

Policy Title: **Emergency Communications Registered Nurse (ECRN);  
Education/Licensure/Relicensure/Extensions/Inactive status**

No. E - 7

Board approval: 7-16-18

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References: EMS Rules Sections 515.320 Scope of EMS Services; 515.740 ECRN; 515.460 Fees; Approved ECRN guidelines approved by Illinois EMS Education Committee.

I. **DEFINITION:**(Source: Amended at 44 Ill. Reg. 15619, effective September 4, 2020)

Emergency Communications Registered Nurse or ECRN – a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols. (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices.

II. **References to ECRNs in Illinois EMS Act and Rules**

A. EMS Act Scope of Services (Section (210 ILCS 50/3.10): "...care shall be initiated as authorized by the EMS Medical Director in a Department approved advanced life support EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an **Emergency Communications Registered Nurse.**"

B. (210 ILCS 50/3.35)Sec. 3.35. Emergency Medical Services (EMS) Resource Hospital; Functions. The Resource Hospital of an EMS System shall:

1. (i) **Educate or coordinate the education** of Pre-Hospital Registered Nurse and **ECRN candidates**, in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan.
2. (j) **Approve** Pre-Hospital Registered Nurse and **ECRN candidates** to practice within the System, and **reapprove** Pre-Hospital Registered Nurses and **ECRNs** every 4 years in accordance with the requirements of the Department and the System Program Plan.
3. (l) **Establish protocols for utilizing ECRNs** and physicians licensed to practice medicine in all of its branches to monitor telecommunications from, and give voice orders to, EMS personnel, under the authority of the EMS Medical Director.
4. (p) Establish and implement a program for System participant information and education, in accordance with rules adopted by the Dept pursuant to this Act.

C. (210 ILCS 50/3.65) Sec. 3.65. **EMS Lead Instructor.** (b) The Department shall have the authority and responsibility to: (5) Require that **all education, training and continuing education courses for EMT, EMT-I, A-EMT, Paramedic, PHRN, ECRN, EMR, and Emergency Medical Dispatcher be coordinated by at least one approved EMS Lead Instructor.** A program which includes education, training or continuing education for more than one type of personnel may use one EMS Lead Instructor to coordinate the program, and a single EMS Lead Instructor may simultaneously coordinate more than one program or course.

D. 210 ILCS 50/3.80) Sec. 3.80. Pre-Hospital Registered Nurse and **ECRN** (c) The Department shall have the authority and responsibility to: (1) **Prescribe education and continuing education requirements** for Pre-Hospital Registered Nurse and ECRN candidates through rules adopted pursuant to this Act:

1. (B) **Education for ECRN** shall include telecommunications, System standing medical orders and the procedures and protocols established by the EMS Medical Director;

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2. (D) An EMS Medical Director may impose **in-field supervised field experience requirements on System ECRNs** as part of their training or continuing education, in which they perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse, or qualified EMS personnel, only when authorized by the EMS Medical Director. (Source: P.A. 98-973, eff. 8-15-14.)
- E. (210 ILCS 50/3.150) Sec. 3.150. **Immunity from civil liability.**
1. (a) Any person, agency or governmental body certified, licensed or authorized pursuant to this Act or rules thereunder, who in good faith provides emergency or non-emergency medical services during a Department approved training course, in the normal course of conducting their duties, or in an emergency, shall not be civilly liable as a result of their acts or omissions in providing such services unless such acts or omissions, including the bypassing of nearby hospitals or medical facilities in accordance with the protocols developed pursuant to this Act, constitute willful and wanton misconduct.
2. (b) No person, including any private or governmental organization or institution that administers, sponsors, authorizes, supports, finances, educates or supervises the functions of emergency medical services personnel certified, licensed or authorized pursuant to this Act, including persons participating in a Department approved training program, shall be liable for any civil damages for any act or omission in connection with administration, sponsorship, authorization, support, finance, education or supervision of such emergency medical services personnel, where the act or omission occurs in connection with activities within the scope of this Act, unless the act or omission was the result of willful and wanton misconduct.
- F. (210 ILCS 50/3.155) Sec. 3.155. General Provisions. (a) **Authority and responsibility for the EMS System** shall be vested in the EMS Resource Hospital, through the **EMS Medical Director or his designee.**
- G. (210 ILCS 50/3.160) Sec. 3.160. **Employer Responsibility.** (a-5) No employer shall permit any employee to perform any services for which a license, certificate, or other authorization is required under this Act, unless the employer first makes a good faith attempt to verify that the employee possesses all necessary and valid licenses, certificates, and authorizations required under this Act.
- H. TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY PART 515 EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE READY HOSPITAL CODE
1. A letter of **commitment from the EMS MD** that describes the EMS MD's agreement to:
- a. 1) Be responsible for the ongoing education of all System personnel, including didactic and clinical experience;
- b. 2) Develop and authorize written standing orders (treatment protocols, standard operating procedures) and **certify that all involved personnel will be knowledgeable and competent in emergency care;**

