



Morris Hospital EMS System
Paramedic, EMT-I, AEMT, & PHRN System Entrance
Check List & 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 Paramedic/PHRN/EMT-I license License #: _____
Exp date: _____
2. _____ Copy of current CPR card Exp date: _____
3. _____ Copy of Driver's License with clear photo
4. _____ Letter of Good Standing from Primary EMS System including current CE hours: _____
5. Region VII ALS SMO Exam: 1st Attempt: _____ 2nd Attempt: _____
6. Med Math Written Exam: 1st Attempt: _____ 2nd Attempt: _____
7. Rhythm Strip Written Exam: 1st Attempt: _____ 2nd Attempt: _____
8. Copy of ACLS card Exp date: _____ Copy of PALS card Exp date: _____

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: _____