

POLICY:	EMERGENCY MEDICAL RESPONDER (EMR) SYSTEM ENTRY AND RENEWAL PROCESS		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMERGENCY MEDICAL SERVICES		
EFFECTIVE DATE: 8/6/2018	CURRENT REVIEW/REVISION DATE:	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 8/6/18
DEPARTMENT SPECIFIC			EMS

- I. Purpose:**
To define the requirements for EMR to enter the Morris Hospital EMS System (MHEMSS).
- II. Policy:**
To ensure that EMR's wishing to enter and operate in the MHEMSS have received adequate training and performed at an acceptable standard.
- III. EMR System Entry:**
- A.** EMR's may enter (function in) the MHEMSS by successfully completing the following requirements:
1. Submit the System Entry Checklist (See Attachment A) completely filled out and signed by the applicant. Submit the following with the completed checklist: *Copies must be clear and easily readable.*
 - a. Copy of current EMR's Illinois State license.
 - b. Copy of current CPR card-both sides.
 - c. Copy of driver's license. The copy must be completely legible for photo and driver's license #.
 - d. If applicable, a letter of good standing from entry applicant's current EMS System.
 - e. Copies of all continuing education hours acquired in entry applicant's current re-licensure period. (This is only necessary when MHEMSS will be the Primary System.)
 - f. Successful completion of the Region 7 Standing Medical Orders (SMO) exam (if coming from outside the region). SMO test must be passed with an 80% or higher. Applicants are able to retest after one (1) week. If applicant does not pass the exams on the second attempt, he/she will have to wait 90 days before testing again. System Entry exams are given every Wednesday at the Morris EMS System office.
 2. The Agency Coordinator shall assist the applicant in completing the checklist and is required to sign the System Entry Checklist. The EMS Coordinator shall review the checklist with the entry applicant ensuring all information on the checklist is clear and legible to avoid delays.
 3. System providers may only keep MHEMSS as a secondary system if they maintain an agency affiliation within the System.
 4. See Attachment A for system entry checklist.

III. EMR Renewal Process:

- A. It will be the responsibility of the individual EMR and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year re-licensure period. Requirements for EMR license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).
- B. The licensee shall file for renewal with the IDPH in a form prescribed by the IDPH at least 30 days prior to the license expiration date. The System shall process the EMR for renewal upon receiving documentation of the following, from the EMR or the EMR's Agency EMS Coordinator or Chief:
 - 1. A total of 24 hours of Continuing Education (CE), seminars and workshops, addressing both adult and pediatric care, is required for the 4-year re-licensure period. No more than 25% of these hours may be in the same subject.
 - 2. A current CPR completion card in compliance with AHA guidelines.
 - 3. A completed Child Support and Felony Conviction Statement must be made on-line at www.idph.state.il.us/ems using the PIN provided by IDPH and last four of your SS# along with a renewal fee set by and payable to IDPH on-line via credit/debit card. **Please submit a hard copy of child support felony conviction statement with other required documents.**
- C. All re-licensure requirements shall be submitted at the same time to the System. Always keep identical copies of everything for your own records.
- D. Upon re-licensure, the EMR must submit a copy of their current EMR license to the System Office, their Agency's EMS Coordinator.
- E. An EMR who fails to meet all requirements will not be recommended for re-licensure unless one of the following applies:
 - 1. The EMR submits a written request for an extension to the EMS Medical Director, who files by form to the IDPH for a final ruling. If the request is granted, the EMR will have until the end of the extension period to meet all requirements for re-licensure.
 - 2. Any EMR, whose license has expired, **within 60 days** after license expiration, may submit all re-licensure material as required in Administrative Code 515.590, and a fee set by and payable to the Illinois Department of Public Health, in the form of a certified check, organizational check, or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.
 - 3. Any EMR whose license has expired for a period of **more than 60 days but less than 36 months** may apply for "REINSTATEMENT" with their EMS System. This reinstatement shall include submission of all relicensure material as required in this policy, plus a fee set by and payable to the Illinois Department of Public Health in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the EMT, the system will approve and sign the EMT's IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to take and pass an IDPH test for the level of EMT license sought to be reinstated.
 - a. The provider will be required to produce a valid CPR card and 24 hours of CE.
 - b. Pay for and submit a State of Illinois background check via ISP.

- c. EMR will take and pass with a >80% score, EMR general knowledge written exam
 - d. Region 7 SMO (most recent) exam
4. Any EMR whose license has expired for a period of **more than 36 months** shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

Approval:

Thomas J. Dohm **Date**
Vice President of Professional Services

Robin Stortz, MSN, RN **Date**
EMS & Emergency Management Manager

ATTACHMENT A

MORRIS HOSPITAL EMS SYSTEM

EMR SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print Only. All copies must be clear and easily legible

ENTRY DATE: ___/___/___ SYSTEM ID # : _____ (Assigned by System) SSN: _____-_____-_____

NAME: _____ D.O.B: _____-_____-_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____-_____-_____

EMAIL (print clearly): _____

MHEMSS AGENCY: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

HEIGHT: _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ MALE/FEMALE (CIRCLE ONE)

EMS COORDINATOR AND PROVIDER CHECKLIST

Checklist needs to be completed with all of the required documents, signed by the department EMS Coordinator and turned into the MHEMSS by the provider the day he or she is coming into complete SMO exam. This all needs to be done before the provider is allowed to function in the system.

Department Coordinator

1. ___ Copy of current State of Illinois EMR License.
License #: _____ Expiration: ___/___/_____
2. ___ Copy of current CPR card.
3. ___ Copy of Driver's License. Must be legible with clear photo.

EMS System

1. ___ Letter of Good Standing from Primary EMS System including current CE hours
(If Applicable)
2. ___ Verification of successful completion of the MHEMSS EMR SMO exam.

Date: ___/___/___ Score: _____

Signature of EMS Coordinator _____ Date: ___/___/___

Signature of the EMS System _____ Date: ___/___/___