



EMS System Provider Application

Section 1: (please print)

First Name: _____ M: _____ Last Name: _____

Street Address: _____

City, State, ZIP: _____

Provider License level: _____

IDPH License number: _____

Date of Birth: ____/____/____ Last 4 of SSN: _____

Email: _____ Phone: _____

Agency: _____

New to the SBL system: Name of previous EMS system: _____

Section 2: (attach the following items)

- ____ Copy of current IDPH license
- ____ Copy of current Driver's license
- ____ Copy of current CPR card (AHA BLS or equivalent)
- ____ Copy of current ITLS or PHTLS card
- ____ Copy of current AHA ACLS card (Advanced Providers only)
- ____ Copy of current AHA PALS or PEPP card (Advanced Providers only)
- ____ Letter of good standing from current/previous EMS Medical Director or designee
(Email to mschwenke@sblhs.org)

Section 3: Yes / No (Circle one)

Have you ever been convicted of or are you currently charged with a felony? **Yes / No**

If Yes, please explain: _____

Have you ever had any disciplinary issue with an EMS system?

Yes / No If Yes please explain: _____

Have you ever been suspended or are you currently suspended from an EMS system?

Yes / No If Yes, please explain: _____

Read and initial each section

_____ I understand that as an EMS Provider in the Sarah Bush Lincoln EMS System I must comply with all Policies, Procedures, and Protocols as set forth by the EMS Medical Director. I understand that violation of any policy, procedure, and/or protocol is noncompliance with the expected Standard of Care and such action may result in immediate corrective action, including system suspension and/ or revoking privileges to function within the system.

_____ I understand that it is my responsibility to maintain all required certifications (CPR, ITLS/PHTLS, PALS/PEPP, ACLS) as required by the system to maintain good standing and ability to function within the Sarah Bush Lincoln EMS System. I understand that if I allow any of the required certifications to expire or lapse for any reason, the system may take action up to and including revoking privileges to function within the system.

_____ I understand that it is solely my responsibility to ensure my EMT license remains current and to file the appropriate paperwork with the EMS office at least one month (30 Days) prior to my licensure expiration to ensure my license is renewed in a timely manner. I also understand that I am responsible for maintaining current and accurate records of my EMS continuing education (per IDPH administrative code).

Applicant Affirmation:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing entry into the Sarah Bush Lincoln EMS system or for suspension/termination from the system should I be accepted into the system.

Printed Name of Applicant

Signature of Applicant

Date: ____/____/____

EMS Office Use Only

Successful completion of Skills review Date: ____/____/____ ☐ N/A

Successful completion of Protocol Exam Date: ____/____/____ ☐ N/A

Letter of Good Standing Date: ____/____/____ ☐ N/A

Notes: _____

EMS OFFICE SIGNATURE

Date: ____/____/____

EMS SYSTEM COORDINATOR SIGNATURE

Date: ____/____/____