

**Sarah Bush Lincoln
EMS System
Provider Application**

Section 1: (please print)

First Name: _____ Middle Initial: _____ Last Name: _____
Street Address: _____
City, State, ZIP: _____
Provider License level: _____
IDPH License number: _____
Date of Birth: ____/____/____ Last 4 of SSN: _____
Email: _____ Phone: _____
Hiring Agency: _____
Name of current/previous EMS system: _____

Section 2: (attach the following items)

- ____ Copy of current IDPH license
- ____ Copy of current Driver's license
- ____ Copy of current CPR card (AHA BLS or equivalent)
- ____ Copy of current ITLS or PHTLS card
- ____ Copy of current AHA ACLS card (Advanced Providers only)
- ____ Copy of current AHA PALS or PEPP card (Advanced Providers only)
- ____ Letter of good standing from current/previous EMS Medical Director or designee
(Email to mschwenke@sblhs.org)

Section 3: Yes / No (Circle one)

Have you ever been convicted of or are you currently charged with a felony? **Yes / No**
If Yes, please explain: _____

Have you ever had any disciplinary issue with an EMS system? **Yes / No**
If Yes please explain: _____

Have you ever been suspended or are you currently suspended from an EMS system?
Yes / No
If Yes, please explain: _____