### III. POLICY

In compliance with the Illinois EMS Act and Rules, any nurse providing on-line medical control (OLMC) in the NWC EMSS must hold an active ECRN license in good standing with practice privileges (credentialing) in the NWC EMSS.

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#### IV. **ECRN credentialing**

- A. While ECRNs in Illinois are licensed by IDPH, they are awarded practice privileges by the local EMS Medical Director (EMS MD). The diversity of entry level education, initial and ongoing competency measurement, clinical and operational protocols, scopes of practice, and communication equipment used across various EMS Systems requires local verification of the ECRN's knowledge and operational competency. Credentialing as an ECRN must occur at the EMS System level.
- B. The EMS MD has the final authority and accountability for credentialing and providing medical direction to all EMS practitioners in the NWC EMSS.
- C. ECRN credentialing follows a process that promotes safe, effective, and competent practice while providing each nurse with personalized feedback in terms of their ongoing professional development needs.
- D. After appropriate education, evaluation and measurement, successful candidates will be credentialed as an ECRN in the NWC EMSS by Dr. Matthew T. Jordan, EMS MD, attesting that they possess required competencies in all three learning domains. Both initial and ongoing assessment of these competencies shall be important components in verifying the nurse's continued practice privileges.
- E. **ECRN credentialing involves at a minimum**
1. Demonstration of sufficient cognitive knowledge to understand and appropriately implement/apply NWC EMSS SOPs, policies, procedures, and guidelines;
  2. Demonstration of mature, responsible affective ability;
  3. Demonstrated competency in providing on-line medical control (OLMC);
  4. Demonstrated ability to integrate the three domains in thinking critically and acting responsibly during the provision of OLMC.
- F. The ECRN credentialing processes shall be fair, consistent, objective, and based on clearly communicated, evidence-based performance standards that are accessible to any ECRN seeking clinical credentialing and practice privileges within the NWC EMSS.

#### V. **System requirements for entry-level ECRN education**

- A. To be approved as an ECRN, an individual must complete an educational curriculum formulated by an EMS System and approved by IDPH, which consists of at least 40 hours of classroom and practical training for both the adult and pediatric population, including *telecommunications, system standing medical orders and the procedures and protocols established by the EMS Medical Director* (Section 3.80(c)(1)(B) of the Act).
- B. **ECRN education in the NWC EMSS consists of the following components:**
1. Pre-requisites: Self-assessment packets
  2. ECRN Course
  3. ECRN Exams: Cognitive exam, ECG strip interpretation exam; Practical exam that consists of simulated runs (may challenge the s without taking the course)
  4. Field practicum (exempt if holds an EMS field provider credential)
  5. OLMC internship; competency measurement and evaluation
- C. **COURSE**
1. **Schedule:** The course is generally scheduled one day a week during the spring unless alternate scheduling is mutually approved by a majority vote of all System HEMSCs based on System needs.
  2. **Student eligibility requirements**
    - a. Current unrestricted license as a registered professional nurse in Illinois.

