

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. ___/___/___

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE :(_____) _____ CELL PHONE :(_____) _____

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 #: _____
Expiration: _____
2. Copy of current CPR card > Expiration: _____
3. * Copy of Driver's License. Must be legible > DL# _____
4. * Letter of "Good Standing" from Primary EMS System
5. Copy of all current Continuing Education hours. (Only if Silver Cross is your Primary System)
6. * Interview with the System's EMS Medical Director or Manager { System Entry Appointments
will be available on the
1st and 3rd Tuesdays every
month from 1:30 pm – 3 pm
schedule @ 815-300-2900
7. SCEMSS System Entry Written and Practical Exams including:
10-Strip Identification _____ & 10-question Medical Math _____
Needle Cric _____, Advanced Airway _____, and Megacode _____
8. * Verification of successful completion of EMS Region 7 SMO exam. Date: _____ Score: _____
9. Successful completion of Region 7 Entrance Exam – If NOT already with a Region 7 System

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 _____