



Region XI- Chicago Emergency Medical Service Systems

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER
 NORTHWESTERN MEMORIAL HOSPITAL
 UNIVERSITY OF CHICAGO HOSPITAL
 www.chicagonorthems.com

EMS Personnel Data Form

The information requested on this form is required of all Emergency Medical Services system personnel in accordance with the Chicago Emergency Medical Services System Policies & Procedures Manual. This form must be completed by all First Responders, Emergency Medical Dispatchers (EMD) and BLS personnel who wish to participate in the Chicago North EMS System. It is the responsibility of the person listed below to inform their assigned Resource Hospital of any change in name, address, phone number, level of licensure or employer within 72 hours. Important correspondence regarding continuing education and licensure information is sent to the last known address on file.

Personal Information Section A

Last Name:	First:	MI:	DOB: / /
Home Address:			Apartment:
City:	State:	Zip:	County:
Home Phone: ()		Cell Phone/Pager Number: ()	
E-mail Address:		Mailing Preference: () Postal () Electronic	

Employer Information Section B

ATI ()
CFD ()
LIFELINE ()
MASE ()
MED-EX (XXX)
VANDENBERG ()
OTHER ()

Have You Ever Worked in the Region XI EMS System Before? Yes No
 If So, Who Did You Work For? _____ When? / /

Education Information Section C

Level of Training:	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-P	<input type="checkbox"/> ECRN	<input type="checkbox"/> Emergency Medical Dispatcher	<input type="checkbox"/> MD
EMS School Name:						
City:			State:		Zip:	

License Information Section D

IDPH License Number:	National Registry Number:
Expiration Date: / /	Expiration Date: / /
BLS Provider (CPR) Expiration Date: / /	

EMS System Affiliations Section E

List Your Current EMS System Affiliation(s): _____

Will the Chicago North EMS System be your Primary or Secondary System?

Are You Applying for Independent Status? Yes No

Please attach legible copies of all cards (both sides) that you hold. Copy only one card per page.			
ACLS Provider		IDPH Licensed Lead EMS Instructor	PALS Provider/PEPP
ACLS Instructor			PALS Instructor/PEPP
ITLS Provider		Illinois Prehospital Pediatric Course	PHTLS Basic Provider
ITLS Instructor			PHTLS Advanced Provider
CCEMT-P		Illinois Prehospital Pediatric Course Instructor	PHTLS Instructor
CPR Provider			Prehospital Burn Life Support
CPR Instructor		NALS Provider	

List Any Other Specialized Recognitions:

Personal Background Information	Section F
----------------------------------------	------------------

All personnel must complete this section-Answering yes to any of these questions does not necessarily disqualify you for system entry; however, failure to answer these will render this data form and/or application incomplete and it will not be processed by Chicago North EMS.

Have you ever had any disciplinary action taken against you, or have you ever been suspended in ANY EMS system that you have worked in previously?
 Yes No

Have you ever had your license or certification suspended, removed or revoked?
 Yes No

Have you ever been convicted of a felony?
 Yes No

Have you ever been treated, or are you being treated for drug and/or alcohol abuse?
 Yes No

If you answered YES to any of the above questions, please explain below, giving dates, details and dispositions.

READ CAREFULLY—MISSING SIGNATURES WILL DELAY PROCESSING.
If you are applying for SYSTEM ENTRY, you must sign both Sections G & H

System Entry Applicant Statement	Section G
-----------------------------------------	------------------

I understand that I will not be permitted to take the Chicago North EMS System Entry Examination until the following items have been received by the Chicago North EMS Office: Valid Illinois Driver's License or ID card; Current Illinois EMT-P License; Current CPR Healthcare Provider/Instructor Card; Letter of Intent from your Employer and a letter of good standing from all current EMS Systems. Furthermore, I must complete the system entry process within 21 days of the date of my scheduled orientation by passing the Chicago EMS System Entry Written Exam with a minimum score of 75% and by passing the practical examination. I also understand that failure to comply with the System Entry Candidate Contract may be grounds for suspension or failure of the system entry process and a three month waiting period will be required prior to re-applying for system entry. (Complete System Entry Policy is listed on page E5-1 in the Chicago EMS/Region XI Policies and Procedures Manual).

Applicant's Signature:	Date:
------------------------	-------

EMS Personnel Statement	Section H
--------------------------------	------------------

I have received a copy of the current Chicago EMS System Standing Medical Orders (SMO's) and agree to abide by the Chicago Emergency Medical Services System Policies and Procedures Manual and system authorized SMO's while functioning as a First Responder, EMT-B, EMT-P, ECRN or Emergency Medical Dispatcher in the Chicago North EMS System. I also understand that I must notify the Chicago North EMS System of any name, address, employer or licensing/certification changes within three (3) days, as stated in the Chicago EMS System Policy and Procedures Manual. When Chicago North EMS is identified as my Primary Resource Hospital, I understand that I will be responsible for meeting all continuing education requirements as required by the Illinois Department of Public Health, Emergency Medical Services Act. Furthermore, I will submit documentation of continuing education done outside of the Chicago North EMS System on a timely basis so it may be posted to my account. If I am secondary in the Chicago North EMS System, I will attend all mandatory system CME, and submit a letter of good standing annually from my primary EMS along with a valid CPR/ACLS card as it is renewed. Important notifications regarding changes in license status are sent certified via US Mail to the last address that we have on file. Failure to respond to these notices may result in termination, suspension, or revocation of your license. I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Chicago North EMS System.

Signature:	Date:
------------	-------