

WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SYSTEM ENTRY REQUIREMENTS - EMT-P, EMT-I, AND PHRN

POLICY:

To ensure that EMT-Paramedics, EMT-Intermediates and Prehospital RN's wishing to enter and operate in the Will/Grundy EMS System have received adequate training and performed at an acceptable standard.

- I. **Licensed Paramedics, Intermediates and Prehospital RN's** may enter (function in) the Will/Grundy 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 Drivers 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 Will/Grundy 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. Do Not send the answer sheet, just print the applicants date of test and score on the Checklist.
 7. **Individuals coming from OUTSIDE REGION 7:** This means individuals not in a Region 7 EMS System currently and/or not trained by a Region 7 EMS System. Other Region 7 Systems are Advocate Christ , South Cook County (Ingalls), St. Mary's and Riverside. This Entry Exam is different than the SMO Exam. Only NON-Region 7 applicants must take this Entry Exam and interview with the Will/Grundy System Director or Medical Director.
 - Must successfully complete the Region 7 General Knowledge Entry Exam, AND
 - Interview with the System EMS Director or EMS Medical Director (PMD time).
 8. A separate letter of affiliation from the agency is no longer required, however the Agency Coordinator is shall assist the applicant in completing the checklist and is now required to sign the System Entry Checklist. This will eliminate the need to write the same information twice while ensuring that the EMS Coordinator has reviewed the Checklist with the entry applicant. All information on the checklist must be printed, clear and legible to avoid delays.
 - B. Prehospital R.N., refer to policy 200-4 for licensure and relicensure requirements.

WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SYSTEM ENTRY REQUIREMENTS - EMT-P, EMT-I, AND PHRN

POLICY: CONTINUED

NOTE: WILL/GRUNDY EMS SYSTEM ID NUMBERS ARE ISSUED AFTER ALL ENTRY REQUIREMENTS HAVE BEEN COMPLETED & LICENSE RECEIVED.

- II. **New Graduates of the Will/Grundy EMS Paramedic Education Program** that presently have EMT-B System ID numbers will automatically receive a new Paramedic System number and a copy of the respective relicensure policy upon successful completion of the ALS SMO exam and State licensure exam. The System no longer receives carbon copies of new licenses, so please forward a copy of the new Paramedic's license upon System entry. 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 Will/Grundy Agency send an affiliation letter and request one. A CE Blue Book may be obtained through their Will/Grundy 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 Will/Grundy Agency regarding both of these issues.

- 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 Will/Grundy EMS System.

ATTACHMENTS: 1 – PAGE (Entry Checklist)

EFFECTIVE DATE: 09-01-94

REVISED DATE: 06-10-08

WILL/GRUNDY 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:(_____) _____

NEW WILL/GRUNDY AGENCY AFFILIATION: _____

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 and copies of the * items. PMD time 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 > DL# _____
4. ___ * Letter of "Good Standing" from Primary EMS System.
5. ___ Copy of all current Continuing Education hours. (Only if Will/Grundy will by Primary System)
6. ___ * Will/Grundy provider AGENCY affiliation letter.
7. ___ * Verification of successful completion of EMS Region 7 **SMQ** exam. Date: _____ Score: _____

The next 2 items are only required if you are NOT with or were trained by a Region 7 EMS System.

8. ___ Interview with EMS Director or Medical Director – If NOT currently with a Region 7 System.
9. ___ Successful completion of Region 7 **Entrance** Exam – If NOT currently with a Region 7 System.
10. 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 _____