Northwest Community EMS System ECRN EDUCATION PROGRAM 2023 APPLICATION

STUDENT INFORMATION (Please type or print legibly)	
Student name:	Date of birth:
Address:	Illinois nurse license #:
City:	Illinois driver's license #:
State: Zip:	Social Security #:
Phone #:	e-mail address:
Employer:	
Supervisor name:	
Date ECG course completed:	Who is responsible for tuition payment?
Attach verification of course completion to application	[] Student [] Hospital
ED EXPERIENCE VERIFICATRION Must be signed by either the ED Supervisor or Hospital EMS Coordinator of the employing hospital	
EMPLOYER AGREEMENT:	
I hereby affirm and declare that the applicant is currently employed as an RN and is in good standing with this hospital. We agree to participate in the ECRN education of this applicant, provide opportunity for supervised on-line medical control experience, and assist in the completion of all ECRN certification requirements.	
PRINT NAME / Signature of employer administrative representative	
Title:	
APPLICANT AGREEMENT	
I hereby affirm and declare that the above statements are true and correct. I understand that false information or statements may be considered as sufficient cause for denial of entry and/or removal from the ECRN training program.	
Signature of applicant:	Date:

Please submit the completed application to the NWC EMS Office ASAP

Also submit all 4 SOP Self-Assessments to:

Attn: Kathy Fitzpatrick | kfitzpatri@nch.org

Payment information:

Tuition: \$200 payable to Northwest Community Hospital; Cost center: 33015

Questions? Call 847-618-4480

For office use only:	□ Payment received:
□ Fundamentals Self-assessment received	□ Medical SOP Self-assessment received
□ Cardiac SOP Self-assessment received	□ Trauma SOP Self-assessment received