

Policy Title: Emergency Communications Registered Nurse (ECRN) Education/Licensure/Relicensure/Extensions/Inactive status			No. E - 7
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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 2017.

- I. **DEFINITION:** (210 ILCS 50/3.80) Sec. 3.80. Pre-Hospital Registered Nurse and Emergency Communications Registered Nurse.

"Emergency Communications Registered Nurse" or "ECRN" means a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with rules adopted by the Department, 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. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered registered nurse license in the state in which he or she practices. In this Section, the term "license" is used to reflect a change in terminology from "certification" to "license" only."

II. **References to ECRNs in State 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 Department 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:

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

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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.

IV. ECRN credentialing

- A. The practice of EMS is complex, dynamic, and diverse. It is historically built upon the domains of education and licensure. The public is best served when EMS providers receive externally accredited education, are nationally certified, state licensed, and credentialed by the local EMS MD (NAEMT/NAEMSP position statement, 2016).
- B. 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.
- C. The EMS MD has the final authority and accountability for credentialing and providing medical direction to all EMS practitioners in the NWC EMSS.
- D. 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.
- E. 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.
- F. **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.
- G. 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. Course & testing
 2. Field practicum
 3. OLMC internship; competency measurement and evaluation

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C. COURSE

1. **Schedule:** The course is generally scheduled one or two days a week during the spring unless alternate scheduling is mutually approved by a majority vote of all System hospital EMSCs based on System needs.
2. **Student eligibility requirements**
 - a. Current unrestricted license as a registered professional nurse in Illinois.
 - b. Employee in good standing at a System hospital with ED orientation completed.
 - c. ~~Prior completion of an ECG course and/or demonstrated competency in ECG rhythm identification and 12L ECG interpretation. The course must include electrophysiology, recognition of dysrhythmias, and their recommended treatment. ACLS certificate is acceptable.~~
 - d. Completion of the ECRN needs assessment exam prior to the course is optional, but highly recommended.
3. **Registration process**
 - a. Submit completed course applications to the NWC EMSS office by e-mail (kfitzpatri@nch.org), 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. **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:** Students and reciprocity candidates who fail one or more section(s) of the exam on the first attempt will be allowed up to one month after the failed attempt to complete a retake of the exam/station. Under direct supervision, examinees may review the results of their written tests to determine their areas of strengths and ongoing learning needs. 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. Allowances may be made for one immediate retest of a failed practical exam station.

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- (1) Retests consist of a different final written exam with the same blueprint as the original; a different ECG strip test (may not have the same rhythms as the original) and a different practical exam scenario from the same SOP section as the station that was failed.
- (2) Retests shall be precepted by the EMS Coordinator/educator at the nurse's hospital of employment.
- (3) Testing extensions may be granted based on individual circumstances. If the nurse fails to retest within one month and has not been granted an extension, he or she will receive a failing grade for the course.
- (4) If the student fails to successfully complete of any portions of the retest(s), 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

1. Subsequent to passing the ECRN Course or challenge exam, 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) unless they have prior out-of-hospital EMS experience. Nurses who are also paramedics do not need to complete the field practicum. Provide a photocopy of their PM license to the hospital EMSC who holds their file. 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.
2. **Purpose:** To directly observe EMS response and care to more fully appreciate what may have come before, during, and after the OLMC reports so the nurse understands the context in which field to hospital communication occurs and can better execute the duties of an ECRN.
3. **Requirement:** Observe a minimum of one ALS call. If such a call is not completed during the first field assignment, a second shift must be scheduled. The nurse may leave as soon as an ALS call is completed on the second shift. If no calls are completed within the 16 hours, an ALS call will be simulated (as needed) with the EMS Coordinator/educator that shall satisfy this requirement.
4. **Scheduling:** Arrangements to ride with the EMS agency shall be made by the EMS Coordinator/educator at the nurse's hospital of employment. ECRN candidates shall not contact an individual paramedic directly and ask if they can ride with them.
5. **Record-keeping:** Field time must be documented on the System form (available on the System website: www.nwcemss.org) under ECRN education and be forwarded to the Resource Hospital 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.

