



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

Northwest Community Hospital
800 W. Central
EMS offices 901 Kirchoff Center
Arlington Heights, IL 60005
Phone: 847-618-4480 Fax: 847-618-4489

Date: March 11, 2019

System Memo: # 377

To: All System Members

From: Connie J. Mattera, MS, RN, LP
EMS Administrative Director

RE: **NEW SOP ORDER FORM: FULL AND REDUCED SIZE**

We will again be placing the print orders for the full and reduced size SOPs to gain economies of scale and to ensure the consistency of the document. Information about the cost and distribution of the reduced size edition will be provided as it becomes available.

Action needed now: Indicate below the number of FULL and REDUCED size (pocket) documents you wish ordered for your agency/hospital/program and the preferred binding option of the pocket size copies.

Full size: no cost Anticipate reduced size cost \$6 or less per copy to purchase

When determining the numbers you are ordering, please take into consideration your number of EMTs, paramedics, ECRNs, physicians, educators, vehicles, classroom and/or station copies, OLMC reference copies, anticipated # students in the next two years; historical needs for System entry applicants for two years, etc.

	Full size	Reduced size	
	# requested	# Top bound	# Side bound
# EMTs and Paramedics			
# EMS vehicles			
Classroom/station copies			
# ECRNs & physicians			
Base station copies			
New hires/System entry needs			
EMT/PM/ECRN students			
Administrative copies			
TOTALS			
EMS Agency/Hospital:	Contact info:		
Person placing order:	Date:		

DUE DATE:

Please scan this form and e-mail to Kathy Fitzpatrick (kfitzpatri@nch.org) or fax the form to the NWC EMSS Office (847.618.4489) by **April 1, 2019.**

Thanks!