

MORRIS HOSPITAL EMS SYSTEM

EMT-I, EMT-P, PHRN 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 EMT-I, EMT-P, or PHRN License.
License _____ License #: _____ Expiration: ___/___/___
2. ___ Copy of current CPR card.
3. ___ Copy of ACLS, PALS, ITLS, Etc. ___ Was not a requirement from previous system
4. ___ Copy of Driver's License. Must be legible with clear photo.
5. ___ Copy of 2016 SMO Update if coming from within Region 7

EMS System

1. ___ Letter of Good Standing from Primary EMS System including current CE hours
2. ___ Verification of successful completion of the EMS Region 7 ALS SMO exam

Date: ___/___/___ Score: _____

3. ___ Verification of successful completion of the Med Math Exam

Date: ___/___/___ Score: _____

4. ___ Verification of successful completion of the EKG Exam

Date: ___/___/___ Score: _____

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

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