

# CARLE REGIONAL EMS

210 E. University Phone: (217) 355-3550  
Champaign, IL 61820 Fax: (217) 827-2017

## System Entry Application

Carle Regional EMS agency you will be affiliated with \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

SS#: \_\_\_\_\_ DL#: \_\_\_\_\_

IDPH License #: \_\_\_\_\_

Level: PARAMEDIC INTERMEDIATE EMT-B 1<sup>st</sup> Responder PHRN ECRN

Are you currently functioning in an EMS system? Yes \_\_\_ No \_\_\_

If yes, list the EMS system(s) you have functioned in:

<u>EMS System Name</u>	<u>System Coordinator</u>	<u>Phone Number</u>
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Are you currently suspended or under investigation with any EMS system  
or the Illinois Department of Public Health? Yes \_\_\_ No \_\_\_

If yes, explain.

### The following MUST be submitted along with the application based on Licensure level.

\_\_\_\_ Copy of Drivers License \_\_\_\_\_ Copy of current AHA HCP card

\_\_\_\_ Copy of current IDPH License \_\_\_\_\_ Copy of current ACLS card

\_\_\_\_ Copy of PALS/PEPP card \_\_\_\_\_ Copy of current ITLS/PHTLS card

\_\_\_\_ Letter of good standing from previous EMS System (can be faxed)

I am requesting to enter the Carle Regional EMS System. I understand I will be held accountable to operate under the Region Six Protocols/Care Guidelines and Carle Regional EMS System policies. I attest the information on this application is correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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