

**MORRIS HOSPITAL EMS SYSTEM**

**EMT- B 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)

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**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-B License.  
License #: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_ Copy of current CPR card.
3. \_\_\_\_ Copy of Driver's License. Must be legible with clear photo.
4. \_\_\_\_ 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  
(If Applicable)
2. \_\_\_\_ Verification of successful completion of the EMS Region 7 BLS SMO exam

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_

Signature of EMS Coordinator \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the EMS System \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_