MCHENRY AND WESTERN LAKE COUNTY EMS SYSTEM

SYSTEM ENTRY APPLICATION

Date: _____

Name: _____

Address: _____

_____

Phone: _____

Department: _____

Personal Email: _____

Department Email: _____

☐ IDPH License Number: _____ EXP: _____

License: ☐ Paramedic ☐ EMT ☐ PHRN

☐ Valid CPR Card: EXP: _____

☐ Letter of Good Standing

☐ CE Record from previous system (Only needed for primary system entry)

Primary EMS System: _____

Secondary EMS System: _____