

Submit form with a copy of: IDPH License **Update:** Name Date of Request _____
 Illinois Drivers License Address
 CPR Card Employer

Mailing Address: 2160 South First Avenue, Building 110 LL Phone Number: 708.327.2547
 Maywood, IL 60153 Fax Number: 708.327.2548

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	County
Home Phone	Pager/Cell Phone	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 http://www.idph.state.il.us ?	Yes	No
Have you ever functioned as an EMT-P or EMT-B 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.		

System Status
My primary system will be:
My secondary system will be:

LEMSS Office use only:
<input type="checkbox"/> SE Letter mailed <input type="checkbox"/> File updated Date _____ Initials _____ SF _____ BF _____

EMS Personnel Data Form




EMS Education Information			
EMS Program			
City/State		Graduation Date (month/year)	
Level of Training	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-P	
	<input type="checkbox"/> ECRN	<input type="checkbox"/> PHRN	
	<input type="checkbox"/> First Responder	<input type="checkbox"/> Emergency Medical Dispatcher	
Lead Instructor	<input type="checkbox"/> Yes	National Registry	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No

EMS Personnel Responsibilities
<ul style="list-style-type: none"> ▪ <i>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> ▪ <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> ▪ <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> ▪ <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> ▪ <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>
Signature _____ Date _____

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