



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

System-Entry Authorization Form

(NWC EMSS Policy E-3)

Fax 847-618-4489 or e-mail to Pamela Ross (pamela.ross@endeavorhealth.org)

Date	
EMS Provider Agency	
Name of Paramedic/PHRN	
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 OR SEE NEXT LINE	Submit letter of verification
If Recent Grad:	Program:
	Graduation date: Submit diploma/letter of verification
Primary or secondary affiliation	Indicate which EMS System will be declared as the primary EMS affiliation <input type="checkbox"/> NWC EMSS <input type="checkbox"/> Other (list):
CE since licensure or last renewal	Submit verification of topics and hours
IDPH PM/PHRN License (number and expiration date)	Submit copy
AHA CPR/BLS Card	Expiration Date: Submit copy
Copy Driver's License	Submit copy
Date of Birth	Required by IDPH
Social Security Number	Required by IDPH
Responsible Party System Entry Fee Payment:	<input type="checkbox"/> Provider Agency <input type="checkbox"/> Individual
Provider Agency Representative:	Signature: Title: