

ATTACHMENT : ECRN Course/System Entry Application

**EMS REGION 7
EMERGENCY COMMUNICATIONS REGISTERED NURSE
COURSE/SYSTEM ENTRY APPLICATION
(PLEASE PRINT)**

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: Registering for _____ (date) ECRN Course. Licensed ECRN entering the System.

DATE: ___/___/___ LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

RESOURCE HOSPITAL: Silver Cross EMS System R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

DATE OF BIRTH: ___/___/___ **E-MAIL:** _____

HOSPITAL WHERE YOU WORK: _____

CIRCLE ANY THAT APPLY

ECRN EMT-B EMT-I EMT-P PHRN >IDPH License# _____

IF ALREADY LICENS D ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ REGION: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___ ACLS ___ Expiration date: ___/___/___

PHTLS ___ Expiration date: ___/___/___ BTLS ___ Expiration date: ___/___/___

ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

***Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

ER Manager or EMS Coordinator Signature/Approval

Silver Cross EMS Coordinator Signature/Approval