

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. Home phone number with area code
 4. Date of birth, Social Security Number and Drivers License Number
 5. County of residence
 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**)

 - 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: 06-10-08, 12-24-10

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
1200 Maple Road
Joliet, IL 60432

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: _____

Home Phone # :(_____) _____ - _____ County of Residence: _____

Date-of-Birth: ___/___/___ Social Security #: _____ - _____ - _____

Drivers License #: _____

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 cannot be processed.

EMS Coordinator's Signature and Date