



## Loyola EMS System ♦ ALS ♦ System Entry Requirements

Thank you for your interest in the Loyola Emergency Medical Services System. Successful completion of the ALS System Entry Exam is required prior to functioning as a licensed Paramedic in the Loyola System, along with the following documentation for your provider file:

- \_\_\_\_\_ Letter of Good Standing from your current primary system
- \_\_\_\_\_ Photocopy of Current Illinois Paramedic License
- \_\_\_\_\_ Photocopy of Current Illinois Drivers License
- \_\_\_\_\_ Photocopy of Current *American Heart Association Healthcare Provider* CPR Card
- \_\_\_\_\_ Completed *Personnel Data* Form
- \_\_\_\_\_ Completed *Background Check Verification* Form  
(signed by EMS Chief or Coordinator)

The ALS system entry written exam consists of 100 questions concerning issues that are specific to the Loyola EMS System. After successfully completing the written exam with a score of 80% or better, applicants will undergo an oral exam that will test their knowledge of appropriate ALS patient care based on Region VIII Standing Medical Orders (SMOs).

It is recommended that you print the SMOs and refer to them as you prepare for the exam. All exam questions are based on the SMOs.

System Entry testing is offered in the EMS office Monday – Friday at 9am. You must schedule an appointment to take the exam **ONLINE** at [LoyolaEMS.com](http://LoyolaEMS.com).

There is a \$30 **NON-REFUNDABLE** system entry testing fee, due at the time of registration.

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Please call the EMS office at (708) 327-2547 to if you have any questions.



# 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 an 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





<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>Paramedic</b>	
	<input type="checkbox"/> <b>EMR</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> _____

## AUTHORIZATION AND RELEASE

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

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, 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 Loyola 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 Loyola EMS System and their authorized representatives.

I hereby fully, absolutely, and unconditionally release from liability the Loyola 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 verifications, evaluations, recommendations, information requests, or forms that are provided by myself or the Loyola EMS System. This release shall be in addition to any other applicable immunities 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 system entry or for summary dismissal from the Loyola 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: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Please provide the following information which is necessary to secure the required history:

IDPH ID #: \_\_\_\_\_

1/2013





## CRIMINAL BACKGROUND CHECK VERIFICATION

Final acceptance into the Loyola University Medical Center (LUMC) EMS System is contingent upon a completed criminal background check.

Print Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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### TO BE COMPLETED BY AUTHORIZING AGENT FOR MUNICIPALITY OR PRIVATE AMBULANCE AGENCY

Signature of authorizing agent verifies that the above individual has undergone a criminal background check and has no conviction of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 <https://dph.illinois.gov>

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_