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- b. Employee in good standing at a System hospital with ED orientation completed.
- e. Prior completion of an ECG course and/or demonstrated competency in ECG rhythm and 12 L ECG interpretation.

3. **Registration process**

- a. Submit completed course application with required attestations to the NWC EMSS office by e-mail, fax (847-618-4489), interoffice mail, US mail, or personal service at least 7 days prior to the first day of class.
- b. **Course tuition, made payable to Northwest Community Healthcare,** is due in full by the first day of class unless prior arrangements have been made with the Course Coordinator. Current tuition fees shall be listed on the course application as they are subject to change.

4. **Required Pre-course / pre-recognition work** – Complete the self-assessment packets and submit to employer’s HEMSC/E for grading and feedback prior to class or ECRN challenge testing. Submit acceptable graded documents to the Resource Hospital Administrative Director for inclusion in the ECRN’s file.

- a. **2022 SOP self-assessments** (4 packets)
- b. **Policy manual self-assessment** (when available)

5. **Course delivery/attendance options:**

- a. Based on System request, the course is offered on-line and is intended for concurrent participation by all learners to optimize their learning.
- b. Asynchronous viewing of the Zoom recording is permitted for compelling personal emergencies, but not recommended or encouraged.

6. **Final exams**

- a. **Written exam** is composed of 150 multiple-choice items blueprinted to the course objectives that cover the full extent of the SOPs, select policies, and key steps of major high risk EMS procedures. The blueprint is made available to the learners in advance of the exam.
- b. Timed 15 **ECG rhythm strip** interpretation exam
- c. **Practical exam:** Four simulated runs (cardiac, medical, respiratory, and trauma) in which the student will perform independently as the OLMC ECRN.
- d. **Minimum passing scores:**
  - (1) Written exam: 80%
  - (2) ECG strip test: 80% and no lethal rhythms missed
  - (3) Practical exam: Each station must be passed with a minimum score of 80% or above and no critical errors
- e. **Retests:** Candidates are allowed up to two weeks after a failed attempt to retake that exam/station. They may receive general information on areas of ongoing learning need, but shall not review specific questions missed. They may not take notes on individual questions or photocopy the exams or answer sheets in any way. They may not retake the written or ECG interpretation exam on the day of initial testing to allow time for remediation and additional study. Allowances may be made for one immediate retest of a failed practical exam station.

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- (1) Retests consist of a different ECG strip test (will not have the same strips as the original) and a different practical exam scenario from the same SOP section as the station that was failed.
- (2) Retests must be precepted by the HEMSC/E at the nurse's hospital of employment.
- (3) Testing extensions may be granted based on individual circumstances. Failure to test within the eligibility window without an approved extension will result in a failing grade for the course.
- (4) If the student fails to successfully complete any portions of the course, the following options are available:
  - (a) Repeat the course at a later time; or
  - (b) Complete the provisions of an individualized education program (IEP) agreed to by the student, their employer and the EMS Administrative Director and retest as specified in the IEP.

#### D. FIELD PRACTICUM (IDPH-required)

1. After passing the final written and practical exams, each nurse must **ride a minimum of 8 hours** as an observer on a System-approved ALS vehicle operated by an EMS agency with a moderate to high call volume (to optimize chances of getting an ALS run completed). The ECRN must be assigned to a System-approved Paramedic Preceptor or Peer II educator or higher to serve as a mentor during the experience.  
**Exemption:** Nurses with current or former EMT or paramedic licensure with field experience do not need to complete the field practicum. Provide a photocopy of their EMS license to the HEMSC/E who holds their file.
2. **Purpose:** To directly observe EMS response, care, and transport to gain contextual competence in the continuum of EMS care and to better execute the duties of an ECRN.
3. **Scheduling ride time:** Arrangements shall be made by the HEMSC/E at the nurse's hospital of employment. ECRN candidates shall not contact an individual paramedic directly and ask if they can ride with them.
4. **Patient care contact requirement:** Observe a minimum of one ALS call. If not met during the field shift, an ALS call will be simulated with the HEMSC/E that shall satisfy this requirement.
5. **Field observation form:** Document Field activity on the System form (see website: [www.nwcemss.org](http://www.nwcemss.org) under ECRN education). The form must be dated and signed by the Field Preceptor and forwarded to the Resource Hospital along with the other certification paperwork.

