



# Loyola Emergency Medical Services System

EMS Personnel Data Form

Submit form with a copy of:

☐ IDPH License

☐ Driver's License

☐ AHA CPR Card

Update: ☐ Name

☐ Address

☐ Employer

Mailing Address: 2160 South First Avenue, Building 110 LL, Maywood, IL 60153

Phone Number: (708) 327-2547

Personal Information		
Loyola System Number	IDPH License Number	Expiration Date
Social Security Number	Driver's License Number	Expiration Date
Name		Date of Birth
Address		
City	State	Zip
Phone Number	E-Mail	
Loyola System Employer		

Personal Background		
Have you ever had any disciplinary action taken against you, or have you ever been suspended in ANY EMS system that you have worked in?	Yes	No
Have you ever had your license or certification suspended, removed or revoked?	Yes	No
Have you ever been convicted of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 <a href="https://dph.illinois.gov/">https://dph.illinois.gov/</a> ?	Yes	No
Have you ever functioned as and EMT or Paramedic in another state? If yes, what state(s)?	Yes	No
If you answered YES to any of the above questions, please explain below, giving dates, details and dispositions. Use additional paper if necessary.		

System Status
My Primary EMS System will be:
My Secondary EMS System will be:

LEMSS Office use only:			
<input type="checkbox"/> IDPH Updated	<input type="checkbox"/> LEMSS Updated	Date _____	Initials _____

EMS Personnel Data Form



Revised April 2022



<b>EMS Education Information</b>		
<b>EMS School</b>		
<b>City/State</b>		<b>Graduation Date (month/year)</b>
<b>Level of Training</b>	<input type="checkbox"/> <b>EMT</b> <input type="checkbox"/> <b>EMR</b>	<input type="checkbox"/> <b>Paramedic</b> <input type="checkbox"/> <b>Emergency Medical Dispatcher</b>
<b>Lead Instructor</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>National Registry</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>EMS Personnel Responsibilities</b>
<ul style="list-style-type: none"><li>▪ <i>I agree to abide by the Loyola EMS System Policies and Procedures and the current Loyola EMS System Standing Medical Orders (SMOs) while functioning as a member of the Loyola EMS System.</i></li><li>▪ <i>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.</i></li><li>▪ <i>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.</i></li><li>▪ <i>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></li><li>▪ <i>I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Loyola EMS System.</i></li></ul>
<b>Signature</b> _____ <b>Date</b> _____

<b>Release of Information</b>
<i>I authorize Loyola EMS to release information regarding my test scores, CE records, licensure, and system status to my LEMSS employer.</i>
<b>Signature</b> _____ <b>Date</b> _____