MORRIS HOSPITAL EMS SYSTEM

ECRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print Only. All copies must be clear and easily legible

ENTRY DATE: ___/___/___ SSN: _____-_____-_____

NAME: _____D.O.B:_____-_____-_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ZIP:_____ CELL #:_____-_____-_____

EMAIL (print clearly):_____

MHEMSS AGENCY: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

HEIGHT: _____ WEIGHT_____ HAIR COLOR_____ EYE COLOR_____ MALE/FEMALE (CIRCLE ONE)

TN COORDINATOR AND ECRN CHECKLIST

Checklist needs to be completed with all of the required documents, signed by the Trauma Nurse Coordinator and turned into the MHEMSS. This all needs to be done before the provider is allowed to function in the system.

TN Coordinator

1. ____Copy of current State of Illinois ECRN License.

    License #:_____ Expiration: ____/____/____

2. ____Copy of current CPR card.

3. ____Copy of ACLS, & PALS

4. ____Copy of Driver's License. Must be legible with clear photo.

5. ____Copy of one of the following: TNCC, PHTLS, ITLS, TNS

EMS System

1. ____Letter of Good Standing from Primary EMS System including current CE hours

2. ____Verification of successful completion of the EMS Region 7 ECRN SMO exam

Date: ____/____/____ Score: _____

Signature of TN Coordinator_____ Date: ____/____/____

Signature of the EMS System_____ Date: ____/____/____