#### E. OLMC INTERNSHIP

1. Upon achievement of all course objectives and successful testing, the provisional ECRN is authorized to begin an OLMC internship that must be done under the direct supervision of an approved ECRN preceptor or approved emergency physician who must be present throughout each call, approve all orders, and co-sign all Communication Logs documented by the provisional ECRN.
2. **Time requirements:** The internship shall be completed as soon as all the objectives are completed. While there is no minimum time frame, the maximum is 12 months from the date of successful course or challenge exam completion unless an extension is granted.

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3. **ECRN preceptors:** Preceptors are selected/approved by the nurse's employer and must meet the System's standards for preceptors.
4. **ECRN Intern orientation:** The provisional ECRN must make an appointment to meet with their designated HEMSC or designee prior to the beginning of the internship to review the OLMC internship objectives, process, and System expectations.
5. **Internship requirements:**
  - a. Objectives are listed on the evaluation form.
  - b. Candidates must complete 10 OLMC ALS calls and have the Communication Log for each co-signed by an approved ECRN preceptor who was immediately present, listened to the entire call, and attested to compliance with standards. No EMS PCRs are required as corroborating evidence to be submitted with the licensure paperwork if the Communication Log fully meets all ECRN standards of care and documentation as evaluated by the HEMSC. Communication Logs must be submitted with ECG strips/12 L tracings (if medically indicated). Pediatric calls may be simulated if an actual call of this nature was not completed.
  - c. **NOTE:** Supervision by the preceptor is interpreted as **approving** the provisional ECRN's orders and coaching as necessary, but **not taking over the call**. Those runs where orders were initiated by someone other than the provisional ECRN **DO NOT** qualify as acceptable runs.
6. **Summative meeting:** The provisional ECRN must meet with the HEMSC/E at least once at the end of the internship. More frequent coaching meetings may be necessary based on the candidate's individual performance. The meeting is designed to assess and evaluate progress, determine if internship objectives have been achieved, and determine if the candidate is qualified to be recommended for ECRN licensure. The ECRN Preceptor is responsible for validating all competencies have been achieved prior to the meeting with the HEMSC/E.
7. **COMPLETION OF THE INTERNSHIP and Record keeping requirements**  
(All current forms are posted to the System website: [www.necemss.org](http://www.necemss.org) )
  - a. When the ECRN preceptor believes that the nurse has satisfactorily achieved all internship objectives, the ECRN candidate shall schedule the summative meeting with the HEMSC/E. All must agree that the nurse has demonstrated the knowledge/skills/attitudes (KSAs) required for safe, entry level competent practice as an ECRN. If the team is in agreement, submit the following to the EMS Administrative Director:
    - (1) **Cover letter** from the HEMSC/E recommending ECRN licensure that includes the ECRN course sponsor, completion date, and IDPH site code number if the candidate did not attend the NWC EMSS program.
    - (2) **Completion checklist**
    - (3) At least **10 OLMC Communication Logs** demonstrating competent OLMC of a variety of ALS runs; (w/ ECGs); co-signed by an approved preceptor: At least 2 of each nature of call: Cardiac; Trauma ; Peds; Respiratory; and Medical emergencies; preferably requiring ALS care.

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- (4) **Summative Performance Appraisal** with evidence of evaluation meeting discussion and feedback to ECRN candidate; rating of terminal competencies with ECRN candidate and HEMSC signatures completed and signed.
- (5) **Field experience form** attesting to a minimum of 8 hours observation time and at least one ALS call dated and signed by the EMS Agency preceptor.
- (6) **Attestation that the ECRN has completed the SOP Self-Assessments** (This may be done in the cover letter and on the checklist. Each hospital EMSC must hold the originals in the ECRN's file)
- (7) **Signed IDPH Renewal Notice/Child Support/Personal History Statement** (current form on IDPH EMS website) that must include the nurse's date of birth, current address, social security number, phone number and e-mail address.

