

EMS REGION 7
EMERGENCY COMMUNICATIONS REGISTERED NURSE
COURSE/SYSTEM ENTRY APPLICATION
(PLEASE PRINT LEGIBLY)

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: Registering for _____ (date) ECRN Course **OR** Licensed ECRN entering the System

DATE: ___/___/___ LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

CELL PHONE: (____) _____ - _____ R.N. LICENSE #: _____

EMAIL: (print legibly) _____

DATE OF BIRTH: ___/___/___

EMS SYSTEM/RESOURCE HOSPITAL: _____

HOSPITAL WHERE YOU WORK: _____ NORMAL SHIFT: _____

CIRCLE ANY THAT APPLY

ECRN EMT-B EMT-I EMT-P PHRN >IDPH License# _____

IF ALREADY LICENSED ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ REGION: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___

ACLS ___ Expiration date: ___/___/___ PALS ___ Expiration date: ___/___/___

PHTLS ___ Expiration date: ___/___/___ ITLS ___ Expiration date: ___/___/___

**ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE).
SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR,
WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.**

***Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

ER Manager or EMS Coordinator Signature/Approval

EMS Coordinator Signature/Approval