



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

EMT License Reinstatement Application

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____
(if available)

Cell Phone _____ Work Phone _____
(if available) (if available)

DOB: _____ SSN: _____

Have you ever been suspended from an EMS system?	Yes	No
Are you currently suspended from an EMS system?	Yes	No
Are you currently or have you ever worked in another EMS system?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are you currently charged with a felony or have pending felony charges?	Yes	No
Are you currently the subject of any pending investigations by IDPH or another EMS system?	Yes	No

By signing below I certify that all information provided by me in conjunction with my application is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement or omission may constitute grounds for: denial of admittance, summary dismissal from the program, and other disciplinary action by the Mclean County Area EMS System

Signature of Applicant

Date



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Authorization and Release

Please read carefully before signing.

I understand and acknowledge that as an applicant for license reinstatement conducted by the McLean County Area EMS System it is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current licensure, relevant training and/or experience, current competence, health status, character, ethics and any other criteria adopted by the McLean County Area EMS System.

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, EMS training programs, administrators, EMS medical directors, and EMS coordinators with which I have been associated, government agencies and all professional liability insurers with which I have had or currently have professional liability insurance (including but not limited to claims history/loss run information), etc., who have knowledge concerning information requested in my application, to consult with and release relevant information to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System. Such information shall be privileged to the fullest extent permitted by law and the privilege shall extend to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System and their authorized representatives.

I hereby fully, absolutely and unconditionally release from liability the McLean County Area EMS System, its staff, its agents, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein for all their acts performed in good faith and without malice in connection with the investigation of my application and the release and of information authorized above. Such acts include but are not limited to the acts of preparing or completing any verification, evaluations, recommendations, information requests or forms that are provided by myself, or the McLean County Area EMS System. This release shall be in addition to any other applicable immunity provided by law for peer review activities.

I further acknowledge that I have read and understand the foregoing Authorization and Release.

A photocopy of this Authorization and Release shall be as effective as the original.

Name, Printed

Signature

Date



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Applicant: Please initial next to each area below after reading and understanding the corresponding section.

Disclaimer of Employment:

I understand acceptance into the McLean County Area EMS System license reinstatement process does not imply an employee-employer relationship. I understand while functioning in this process I am not an employee of the McLean County Area EMS System. I understand that at no time am I to represent myself as an employee of the McLean County Area EMS System.

Initial

Standard of Care:

I understand that as an applicant within the McLean County Area EMS System's license reinstatement process I must comply with all policies, procedures, protocols, and directives as set forth by the EMS Medical Director and/or his/her duly appointed representatives (i.e. EMS System Director). I understand that violation of any policy, procedure, protocol, and/or directive is noncompliance with the expected standard of care and such action may result in immediate corrective action up to and including removal from the license reinstatement process.

Initial

System Entrance Test

I understand that the successful completion of the license reinstatement process does not allow me to function in the Mclean County Area EMS system, and that in order to function in the system I will have to successfully complete the system entry process as outlined in the system entry policy.

Initial

I, _____ do hereby understand and agree to the above statements. I have been given the opportunity to ask any questions I have regarding the above statements and expectations of me within the system to a system representative. I understand that privileges to function within the McLean County Area EMS System are completely at the professional discretion of the EMS Medical Director and/or designee.

Signature

Date



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EMT License Reinstatement Fees

Level	Cost
Basic	\$350
Intermediate	\$450
Paramedic	\$550
*Additional charge for each failed skill station: \$25	
*Additional charge for each failed assessment station: \$50	

* Payment is due with application. Any failures, money will be due at time of scheduling retake. Certified check or money order only.