

Northwest Community EMS System ECRN EDUCATION PROGRAM 2019 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 hired in ED:	Date orientation finished:
Date ECG course completed:	Who is responsible for tuition payment?
Attach verification of course completion to application	<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

ED EXPERIENCE VERIFICATION
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: _____

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; Cost center: 33015

Northwest Community Hospital

Attn: Kathy Fitzpatrick

901 W. Kirchoff Center; EMS offices

Arlington Heights, IL 60005

May scan and send application & RN license with payment submitted separately to

kfitzpatri@nch.org

Questions? Call 847-618-4480