



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

System-Entry Authorization Form

(NWC EMSS Policy E-3)

Fax to 847.618.44489 or e-mail to Pamela Ross (pross@nch.org)

Date	
EMS Provider Agency	
Name of Paramedic	
Home street address	Required by IDPH for license renewal
City, State, Zip	Required by IDPH for license renewal
Phone contact number	Required by IDPH for license renewal
E-mail address	Required by IDPH for license renewal
Last EMS System affiliation (If recent grad, education program & date of graduation)	Submit letter of verification
IDPH PM license number	Submit copy for file
PM license expiration date	
AHA CPR card for healthcare professional	Submit copy, both sides, for file
Driver's license number	Submit copy Required for license renewal
Date of birth	Required by IDPH for license renewal
Social security number	Required by IDPH for license renewal
Who is responsible for system entry fee payment?	<input type="checkbox"/> Provider Agency <input type="checkbox"/> Individual
Provider Agency Representative	PRINT NAME Signature: Title: