



MORRIS HOSPITAL EMS SYSTEM
EMR 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 EMR License License # _____
Exp Date: _____
2. Copy of current CPR card Exp date: _____
3. Copy of Driver's License with clear photo
4. Region VII BLS SMO Exam: 1st Attempt _____ 2nd Attempt _____

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 Agency Coordinator: _____

Signature of MHEMSS Coordinator: _____