

## **MCHENRY WESTERN LAKE COUNTY EMS SYSTEM**

### **EMS PROVIDER RECOGNITION**

#### **POLICY**

It shall be the policy of the McHenry Western Lake County EMS System to recognize Paramedic/PHRN/EMT-Basic candidates licensed in the State of Illinois for affiliation with a system provider, upon completion of the requirements listed below.

1. Demonstrate proof of Illinois EMS licensure and current BLS Healthcare Provider CPR.
2. Provide validation of good standing from former or primary EMS system. (If newly licensed, provide validation of evaluation from EMS training center.)
3. If affiliated with a system agency, provide documentation of such which indicates membership; or approval for "ride-along" privileges or educational sponsorship.

#### **PARAMEDIC/PREHOSPITAL RN**

4. Successful completion of System Protocol Review with a minimum score of 80%, and interview with the EMS Medical Director.
5. The Paramedic/PHRN will be considered probationary within the system for a minimum of 3 months. The probationary Paramedic/PHRN must function with another Paramedic/PHRN, of the same licensure status, who has been recognized by the system for a minimum of 1 year.

*The probationary period may be altered at the discretion of the EMS Agency leadership in circumstances where the probationary candidate demonstrates clinical competency and confidence in operations prior to the 3 month timeframe. In this case the EMS Agency Chief will provide documentation and rationale to support the release of the probationary period to the EMS System Coordinator/Associate Coordinator releasing the individual to full practice privileges.*

6. The Paramedic/PHRN provider may be requested to document clinical proficiencies via preceptor evaluations of the management of ALS patients, during the 3 month probationary period. Advanced EMS skills may be practiced following completion of # 1, 2, 3, & 4.
7. Performance progress will be communicated from the EMS Agency administration to the EMS System Coordinator/Associate Coordinator. When remediation is indicated, a specific plan for improvement and re-evaluation will be developed. An extension of the 3 month probation may be indicated based on individual performance.

8. Upon completion of all requirements listed above, the Paramedic/PHRN will be recognized as a "System" provider.

PROVIDER RECOGNITION  
REV: 2/10; 2/15ca