completion of at least 48 hours of medical dispatch CE and a current BLS CPR Card to the System;
  2.    Complete online at IDPH: [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) the \$20 renewal fee along with the child support and felony conviction questions; and

## VII.   Revocation or Suspension of EMD or EMD Agency Certification

- A.    The EMS MD shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH. Revocation or suspension of EMD or EMD Agency certification shall be in accordance with Section 515.420 of the IDPH EMS Administrative Code.

## VIII.  Waiver of Emergency Medical Dispatch Requirements

- A.    IDPH may modify or waive EMD requirements based on the scope and frequency of dispatch activities and the dispatcher's access to training; or whether the previously attended dispatch training program merits automatic recertification for the dispatcher.
- B.    The following individuals are exempt from the requirements of this policy:
1.    Public safety dispatchers who only transfer calls to another answering point that is responsible for dispatching of fire and/or EMS personnel;
  2.    Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing pre-arrival instructions.

*A person may not represent him/herself, nor may an agency/business represent an agent or employee of that agency/business, as an EMD unless certified/licensed by IDPH as an EMD.*

**EFFECTIVE DATE:**    01-30-98

**REVISED DATE:**     05-02-17

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**  
**EMD ENTRY LETTER**

NAME OF EMD CENTER:

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

Silver Cross EMS System

I verify that (EMD full name) \_\_\_\_\_, EMD has been properly trained and is utilizing the pre-arrival medical instructions (EMDPRS) that you approved for our agency. Should the EMD cease affiliation with this agency, we will notify the System in writing immediately. Attached are copies of this EMD's current EMD license, Driver's License, and BLS/CPR card.

EMD's Home Address: \_\_\_\_\_

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

**EMD's E-Mail:** \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Dispatch Center Coordinator's Signature

**ATTACH:** EMD license, Driver's License, and BLS/CPR card (legible copies all on one paper)

**ATTACHMENT : EMD Relicensure Requirements**

**I. EMD RELICENSURE REQUIREMENTS SUMMARY:**

1. 48 Hours of CE (The 48 required hours may include hours from the list below)
2. Current BLS/CPR Certification
3. IDPH Renewal Notice: Child support & felony conviction statements and \$20 renewal fee

**Submit to System: Items 1 & 2 / Complete ONLINE at IDPH website: Item 3**

**Will County 9-1-1 Agencies must submit Item 3 to Will County 9-1-1 for payment processing.**

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

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**II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:**

Continuing education classes, seminars, clinical time, workshops or other types of programs shall have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to [www.silvercrosssems.com](http://www.silvercrosssems.com) or policy 200-16 "Continuing Education Acceptance & Validation Standards" on IDPH site codes.

<u>Continuing Education Recommendations</u>	<u>(Documentation) &amp; [Hours]</u>	<u>*Over 4 Years*</u>
1. SCEMSS EMD CE: (2.0 hours per completed Powerpoint and Study Guide) .....		Unlimited
2. SCEMSS Moodle CE Monthly PowerPoint and Quiz (2.5 hours/month) .....		Unlimited
3. Agency EMD Training (IDPH approved w/site codes listed) .....		48 hours
4. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr .....		12 hours (max)
5. Health Related College Courses[1 credit hour = 8 CE hours].....		UNLIMITED
6. EMS related Conferences and/or Seminars (Certificate) .....		hour for hour
7. Online: APCO or Powerphone CE (Certificate) .....		15 hours (max)
8. Other IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed)hour for hour		

Certificates must include provider's name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit.

**EMDs that are also licensed EMT-Bs, EMT-Is, or Paramedics may use that CE toward their EMD Relicensure. Refer to those Relicensure policies for CE requirements.**

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

### **TITLE: SYSTEM CONTINUING EDUCATION REQUIREMENT OF EMS PERSONNEL**

#### **POLICY:**

All System Agency EMS personnel that are primary providers in the Silver Cross EMS System must participate in the SYSTEM CME PROGRAM. See [www.silvercrosssems.com](http://www.silvercrosssems.com) System CME page.

All System Agency EMS personnel that are primary providers in the Silver Cross EMS System must register a user account on the Silver Cross EMS Moodle site: <http://moodle.silvercrosssems.com>, however only SCEMSS primary providers must complete the Monthly CE.

Beginning January 1, 2015 System CE will be provided on a monthly basis with a required online quiz that must be passed based on that month's CE topic. Every provider shall have a maximum opportunity of two (2) attempts to successfully complete each quiz. CE presentations and quizzes are contained within the Silver Cross EMS Moodle website. Quizzes will remain open and posted for 4 years to accommodate individuals joining the System mid-way through their renewal that are behind on their CE, however the quiz still must be completed monthly (within 60 days from the time the quiz opens).

**THE PROVIDER MUST TAKE THE QUIZ DURING THE 60-DAY TIME FRAME WITH NO EXCEPTION. ANY SCEMSS PRIMARY PROVIDER NOT COMPLETING THE MANDATORY CE MONTHLY WILL NOT BE RENEWED AND MAY BE SUSPENDED OR REMOVED FROM THE SYSTEM AT ANY TIME.**

#### **TO PRINT THE MOODLE GRADE SHEET:**

- Log in then click on "SCEMSS Monthly CE"
- Click GRADES in the column on the left (may need to scroll down to find GRADES button)
- Hit CTRL and the letter P on the keyboard to print the page.
- This will show the grades inside the table like box and the site codes and hours in the left column
- Coordinators viewing all personnel may click on the tiny grey document looking box next to the provider's name to view the grades for just that provider. CTRL-P to print the page.

80% remains the minimum passing score for all System CE tests/quizzes. Should a provider fail two attempts at a quiz, they shall not be able to attempt the quiz until the following conditions are met:

- Provider must perform remediation of failed CE with their agency's EMS Coordinator (or agency designee) who once satisfied with remediation efforts, shall submit a "Continuing Education Mandatory Remediation Form", Appendix A, to the SCEMSS CE Coordinator.
- The SCEMSS CE Coordinator shall unlock one additional attempt for the failed CE in Moodle, however should the provider fail a third attempt at the quiz, the provider shall be required to schedule remediation with the SCEMSS Coordinator for a fourth/final attempt.

Only active SCEMSS System members may participate in our Moodle CE program.

**EFFECTIVE DATE: 01-01-15**

**REVISED DATE: 03-09-16**