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2. **Time requirements:** The internship shall be completed as soon as all the objectives for phases I and II 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.
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 hospital EMS Coordinator/designee prior to the beginning of the internship to review the OLMC internship objectives, process, and System expectations. An OLMC ECRN Internship Agreement will be signed at that time if not already completed.
5. **Phases of the internship:** The internship is a two phase process with specific objectives to be achieved during each phase.
 - a. Objectives for each phase are listed on the evaluation forms. Phase I must be successfully completed before advancing to Phase II.
 - b. The ECRN Preceptor is responsible for validating all competencies achieved prior to the meeting with the EMSC/Educator.
 - c. A minimum of eight ALS calls of varying natures must be completed during each phase. Communications Logs must be submitted with the EMS patient care reports (with PHI redacted out) and ECG strips/12 L tracings (if medically indicated). Pediatric calls may be simulated if an actual call of this nature was not completed.
 - d. **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. **Formative and summative progress meetings:** The provisional ECRN must meet at least twice (additional meetings may be necessary based on the candidate's progress) with the EMSC/Educator during the internship. The first meeting is a formative assessment to evaluate the nurse's progress in Phase 1, coach their performance, and/or orient them to the next phase of the internship. The second meeting is designed to be a summative assessment to evaluate progress during phase 2 and to determine final achievement of internship objectives and determine if the candidate is qualified to be recommended for ECRN licensure.
7. **COMPLETION OF THE INTERNSHIP and Record keeping requirements**
(all current forms are posted to the System website: 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 EMSC/Educator. All must agree that the nurse has demonstrated the skills and knowledge 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 EMSC recommending ECRN licensure that includes the location of the ECRN course, completion date, and IDPH site code number if the candidate did not attend the NWC EMSS program.

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- (2) **Completion checklist**
 - (3) **Phase One Progress Report;** completed and signed. Include a minimum of 8 ALS runs (Communication logs & PCRs with PHI redacted out), and ECGs attached.
 - (4) **Phase Two Progress Report;** completed and signed. Include a minimum of 8 ALS runs (Communications logs & PCRS with PHI redacted out) and, ECGs attached.
 - (5) **Cumulative Performance Appraisal:** Completed and signed.
 - (6) **Field experience form:** Completed and signed.
 - (7) **Attestation that the ECRN has completed the Policy Manual and 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)
 - (8) **Certified check or money order** made payable to the Illinois Department of Public Health in the amount of \$55. Personal checks are not accepted.
 - (9) **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 EMS MD recommending licensure
 - b. Transaction card with demographic information and course site code
 - c. Signed IDPH Renewal Notice/Child Support/Personal History Statement
 - d. Secured payment check or money order
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 EMSC/Educator 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 and the nurse's name will be entered into the System plan as an ECRN.

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VI. ECRN CHALLENGE PROVISIONS (Not currently an ECRN)

- A. Any System nurse meeting the first three course eligibility requirements may challenge the current final written and practical exams for the ECRN Course after completing the SOP and Policy Manual 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.
- 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. SOP and Policy Manual self-assessments
- B. **All reciprocity candidates shall complete the 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 every Tuesday morning for paramedics. ECRN candidates for reciprocity may test during these sessions based on hospital need. Contact the EMS office at 847.618.4480 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 hospital EMSC/educator shall submit to the Resource hospital for ECRNs seeking reciprocity practice privileges in the NWC EMSS:**
 1. Items VII A1 through 3 as stated above.
 2. **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 hospital EMSC/educator.
 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://emslicensing.dph.illinois.gov/Clients/ILDOHEMS/Private/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** to get information on changing your name in the IDPH database.

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 he/she has
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://emslicensing.dph.illinois.gov/Clients/ILDOHEMS/Private/OnlineServices.aspx>
 - a. The renewal notice contains a **PIN #** that is needed to renew your ECRN license online. If you lost the renewal notice, contact IDPH at 217-785-2080 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 hospital EMSC 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.
 - 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 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.