Northwest Community EMS System

PEER EDUCATOR RENEWAL APPLICATION

Name:	Employer:	
Phone #:	e-mail address:	
Yrs of experience in EMS/ Emerg Care:	Yrs experience teaching:	
Current professional license credentials: ☐ EMT ☐ Paramedic ☐ RN ☐ PHRN	**Current educator credentials** (submit license) ☐ Illinois Lead Instructor Exp. Date: _____	
Current Peer Educator recognition: ☐ Peer I Exp. Date: _____ ☐ Peer II Exp. Date: _____ ☐ Peer III Exp. Date: _____	**Re-applying for**: ☐ Peer I ☐ Peer III ☐ Peer II ☐ Peer IV	☐ Declining Renewal Please remove from System Peer Educator Database

Teaching experience and additional certifications/recognitions (Submit current card/license/certificate if applicable)		
☐ 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: Paramedic	☐ Agency-sponsored EMS CE classes
Other: Please list		

Verification of teaching experience required for renewal. List dates and classes	PEMSC initial applicable box
Peer I (BLS Skills) Teach at least one BLS skill class annually and at least 4 different skills over a 4-yr period List dates/course/ and skills taught **or** if attaching Peer Educator Teaching Experience Record write in "See attached":	
Peer II (BLS + ALS Skills) Teach at least one ALS skill class annually and at least 4 different skills over a 4-yr period List dates and skills taught **or** if attaching Peer Educator Teaching Experience Record write in "See attached":	
Peer III Conduct at least one educational offering in each calendar year – List dates, topics taught:	
Peer IV Conduct at least one in station CE class in 9 of the 10 months in each academic year in the current recognition period, or an ECRN or TNS class unless MLOA: Can verified by checking calendars for months classes were taught.	
If the peer educator has not successfully fulfilled performance expectations as stated in the educator agreement, opportunities for improvement will be documented in writing in the form of a corrective action plan and provided to the individual, an administrative representative of their employer, the EMS MD, EMS Administrative Director, and CE Coordinator. ☐ **Corrective action plan attached** (if applicable)	

Qualifications	PEMSC Verification
Current unencumbered / **active license** as an EMT/ Paramedic/RN | Good standing & **NWC EMSS CE up to date**	
Meets all credentialing qualifications for level of educator recognition per System policy	

I recommend this candidate for renewal of their PEER EDUCATOR status in the NWC EMSS.

Signature employer admin/ **PEMS Coordinator**: Date:

Once completed please forward to kourtney.chesney@endeavorhealth.org or fax: 847-618-4489.

This educator is approved to continue their Peer Educator Status for an additional four-year cycle.	**Yes**	**No**
Signature of EMS System Coordinator: Date New expiration date:		

Peer Educator Renewal Application

Corrective Action Plan if teaching qualifications were not met per P7 Peer Educator Policy.

Suggested Action Plan:

Renewing Peer Educator Applicant _____ Date: _____

Employer Administrator/ EMS Coordinator _____ Date: _____

Additional notes or amended plan of action:

☐ **Approved** ☐ **Denied**

EMS System Coordinator Signature _____ Date: _____

EMS Medical Director Signature _____ Date: _____