- b. **If the runs are evaluated as unsatisfactory**, an individual education plan (IEP) shall be developed with further objectives and time frames for the nurse to follow in order to complete the internship.
- c. **Extensions:** If an extension is needed beyond the 12 month period, a written extension request must be submitted by the provisional ECRN to the EMS Administrative Director at least 30 days prior to the expiration of the provisional period. Any nurse who completes the internship after an extension may be required by the NWC EMSS to complete additional examinations which may cover each section of the SOPs.

#### F. **RECOGNITION of ECRN STATUS**

1. Upon System approval, the EMS Admin Director will send the following to IDPH Division of EMS:
  - a. Cover letter from the System recommending licensure
  - b. IDPH Transaction card
  - c. Signed IDPH Renewal Notice/Child Support/Personal History Statement
2. The nurse will receive a license from IDPH Div. of EMS with an ECRN number and date of expiration. They should provide a copy of this license to their HEMSC/E and maintain the original in a place that allows for easy retrieval.
3. Nurses who successfully complete all certification requirements may use "ECRN" after their licensing title.
4. The nurse will be granted ECRN privileges in the NWC EMSS for a period of four years as long as they maintain CE and conformity to practice expectations required for current privileges and the nurse's name will be entered into the System plan as an ECRN.

#### VI. **ECRN CHALLENGE PROVISIONS (Not currently an ECRN)**

- A. Any System nurse meeting course eligibility requirements may challenge the current final written and practical exams for the ECRN Course after completing the required self-assessments. Passing scores on all sections, as defined in course passing criteria, will exempt the nurse from the didactic portion of the course. The Field Practicum and OLMC internship requirements must be completed as specified above for ECRN students.

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- B. Failing scores on any section of the challenge exam on the first attempt will require the nurse to take the entire ECRN Course. No retake options are authorized for challenging the exams.

## VII. LICENSED ECRNs seeking RECIPROCITY into the NWC EMSS

- A. Licensed ECRNs petitioning for ECRN privileges in the NWC EMSS shall submit the following documents to their employer's EMS Coordinator:

1. **ECRN transcripts:** Verification that they have successfully completed an ECRN education program approved by IDPH noting the name of the System; name of the Course Coordinator; site code number, and date of successful completion. A diploma or CEU certificate of completion listing those elements is sufficient.
2. Photocopy of current IDPH ECRN license
3. Letter of verification from the EMS MD or EMS System Coordinator of their most recent System of affiliation attesting to the ECRN's education/privileges in that system
4. Copy of all ECRN CE credits accumulated during the current licensure period
5. Currently required Self-assessments

- B. **Reciprocity candidate eligibility for System privileges shall be considered on a case by case basis.**

1. **If currently practicing as an ECRN at a hospital within Region 9 using current Region EMS SOPs, they may be exempted from written or practical exam testing based on the completeness of the SOP self-assessments submitted.**
2. **If currently practicing outside of Region 9, they shall complete the Self-assessments and ECRN Course Final Written and Practical Exams.** They are offered the same retest and remediation policies as ECRN students. Reciprocity written testing may occur at one sitting or be divided into two testing sessions at the hospital's discretion. It is recommended that practical testing be done at a different sitting than the written, but may be combined based on the hospital's discretion. The Resource Hospital offers System entry testing on the 2<sup>nd</sup> and 3<sup>rd</sup> Tuesday mornings of each month for paramedics. ECRN candidates for reciprocity may test during these sessions based on hospital need. Contact the EMS office at 847.618.4482 to schedule a testing appointment.

- C. **OLMC orientation:** Each System hospital is expected to fully orient an ECRN who petitions for System privileges to the communications equipment in place at that facility and the System Communications policies and procedures for ECRNs. This may take the form of an abbreviated internship or be part of the ED orientation.

