

<b>Northwest Community EMS System</b> <b>ECRN EDUCATION PROGRAM</b> <b>2017 APPLICATION</b>
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<b>STUDENT INFORMATION</b> (Please type or print legibly)
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Student name:	Date of birth:
Address:	Illinois nurse license #:
City:	Illinois driver's license #:
State:	Social Security #:
Zip:	
Phone #:	e-mail address:
Employer:	
Supervisor name:	
Date hired in ED:	Date orientation finished:
<b>Date ECG course completed:</b>	<b>Who is responsible for tuition payment?</b>
<b>Attach verification of course completion to application</b>	<input type="checkbox"/> Student <input type="checkbox"/> Hospital

**ED EXPERIENCE VERIFICATION**  
 Must be signed by either the ED Supervisor or Hospital EMS Coordinator of the employing hospital

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 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.

\_\_\_\_\_  
Signature of employer administrative representative

Title: \_\_\_\_\_

**EMPLOYER AGREEMENT:**

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\_\_\_\_\_  
Signature of employer administrative representative

Title: \_\_\_\_\_

<b>APPLICANT AGREEMENT</b>
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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.

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the completed application with the following to the NWC EMS Office:**

- 1) Copy of current RN license
- 2) Tuition: \$200 payable to Northwest Community Hospital; #17496

## Northwest Community Hospital

EMS Department

Attn: Connie J. Mattera, M.S., R.N., EMT-P

901 W. Kirchoff Center: EMS offices

Arlington Heights, IL 60005