**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: \_\_\_\_/\_\_\_\_/\_\_\_\_**

1. \_\_\_\_Copy of current CPR card.
2. \_\_\_\_Copy of ACLS, & PALS
3. \_\_\_\_Copy of Driver’s License. Must be legible with clear photo.
4. \_\_\_\_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: \_\_\_\_/\_\_\_\_/\_\_\_\_