



McLean County Area EMS System

1609 Northbrook Ste. 8
Normal, IL 61761

Phone: (309) 827-4348
Fax: (309) 808-4235

Emergency Communications Registered Nurse (ECRN)

Course Date: _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____
(if available)

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

Sponsoring Hospital _____

DOB: _____ SSN: _____

EMS Office Use Only

	Completed	Exp. Date	Copy on File	Date Received
Prerequisites - RN	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ACLS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Trauma Course	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
CPR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PEPP/PALS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Photo ID	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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 Q:\ECRN\ECRN Course Application.doc