# Northwest Community EMS System **PEER EDUCATOR** Application

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|---|---|
| Name: | Employer: |
| Phone #: | E-mail address: |
| Yrs of experience in EMS/ Emerg Care: | Yrs of experience teaching: |
| **Current professional license credentials**:<br>☐ EMT ☐ Paramedic ☐ RN ☐ PHRN | **Current certifications** (submit copy of certificate, authorization)<br>☐ Illinois Lead Instructor Exp. Date: _____<br>☐ NWC EMSS Field Preceptor |
| **Current** Peer Educator recognition: ☐ None<br>☐ Peer I Exp. Date: _____<br>☐ Peer II Exp. Date: _____<br>☐ Peer III Exp. Date: _____ | **Applying for** :<br>☐ Peer I ☐ Peer III<br>☐ Peer II ☐ Peer IV<br>☐ New<br>☐ Reinstatement: Date left NWC EMSS: _____ |

**Prior teaching experience** and additional certifications (Submit current card/license if applicable)

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|---|---|---|
| ☐ CPR instructor | ☐ Lab preceptor: EMT | ☐ Community educator |
| ☐ ACLS, PHTLS, ITLS; Stop the bleed | ☐ Lab preceptor Paramedic | ☐ Agency-sponsored EMS skill labs |
| ☐ PALS/PEPP Instructor | ☐ Field Preceptor PM | ☐ Agency-sponsored EMS CE classes |
| ☐ Other: Please list | | |

☐ **Applicant**: **Attach a brief statement as to why you would like to be recognized as a Peer Educator.**

| Qualifications | Verification |
|---|---|
| Current unencumbered / **active license** as an EMT/ Paramedic/RN; **NWC EMSS CE up to date** | ☐ |
| Attended most recent SOP roll-out (2022) | ☐ |
| Meets experience qualifications for level of educator requested meeting all System requirements | ☐ |
| Has had direct pt care in at least 6 of the last 12 months or submit how EMS knowledge and competency has been maintained | ☐ |

**I recommend this candidate for PEER EDUCATOR status in the NWC EMSS.**

Signature employer admin:/PEMSC Date:

**Peer II, III or IV candidate – Forward to assigned System hospital EMSC/Educator**.

KEY: SA: Strongly agree A: Agree D: Disagree SD: Strongly disagree

| Rating of required attributes | SA | A | D | SD |
|---|---|---|---|---|
| No sustained complaints relative to patient care or allegations of ethical violations that would suggest high risk behavior in the past year per Policy G-1 | ☐ | ☐ | ☐ | ☐ |
| Demonstrated ability to accurately teach, evaluate performance and coach behavior in all domains of learning within their scope of practice and span of authority. | ☐ | ☐ | ☐ | ☐ |
| Demonstrated ability to embrace diversity in all forms: race, ethnicity, gender identify, disability, socioeconomic background, ideology and personality traits. Excellent interpersonal skills; maintains positive working relationships with students and/or co-workers; | ☐ | ☐ | ☐ | ☐ |
| Accurately and effectively communicates with students and colleagues with many different experiences, ages, levels of education and literacy. | ☐ | ☐ | ☐ | ☐ |
| Good to excellent critical thinking skills: Makes effective decisions; able to articulate reasons for actions while performing them; flexibility to change; and ability to adapt to new situations | ☐ | ☐ | ☐ | ☐ |
| Displays sincere interest in professional development for self and others | ☐ | ☐ | ☐ | ☐ |

| **This candidate is qualified and appropriate to begin the credentialing process for desired Peer Ed. status.** | **Yes** | **No** |
|---|---|---|
| Signature of Hospital EMSC/educator Date: | ☐ | ☐ |

**If Peer I or YES to above for Peer II, III & IV:** Forward to pamela.ross@endeavorhealth.org or fax: 847-618-4489. No **If NO: Cont. on back.**

**If a concern is raised by the Hospital EMSC/Educator that a candidate may not be qualified or appropriate based on guidelines and observed performance, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO, nursing supervisor, or his or her designee to clarify the objections and reach consensus.**

Summary of discussion:

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**If they cannot reach consensus, the concerns will be forwarded to the EMS System Coordinator or her designee to discuss with the Agency or Hospital administrative representative**

**Summary of discussion:**

**Outcome**:

EMS System Coordinator Signature | Date:

EMS Medical Director Signature | Date:

KAC: 12/2024