MORRIS HOSPITAL EMS SYSTEM
ECRN SYSTEM ENTRANCE CHECKLIST & PERSONAL PROFILE

All items must be completed and copies must be readable

Full Legal Name: _____System # _____

Street Address: _____Date of Birth: _____

City: _____State: _____Zip: _____

Cell Phone: _____

Email: _____

Morris Hospital EMS Agency or Department: _____

Your PRIMARY EMS System: _____

What system were you trained in: _____ Year: _____

REQUIREMENTS FOR SYSTEM ENTRY

1. Copy of current IDPH ECRN License # _____ Exp Date: _____
2. Copy of current CPR card Exp date: _____
3. Copy of Driver's License with clear photo
4. Copy of ACLS card Exp date:_____
5. Copy of PALS card Exp date: _____
6. Copy of one of the following: TNCC, PHTLS, ITLS, TNS
7. Letter of Good Standing from Primary EMS System including CE hours _____
8. Verification of EMS Region VII ECRN SMO exam Date: _____ Score: _____

By signing below, I agree to follow all current policies and procedures of MHEMSS. Furthermore, I understand it is my responsibility to stay up-to-date with any and all changes and to inform the Morris Hospital EMS Coordinator if I choose to leave or change departments. I also understand it is my responsibility to obtain all requirements for my license renewal.

Signature of Applicant: _____

Signature of TN Coordinator: _____

Signature of MHEMSS Coordinator: _____