Loyola Emergency Medical Services System

Request for Letter of Good Standing

Date of Request _____

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

Personal Information		
Loyola System Number	IDPH License Number	Expiration Date
Name		
Address City State Zip		
Home/Cell Phone: Email:		
Current Primary Employer		

Please send a Letter of Good Standing to:

Department or Resource Hospital
Attention
Address
City   State   Zip
Email Address:
Enclose CE record: ☐ Yes   ☐ No

System Status

My primary system will be: ☐ Loyola   ☐ Other _____

My secondary system will be: ☐ Loyola   ☐ Other _____ ☐ None

I am leaving the Loyola system. Please close my LEMSS file. ☐

Signature _____   Date _____

Letters will be emailed/faxed within five (5) business days.

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9/2018