Licensure Course Request Checklist

This form and the five items listed below should be included with course request submission. Course Request items must be submitted 60 days before proposed course start date, per IDPH Administrative Code. Clinical contracts should be in place before proposed course start date (<u>LINK</u>). Course can be advertised after the approved request is returned to the primary instructor. Courses longer than EMT will have additional timeline items.

| | H Training Request (<u>LINK</u>) | | |
|---|---|--|--|
| Course Syllabus- Including milestones below (EMR, PHRN and ECRN may not have all requirements.) | | | |
| | IDPH Lead Instructor license | | |
| | | | |
| | IDPH EMT license or other qualifying credential | | |
| Date | Milestone- all applicable should be included on s | tudent syllabus | |
| | Course request submitted | | |
| | | s limited to only personnel of the host agency | |
| | 2 nd Day of Class (EMS System to attend virtually.) Time X | | |
| | | Class roster submitted to EMS Office. Include all students regardless of clinical destinations. | |
| | If completing clinical at any MH facility, send fo | rm also to WorkForceDevelopment@mhsil.com | |
| | Clinical requirements complete. Instructor to val | Clinical requirements complete. Instructor to validate; submit student list to clinical locations. Partial clinical completion due | |
| | Partial clinical completion due | | |
| | 1 st Student update to EMS System | · · · · · · · · · · · · · · · · · · · | |
| | NREMT Accommodations requests due. Unlock | NREMT Accommodations requests due. Unlock previous NREMT accounts (30 days before | |
| | final). | | |
| | Final student update to EMS System | Final student update to EMS System Full clinical completion due Limmer EMT review Final course exam and NREMT registration (EMS Office to attend in person.) Time X Final course exam retest (24-72 hours after first attempt) Time | |
| | Full clinical completion due | | |
| | Limmer EMT review | | |
| | Final course exam and NREMT registration (EM | | |
| | Final course exam retest (24-72 hours after first a | | |
| | 3 month P/F data to instructors | | |
| L | | | |
| | | | |
| Clinical sites | s verified for availability: | | |
| T1 | . 1 . 0 | T | |
| | ocument platform utilized: | Testing platform utilized: | |
| Acknowledg | | of licensum should be taught in its entirety | |
| | are reminded that the Scope of Practice for the level of burse data will be collected by Memorial EMS in collab | • | |
| | | | |
| | s will be grouped together as a measure of course succe | | |
| | successful. Data points will include Student enrollme | * | |
| | ure success rates and timelines. Data will be organized | · · | |
| months post | course completion. Data will be made available to ago | encies and instructors quarterry. | |
| As the IDPE | I Lead Instructor and EMS agency holding the course, | we acknowledge that we are responsible for | |
| | scope of practice for this level of training in its entiret | | |
| | l not be forwarded for certification or licensure. | | |
| | | | |
| | Course Lead Instructor Signature | Printed: | |
| | Agency Leader Signature | Printed: | |

MemorialEMS/sb 8/7/24