



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

System Entry Authorization Form

(NWC EMSS policy E-3)

Fax to **847.618.4489** or e-mail to **dsordo@nch.org**

Date		
Provider Agency		
Name of Paramedic		
Home Street Address		
City, State, Zip		
Home/Cell Phone		
E-mail Address		
PM School Name & Location (city, state)	submit diploma/transcripts	
Date of PM Graduation		
What EMS System is PM currently (last) working in?	submit letter of verification/good standing	
AHA BLS CPR card Expiration Date	submit copy, both sides, for file	
IDPH PM License #	submit copy, for file	
PM License Expiration Date		
Driver's License #	submit copy, for file	
Date of Birth	required by IDPH for license renewal	
Social Security #	required by IDPH for license renewal	
Assigned Mentor (PEMSC or designee, Peer II preferred)		
Who is responsible for system entry fee payment?	<input type="checkbox"/> Provider Agency <input type="checkbox"/> Individual	
Provider Agency Representative signature	X	
Title	<input type="checkbox"/> Chief/CEO <input type="checkbox"/> Provider EMSC	