



**NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM**

# System-Entry Authorization Form

(NWC EMSS Policy E-3)

Fax to 847-618-4489 or e-mail to Pamela Ross ([pross@nch.org](mailto:pross@nch.org))

<b>Date:</b>	
<b>EMS Provider Agency:</b>	
<b>Name of Paramedic:</b>	
<b>Home Street Address:</b>	Required by IDPH for license renewal
<b>City, State, Zip:</b>	Required by IDPH for license renewal
<b>Phone Contact Number:</b>	Required by IDPH for license renewal
<b>E-Mail Address:</b>	Required by IDPH for license renewal
<b>Last EMS System Affiliation:</b>	Submit letter of verification
<b>OR SEE NEXT LINE</b>	
<b>If Recent Grad: Education Program/Grad Date:</b>	<b>Program:</b> <b>Date:</b>
<b>IDPH PM License Number:</b>	Submit copy for file
<b>PM License Expiration Date:</b>	
<b>AHA CPR/BLS Card:</b>	<b>Expiration Date:</b> Submit copy, both sides, for file
<b>Driver's License Number:</b>	Submit copy Required for license renewal
<b>Date of Birth:</b>	Required by IDPH for license renewal
<b>Social Security Number:</b>	Required by IDPH for license renewal
<b>Responsible Party System Entry Fee Payment:</b>	<input type="checkbox"/> Provider Agency <input type="checkbox"/> Individual
<b>Provider Agency Representative:</b>	<b>Signature:</b> <b>Title:</b>