

# EMS PROVIDER SYSTEM ENTRY PACKET

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## Directions to all candidates:

PLEASE FILL OUT IN ENTIRETY AND SIGN THE FOLLOWING:

- SYSTEM ENTRANCE APPLICATION
- AUTHORIZATION AND RELEASE
- MEMORANDUM OF UNDERSTANDING
- PRACTICAL EXAM AGREEMENT

AFTER YOU HAVE COMPLETED THE ABOVE FORMS, PLEASE RETURN THEM TO THE EMS OFFICE ALONG WITH A COPY OF THE FOLLOWING

- CURRENT STATE OF ILLINOIS EMT-B / EMT-I / EMT-P LICENSE
- DRIVER'S LICENSE AND/OR STATE-ISSUED PHOTO ID
- LETTER OF AGENCY AFFILIATION
- LETTER OF GOOD STANDING FROM PREVIOUS SYSTEM (IF APPLICABLE)
- CURRENT HEALTHCARE PROVIDER CPR CERTIFICATION (OR EQUIVALENT)
- CURRENT ACLS CERTIFICATION (ILS/ALS ONLY)
- CURRENT ITLS OR PHTLS CERTIFICATION (ILS/ALS ONLY)
- CURRENT PALS OR PEPP CERTIFICATION (ILS/ALS ONLY)

## Process

THE PROCESS BEGINS WITH SUBMISSION OF PAPERWORK. ONCE ALL PAPERWORK HAS BEEN COLLECTED AND VERIFIED, YOU WILL THEN BE AUTHORIZED TO COMPLETE THE WRITTEN EXAM. PRACTICAL EXAMINATIONS (ILS/ALS CANDIDATES) WILL NOT BE SCHEDULED UNTIL ALL PAPERWORK PREREQUISITES ARE MET AND SUCCESSFUL COMPLETION OF THE WRITTEN EXAM.

Notes:

## SYSTEM ENTRANCE APPLICATION

Please PRINT legibly

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsor Agency: \_\_\_\_\_

Previous EMS System: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_

IDPH EMS License Number: \_\_\_\_\_

Application Level: EMT-B EMT-I EMT-P PHRN

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 a former system? Yes No

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 system entry, or for removal from the system should I be accepted into the system. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for system entry. I also authorize you to request and receive such information.

\_\_\_\_\_  
Name, Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION AND RELEASE**

*Please read carefully before signing.*

I understand and acknowledge that, as an applicant for acceptance into 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 coordinator 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 coordinator 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.

All information provided by me in conjunction with my application for system entry is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement in or omission may constitute grounds for denial of employment or for summary dismissal from the McLean County Area EMS System.

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

**MEMORANDUM OF UNDERSTANDING**

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

\_\_\_\_\_ Initial **Disclaimer of Employment:**  
 I understand acceptance into the McLean County Area EMS System does not imply an employee-employer relationship. I understand while functioning as an EMS provider 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 EMS Provider within the McLean County Area EMS System 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 Coordinator). 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 system suspension.

\_\_\_\_\_ Initial **Affiliation Requirement:**  
 I understand that as a requisite to function within the McLean County Area EMS System I must maintain membership and/or employment with an agency currently affiliated with the McLean County Area EMS System. I understand that in the event I am unaffiliated with an agency operating under the control of the McLean County Area EMS System, I will be removed from the McLean County Area EMS System. I understand that in order to function within the McLean County Area EMS System in the future, I will be required to be affiliated with an agency within the McLean County Area EMS System and repeat the system entry process.

\_\_\_\_\_ Initial **Current Certifications:**  
 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 McLean County Area 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.

\_\_\_\_\_ Initial **Current Licensure:**  
 I understand that it is solely my responsibility to ensure my EMT license remains current. I understand that it is solely my responsibility to file the appropriate paperwork with the EMS office two months prior to my licensure expiration to ensure my license is renewed in a timely manner.

\_\_\_\_\_ Initial **Continuing Education:**  
 I understand that I am responsible for maintaining current and accurate records of my EMS continuing education. I understand that although the EMS office attempts to keep thorough and accurate records of all continuing education, I alone (per state administrative code) am responsible for my continuing education records.

\_\_\_\_\_ Initial **Mandatory Training:**  
 I understand that the Medical Director, or his/her designated representative, may require mandatory training (annual, remedial, new procedure rollout) of all or select system members as a condition of continued approval to function within the system. I understand that failure to attend or complete this mandatory training may result in revocation of privileges to function within the system.

