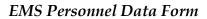
	Loyola Emergency
1	Medical Services System

EMS Personnel Data Form

Submit form with a copy of:		□ EMT License Upd □ Illinois Drivers License □ CPR Card		Upda	\Box Address		Request	
Mailing Address:		□ CPR Card □ Employer South First Avenue, Building 110 LL Phone Number: 708.327 wood, IL 60153 Fax Number: 708.327						
Personal Informat	tion							
Loyola System Number		IDPH	IDPH License Number			Expiration Date		
Social Security Number		Drive	Driver's License Number			Expiration Date		
Name	Tame				Date of	Birth		
Address								
City	State		Zip		Cour	County		
Home Phone		Pager/Cell	l Phone		E-Mail			
in ANY EMS system that you have worked in? Have you ever had your license or certification suspended, removed or revoked? Yes N Have you ever been convicted of a Disqualifying Office as listed in IDPH Administrative Yes							No No No	
Code 955.160 http://d Have you ever funct			T in another st	ate?			Yes	No
If yes, what state (s) If you answered YES		of the above qu	estions, please e	xplain bel	low, giving d	lates, details a	nd dispo	ositions
System Status								
My primary systei	n will b	e:						
My secondary syst	tem will	be:						
LEMSS Office use only	/:							
□SE Letter mailed □	File unda	ited Date	Initials		SF	BF		





EMS Education Information							
EMS Program							
City/State	Graduation Date (month/year)						
Level of Training	□ EMT	□ EMT-P					
	\Box ECRN	□ PHRN					
	□ First Resp						
Lead Instructor	□ Yes	National Registry					
	□ No						
EMS Personnel Re	sponsibilities	s					
 I agree to abide by the Loyola EMS System Policies and Procedures and the current Loyola EMS System Standard Operating Procedures (SOPs) while functioning as a member of the Loyola EMS System. I understand that I must notify the Loyola EMS System of any changes in name, address, employer or licensing/certification within ten (10) days, as stated in the Loyola EMS System Policies and Procedures Manual. When Loyola EMS is designated as my Primary Resource Hospital, I understand that I will be responsible for meeting all continuing education requirements as required by the IDPH Emergency Medical Services Act. I will submit documentation of continuing education done outside the Loyola System to be added to my CE record. When Loyola EMS is designated as my secondary system, I understand that I will be responsible for passing the monthly tests and attending any mandatory training required by the Loyola EMS System. I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Loyola EMS System. 							
Signature		Date					
Release of Informa	ation						
I authorize Loyola EMS to release information regarding my test scores, CE records, licensure, and system status to my LEMSS employer.							
Signature		Date					