- D. **Records the HEMSC/E shall submit to the Resource hospital for ECRNs seeking reciprocity practice privileges in the NWC EMSS:**

1. Items VII A1 through 5 as stated above.
2. **If testing is required: System ECRN exam answer sheets:** Final written exam (graded as 80% or higher), ECG test (graded as 80% or higher and no lethal errors), and practical exam forms (graded as 80% or higher and no critical errors).
3. Letter/e-mail from a NWC EMSS hospital verifying employment, attesting to System entry requirements being met, and recommending System privileges.



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### VIII. CONTINUING EDUCATION

- A. At a minimum, ECRNs and provisional ECRNs are required to complete eight hours of CE per year which relates to their role as an ECRN. This may be achieved in a variety of ways:
1. Attending the in-station EMS CE classes offered 10 months per year at least 95 times per month at multiple locations hosted by the EMS agencies (or completing the class credit questions) in compliance with System policy C2- Continuing Education.
  2. Attending EMS CE classes adapted from the NWC EMSS CE, conducted at the hospital by the HEMSC/E.
  3. Completing other CE activities relevant to the topics being offered to EMS personnel that have received an Illinois EMS site code or approval by a nursing CE accrediting body; completing EMS-related QI, writing EMS-related journal articles, textbook chapters, hospital policies, etc. Hour for hour credit will be awarded up to 20% of their total number of hours for one topic.
  4. Completing state or nationally accredited classes with content that is **relevant to their role as an ECRN** may be accepted on a case by case basis based on hardship: ACLS, PALS, ENPC, PEPP, TNCC, etc. Hour for hour credit may be granted up to 2 hours for each course as the EMS-related information in all of them is generally limited. ECRN CE time awarded for passing the TNS class may be accepted as there is broad overlap of A&P and pathophysiology content.
  5. Other activities may be approved for ECRN CE by the EMS Administrative Director, such as conferences and workshops presenting content relevant to EMS upon submission of a request that shall include the class objectives, brief content description, faculty, and time requested. In the case of a conference, the brochure will suffice for advance approval. To gain CE, the ECRN must submit their CEU certificate attesting to completion of EMS-related content after attending the program.
- B. All ECRNs and provisional ECRNs must attend **EMS mandatory reviews** as determined by the System EMS MD.
- C. **Record keeping:** ECRN are required to keep copies of their own CE records. In addition, the System provides a worksheet each year that can be used to verify CE completion.

- IX. **Name/Address changes:** Official ECRN licensure status and contact information is maintained by IDPH. Changes in name or address must be reported to IDPH Division of EMS within 20 days of the change. **This is NOT the same change notification required for your nursing license and must be done separately.** Notification must be made as follows:

- A. **Address changes** must be made ON LINE in the IDPH database listed below.  
<https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/Shared/OnlineServices.aspx>
- B. **Name changes** must be processed with the IDPH EMS Division per the mail, submitting copies of legal documents acceptable to IDPH that verifies the name change. Contact the IDPH Springfield office at **217-785-2080** for information.

### X. ECRN Relicensure

- A. IDPH holds each **individual responsible** for maintaining their IDPH ECRN license and renewing it on time.

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**B. An ECRN shall retain NWC EMSS privileges provided that they have**

1. Maintained an active and unrestricted registered professional nurse license in Illinois;
2. Maintained employment in the Emergency Department of a System hospital;
3. Completed a minimum of 8 approved EMS CE hours and all mandatory requirements in each of the last four years; and
4. Demonstrated satisfactory performance in providing and documenting OLMC as validated by the designated EMSC/educator and/or EMS MD.