**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. I also understand that my current status in the system entry process will be shared freely with the administration of my sponsoring agency.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRACTICAL EXAM AGREEMENT**

*Please read carefully before signing.*

**FR AND BLS**

First Responder and BLS candidates must successfully complete a procedure competency exam at their hiring agency. A Procedure Competency Form must be completed by the sponsoring agency training officer. FR and BLS providers will not be allowed to function in the system until this form is completed and submitted to the System Office.

**ILS AND ALS**

Applicants at the ILS and ALS level must successfully complete a practical competency exam before being approved to function in the system. Each practical exam will consist of two (2) or more scenarios that may be traumatic emergencies, medical emergencies or a combination of both. Patients can be single or multiple and of any age ranging from neonate to geriatric. Each scenario will be scored using the National Registry of EMT’s assessment skill sheets. In order to pass the practical competency exam, an applicant must score 80% or higher and must not commit a critical failure item. Each scheduled practical exam session will be counted as a single attempt. Applicants will have a maximum of three (3) attempts to successfully complete the system entry practical exam. Any attempts beyond three will require the Medical Director’s approval. If the applicant fails the first attempt, a second attempt may be scheduled only after a remediation plan, written by the applicant and approved by the MCAEMS System office, is successfully completed. The second attempt will be scheduled as dictated by the remediation plan, but not less than two (2) weeks after the initial attempt. If the applicant fails the second attempt a third attempt may be scheduled only after a remediation plan, written by the applicant and approved by the MCAEMS System office, is successfully completed. The applicant will be required to pay a \$75.00 fee to the McLean County Area EMS System prior to the administration of the third attempt. The third attempt will be scheduled as dictated by the remediation plan, but not less than three (3) weeks after the second attempt. After the third failure of the practical competency exam, any subsequent attempts must be approved in writing by the MCAEMS System Medical Director. The applicant will be required to pay a \$100.00 fee to the McLean County Area EMS System for each attempt after the third attempt. Each attempt will be treated as an independent attempt. At least one different evaluator shall be present at each attempt after the second attempt.

Practical exam sessions may be recorded using audio/video devices for documentation and/or candidate education. By agreeing to participate in system entry, you subsequently agree to be recorded using audio and/or video technology.

The system allows for the candidate to have an administrator from the sponsoring agency to be present during practical testing, if they so choose. The scheduling of having an administrator present remains the sole responsibility of the candidate.

**I, \_\_\_\_\_ have read and agree to abide by the above Practical Exam Agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PART I: PRELIMINARY PAPERWORK**

*To be completed by MCAEMS office secretarial staff*

Check for completeness and accuracy of the following items:

**Application**

- System Entrance Application
- Authorization and Release
- Memorandum of Understanding

**Supporting Documents**

- Letter of Agency Affiliation
- Letter of Good Standing from previous system
- Driver's License/ID

**Certifications**

- Current State of Illinois EMS License                      EXP: \_\_\_\_\_
- Current AHA/ARC CPR Card    EXP: \_\_\_\_\_
- Current ACLS Card (ILS/ALS only)                                      EXP: \_\_\_\_\_
- Current ITLS/PHTLS (ILS/ALS only)                                      EXP: \_\_\_\_\_
- Current PALS/PEPP (ILS/ALS only)                                      EXP: \_\_\_\_\_

**Competency Form**

- BLS Skill Sheet, signed by agency training officer (FR/BLS only)

**Verification of paperwork by EMS secretarial representative:**

- Are all of the above items present in the candidate's folder?*
- Are all items legible?*
- Are all certifications current?*
- Are there any certifications that will expire within two months or that may become expired prior to completion of system entry?*

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**EMS System Staff, Printed**

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**EMS System Staff, Signed**

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**Date**



Candidate is now eligible for challenging written examination

**PART II: WRITTEN TEST**



**Do not administer written test until all paperwork requirements have been completed.**

*System written test can be administered by any EMS office staff member.*

<b>1<sup>st</sup> Attempt</b>
<b>Date:</b>
<b>Version:</b>
<b>Result:</b>

<b>2<sup>nd</sup> Attempt</b>
<b>Date:</b>
<b>Version:</b>
<b>Result:</b>

*NOTE: Prior to any subsequent written testing attempts, candidate must meet with Education Coordinator and/or System Coordinator to evaluate candidate's weaknesses.*

**Meeting Performed By:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

<b>3<sup>rd</sup> Attempt</b>
<b>Date:</b>
<b>Version:</b>
<b>Result:</b>

**Verification of successful written by EMS representative:**

- Has candidate successfully completed the written exam?*
- Was the exam administered the appropriate level for candidate?*
- Are all exam attempt copies in the candidate's folder?*

\_\_\_\_\_  
**EMS System Staff, Printed**

\_\_\_\_\_  
**EMS System Staff, Signed**

\_\_\_\_\_  
**Date**



Refer ILS/ALS Candidate to Education Coordinator for System Practical Testing. Refer BLS packets to Education Coordinator for preliminary review.



