



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

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

DATE: June 29, 2006

TO: Applicants to join the McLean County Area EMS System

FROM: McLean County Area EMS System

RE: Requirements to join EMS System

Thank you for expressing interest in joining the McLean County Area EMS System. Enclosed please find a copy of EMS System entrance requirements and a checklist to help with the required documentation. Please submit all the required information to the EMS Office. **You must be approved by the EMS Medical Director prior to functioning in the pre-hospital setting.**

You should be oriented to the System protocols, policies and procedures, participation manual and System specific skills. After reviewing the information, you will be asked to complete a written and practical examination covering general knowledge and protocols to the appropriate level of care. The practical exam will consist of the following:

BLS

(No practical exam required)

ILS

Patient assessment/treatment

- Trauma scenario
- Medical scenario

ILS medication administration (if functioning with a medication approved agency)

ILS advanced airway procedures

ALS

Patient assessment/treatment

- Trauma scenario
- Medical scenario
- Cardiac scenario

ALS medication administration

ALS advanced airway procedures

PARAMEDICS/INTERMEDIATES

Please contact the EMS Office to schedule a testing time and meeting with the EMS Medical Director. Remember that you cannot function in the pre-hospital setting prior to the approval of the EMS Medical Director.

Please feel free to call or email if you have any questions.



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EMS System Entrance Requirements

Application

Name: _____ Date _____

Address: _____ City _____

State _____ Zip _____ SSN _____ DL# _____

Phone# (H) : _____ (W): _____ (Cell) _____
(if available) (if available)

E-mail Address _____ DOB _____

Agency: _____ License # _____

Level: FR or FR/D EMT-B EMT-I EMT-P PHRN ECRN

Other Licenses held: (i.e. EMS Lead Instructor) _____
(Attach copies)

Have you ever operated as an EMS Provider? Yes _____ No _____

If yes, list previous EMS System(s) you have functioned in:

EMS System Name _____ EMS Medical Director _____ EMS System Coordinator _____

Please also include dates and level of service: _____

Location where EMS Training was taken: _____

Instructor Name: _____ Date Completed: _____

Are you currently suspended from functioning with any EMS System?

Yes _____ No _____

Are there any pending investigations by IDPH or a previous EMS SYSTEM?
involving your EMT license?

Yes _____ No _____

If yes, explain:

Checklist

Please submit the following to the EMS Office for consideration in entering the EMS System.

- _____ 1. Application
- _____ 2. **Copy of State and National licenses/certifications if applicable.**
- _____ 3. Copies of EMS CEU/Certificates or evidence of training.
 - _____ a. Continuing Education completed to date for this licensure period.
 - _____ b. CPR (AHA Healthcare Provider or Red Cross Professional Rescuer)
 - _____ c. BTLS or PHTLS (Required for Intermediates/Paramedics)
 - _____ d. ACLS (Required for Paramedics)
 - _____ e. PALS/PEPP (Required for Paramedics)
 - _____ f. EMT-B- Evidence of training on BLS Meds (Epi-Pen, Nitro, ASA, Albuterol, Oral Glucose)
(Certificate for Basic Meds. Course or confirmation of training from former EMS System.)
- _____ 4. Letters of Reference from current/former EMS System or Training Program.
 - _____ a. EMS Medical Director (**Required if functioned within another System**)
 - _____ b. Instructor or EMS Coordinator (For initial training in another EMS System)

I am requesting to enter the McLean County Area EMS System. I understand that I am responsible to operate under the standing medical orders/protocols and policies of the McLean County Area EMS System. I understand these may be downloaded from website www.mcleancountyems.org. I attest the information offered on this form is correct.

_____ **Applicant Signature**

_____ **Date**

EMS Office Use only

_____ Documentation complete confirmed by _____

_____ Entered into EMS System Database on _____ by _____

_____ Entered into documentation database on _____ by _____

EMT-I/P's only

_____ Meeting with Medical Director scheduled for _____ Date and Time _____

Medical Director signature _____ Date _____