



Pre-Certification Application to Memorial EMS System

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

License(s) held and license number: _____

Copies of the following documents should be submitted to the EMS office with this form:

- IDPH license
- National Registry (if applicable)
- Letter of reference from current EMS medical director/coordinator
- Resume
- CPR for healthcare provider

Intermediate / Paramedic / PHRN

- ACLS
- PHTLS or ITLS
- PEPP or PALS (six-month grace period for transfer from other systems)

To be completed by EMS office

- Interview with EMS office personnel Date: _____ By: _____
- Access to Memorial EMS protocols
- Protocol test—1st attempt Date: _____ Score: _____
- Protocol test—2nd attempt Date: _____ Score: _____
- Protocol test—3rd attempt Date: _____ Score: _____
- Skills proficiency test Date: _____ Score: _____