**PART III: PRACTICAL EXAMINATION (ILS/ALS ONLY)**

*Education Coordinator to arrange and administer practical examination.*



**Do not administer practical test unless:**

- Paperwork is complete
- Successful challenge of written exam

1 <sup>st</sup> Attempt	
Date:	
Facilitators:	
Result:	
Remediation Plan Submitted:	Projected Completion Date:
Plan Approved By:	
Plan Completed Date:	Verified By:

2 <sup>nd</sup> Attempt	
Date:	
Facilitators:	
Result:	
Remediation Plan Submitted:	Projected Completion Date:
Plan Approved By:	
Plan Completed Date:	Verified By:

3 <sup>rd</sup> Attempt	
Date:	
Facilitators:	Fee Paid:
Result:	
Remediation Plan Submitted:	Projected Completion Date:
Plan Approved By:	
Plan Completed Date:	Verified By:

4 <sup>th</sup> Attempt	
Date:	
Facilitators:	Fee paid:
Result:	
Remediation Plan Submitted:	Projected Completion Date:
Plan Approved By:	
Plan Completed Date:	Verified By:

**Verification of successful practical by Education Coordinator:**

- Has candidate successfully completed the written exam?*
- Is a strength/weakness summary evaluation in candidate's folder for each attempt?*
- Is there a completed form in candidate's folder for each practical administered?*
- Are all certifications and application paperwork still present and current?*

\_\_\_\_\_  
**Education Coordinator, Printed**

\_\_\_\_\_  
**Education Coordinator, Signed**

\_\_\_\_\_  
**Date**



Forward to System Coordinator for final approval.

**PART IV: FINAL VERIFICATION AND APPROVAL**

*To be completed by System Coordinator.*

**Verify the presence and completeness of the following by initialing:**

Initial	Standard
	System entrance application
	Authorization and Release
	Memorandum of Understanding
	Letter of Agency Affiliation
	Letter of Good Standing (if applicable)
	Driver's License/ID
	Current State of Illinois EMT-B/EMT-I/EMT-P License
	Current Healthcare Provider CPR certification
	Current ACLS certification (ILS/ALS only)
	Current ITLS/PHTLS certification (ILS/ALS only)
	Current PALS/PEPP certification (ILS/ALS only)
	Successful completion of written exam
	Copy of written exam answer sheet
	Successful completion of practical examination (Skills sheet for BLS)
	Copy of testing summary for each practical examination session

**I have verified that all of the above materials are present in the candidate's folder and hereby approve the above named applicant to function within the McLean County Area EMS System.**

\_\_\_\_\_  
**EMS System Coordinator, Printed**

\_\_\_\_\_  
**EMS System Coordinator, Signed**

\_\_\_\_\_  
**Date**



Forward folder to secretarial staff for candidate and agency notification

*Secretarial Staff:*

- System entry letter sent to candidate (DATE: \_\_\_\_\_)
- System entry letter sent to sponsoring agency (DATE: \_\_\_\_\_)



# McLean County Area EMS System

1609 Northbrook Dr. Ste. 8  
Normal, IL 61761

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

Date \_\_\_\_\_

Applicant \_\_\_\_\_

## BLS System Entry Skill Sheet

Drug Administration				
	Indication	Contraindication	Dose	Administration
Albuterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon (IM/IN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Narcan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerine (SL/ Paste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (IM/Autoinjector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures				
	Indication	Contraindication	Procedure	
*BIAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Quickclot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
^12 Lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

By signing below I agree that the applicant performed with proficiency, and that each task was performed in accordance with McLean County Area EMS system policies, procedure manual and protocols

Training Officer Printed

Training Officer Signature

\_\_\_\_\_

\_\_\_\_\_

^If a 12 Lead equipped agency

\*FRD Level Skill