McLean County Area EMS System

705 N East Street
Bloomington, IL 61704

Phone: (309) 827-4348
Fax: (309) 827-2017

Emergency Communications Registered Nurse (ECRN)

Course Date: _____

Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **(if available)**

Cell Phone _____ **(if available)** **(E-mail (optional)** _____

Sponsoring Hospital _____

DOB: _____ **SSN:** _____

EMS Office Use Only

		Completed	Exp. Date	Copy on File	Date Received
Prerequisites -	RN	☐	_____	☐	_____
	ACLS	☐	_____	☐	_____
	Trauma Course	☐	_____	☐	_____
	CPR	☐	_____	☐	_____
	PEPP/PALS	☐	_____	☐	_____
	Photo ID	☐	_____	☐	_____

Skill Validation & Testing

Written Examination – Date _____ Score _____
Re-test Date _____ Score _____

ECRN Quiz- Date _____ Score _____
Re-test Date _____ Score _____

Radio Report Scenario –
Date _____ Given By _____ Pass Fail
Re-Test Date _____ Given By _____ Pass Fail

Field Experience/Clinical

Clinical Observation Time on ALS Unit –

Date _____ # Calls _____ # Hours _____ Preceptor _____
Date _____ # Calls _____ # Hours _____ Preceptor _____

State License

Transaction Card Submitted by _____ Date _____
Attach copy of License when received