**C. ECRN Renewal (relicensure) process**

1. IDPH will mail a renewal notice to each ECRN at the last known address in the state database at least 60 days prior to expiration. **If your name or address is incorrect**, this can cause the renewal notice to be undeliverable.
2. **To renew ON-LINE (fastest processing)- GO TO:**  
<https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ldohems/private/Shared/OnlineServices.aspx>
  - a. The renewal notice contains a **PIN #** that is needed to renew your ECRN license online. If you lost or did not receive the renewal notice, contact the Resource Hospital EMS Administrative Director to get your PIN number.
  - b. Select **renew license**
  - c. Answer the felony conviction and child support questions under penalty of perjury if a false statement is given.
  - d. The Northwest Community EMS **System number is 0907**
  - e. Pay the **renewal fee of \$20 by credit card**. The software is programmed to charge the correct fee.
3. **To renew by MAIL (slowest processing):** IDPH will not accept personal checks or cash. If paying the renewal fee by certified check or money order, answer the child support and felony conviction questions on the renewal notice received in the mail and submit with your payment to the IDPH address printed on the form before the deadline as listed on the renewal notice. Inform your hospital EMSC that you plan to submit a written packet in the mail to IDPH. They may want you to provide them with a copy of the signed written notice prior to mailing it for your ECRN file. It may take weeks to process a renewal request submitted to IDPH by mail. Submit at least six weeks prior to license expiration.
4. **IMPORTANT for both on-line and mail submissions: Once you have completed your part of the renewal process: Contact your HEMSC to inform them.** They must contact the NWC EMSS EMS Administrative Director by e-mail to verify if you are up to date or delinquent in your ECRN CE hours.
  - a. The System's role in the renewal process is only to affirm that CE hours are complete and verifiable. The System is not responsible for providing alternate notice that an ECRN is due to renew or to organize CE submissions into a reviewable document.
  - b. If up to date, the EMS Admin Director will complete the processing of your ECRN renewal in the IDPH database. A license will be printed by IDPH the following business day and sent by US postal service to the mailing address in the database within a week.

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#### XI.     **Requests for EXTENSIONS**

License expiration dates may be extended by IDPH only when appropriate documentation substantiating a hardship in meeting renewal requirements is submitted in advance of the expiration date. The request shall be made in writing to the NWC EMSS Office **on an Extension Request form** prescribed by IDPH and posted to the System website, along with an explanation substantiating the hardship necessitating an extension, and specifying the desired length of extension up to six months. The System EMS MD/designee will review the request and, if approved, will forward it to IDPH for consideration and approval.

#### XII.    **License EXPIRATION**

- A.     The license of an ECRN who has failed to complete all relicensure requirements before their expiration date will expire on the day following the expiration date printed on the license. The nurse may no longer serve in the capacity of an ECRN in any Illinois EMS System.
- B.     **LATE FEE within 60 days of license expiration date:** If the renewal requirements, fees, and/or EMS System authorization are received by IDPH within 60 days after the license expiration date, the ECRN will be assessed an additional \$50 late fee in the form of a certified check or money order (cash or personal check will not be accepted) payable to the Illinois Dept. of Public Health that must be paid before the license will be renewed.
- C.     **Consequences of a license lapsed more than 60 days:** If relicensure requirements are not met within the 60 day grace period after the license expiration date, the license will lapse and the ECRN will have to gain ECRN recognition all over again through a process of reinstatement.

#### XIII.   **INACTIVE STATUS - EMS Rules Section 515.740 d)**

- A.     Prior to the expiration of their current license, an ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS MD **on a form** prescribed by IDPH and posted to the System website.
- B.     In addition to the Inactive Request form, written materials shall also contain the following:
  1.     Letter or e-mail describing the circumstances requiring inactive status including a statement that relicensure requirements have been met by the date of the application for inactive status or an explanation as to why they could not be met;
  2.     Authorization from the ECRN's employer that they consent to the request for inactive status; and
  3.     The original ECRN license
- C.     The EMS MD or their designee will review the request for inactive status and forward to IDPH for consideration and approval.
- D.     While on inactive status, the nurse is not required to complete ECRN CE, testing, or Relicensure requirements and shall not function as an ECRN in any Illinois EMS System.
- E.     **Returning to active status:** The EMS MD must document that the ECRN has been determined to be physically and mentally capable of functioning within the EMS System, that the ECRN's knowledge and clinical skills are at the active ECRN level, and that the ECRN has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased. When all requirements have been met, the EMS MD or their designee shall submit a written request to IDPH requesting reactivation of the ECRN's license.