

**Northwest Community EMS System
ECRN LICENSURE COMPLETION CHECKLIST - 2023**

Please print

Name:	Hospital
Home address:	SS #:
e-mail address:	Other IDPH license # (EMT, PM, PHRN, TNS)
Phone:	Date of birth:
ECRN program completed: Date	Site code if outside of NWC EMSS:
Hospital that offered the course:	

Paperwork to be submitted to Resource Hospital EMS Office	X
Cover letter recommending ECRN certification	
SOP self-assessments <input checked="" type="checkbox"/> Fundamentals <input checked="" type="checkbox"/> Cardiac <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Trauma	
ECRN exam graded answer sheets <input checked="" type="checkbox"/> Written <input checked="" type="checkbox"/> ECG test <input checked="" type="checkbox"/> Practical stations	
Minimum of 10 Communication Logs demonstrating competent OLMC of a variety of ALS runs; (w/ ECGs); co-signed by an approved preceptor <input checked="" type="checkbox"/> 2 Cardiac <input checked="" type="checkbox"/> 2 Trauma <input checked="" type="checkbox"/> 2 Peds] <input checked="" type="checkbox"/> 2 Respiratory <input checked="" type="checkbox"/> 2 Medical	
Summative Performance Appraisal with evidence of evaluation meeting discussion and feedback to ECRN candidate; rating of terminal competencies with ECRN candidate and HEMSC signatures	
Field experience form attesting to a minimum of 8 hours observation time and at least one ALS call dated and signed by the EMS Agency preceptor	
Legible, fully completed, and signed ECRN candidate IDPH Personal History Statement form <b style="color: red;">DO NOT SEND LICENSURE PAYMENT any longer- fees to be paid online	

To be completed by NWC EMSS Administrative Director/EMSC or designee

Date received:
Primary reviewer [Print name/signature]:
Outcome:
[] Certify Date: _____
[] Paperwork not complete: missing: _____ Candidate will be further evaluated when above materials are submitted.
[] Runs do not show required competency: Extend _____ weeks. Submit _____ additional runs.
[] Charting does not show required mastery. Extend _____ weeks. Submit _____ additional runs.
[] Certification denied at this time. Reason: