

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

**FOR COURSE CANDIDATES & SYSTEM ENTRY**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
RESOURCE HOSPITAL: \_\_\_\_\_ R.N. LICENSE #: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_  
HOSPITAL AFFILIATION: \_\_\_\_\_ SHIFT WORKED: \_\_\_\_\_  
DATE OF ORIGINAL ECRN COURSE: \_\_\_/\_\_\_/\_\_\_ LOCATION: \_\_\_\_\_  
ECRN LICENSE EXPIRATION: \_\_\_/\_\_\_/\_\_\_

**CIRCLE ANY THAT APPLY**

EMT-B      EMT-I      EMT-P      PHRN      > IDPH License# \_\_\_\_\_

**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

\_\_\_\_\_  
EMS System Coordinator Signature/Approval