



**CENTRAL
DUPAGE
EMERGENCY
MEDICAL
SERVICES
SYSTEM**



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PERSONNEL INFORMATION FORM (PIF)

DATE: ___/___/___ TYPE OF REQUEST: _____ AGENCY: _____

FOR NEW SYSTEM APPLICANTS, INCLUDE COPIES OF ILLINOIS EMS LICENSE, ILLINOIS DRIVER'S LICENSE, AND AHA BLS PROVIDER CARD

DEMOGRAPHIC INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
 LAST FOUR OF SOCIAL SECURITY NUMBER: XXX-XX-____ DATE OF BIRTH: ___/___/___
 STREET ADDRESS: _____ CITY: _____ STATE: _____
 ZIP: _____ PRIMARY PHONE: (____)____-____ TYPE: _____
 EMAIL: _____ TYPE: _____

EMS LICENSE & SYSTEM INFORMATION:

IDPH LICENSE NUMBER: _____ EXP. DATE: ___/___/___ LICENSE LEVEL: _____
 NREMT NUMBER: _____ EXP. DATE: ___/___/___ NREMT LEVEL: _____
 WHO WILL BE YOUR PRIMARY EMS SYSTEM? _____
 LIST ANY SECONDARY EMS SYSTEMS: _____
 HAVE YOU AT ANY TIME HAD AN IMAGETREND® ACCOUNT? _____ IF YES, LIST IMAGETREND USERNAME: _____

BACKGROUND SCREENING / DISCLOSURE QUESTIONS:

ANSWERING YES TO ANY OF THE BELOW QUESTIONS *REQUIRES* SUBMISSION OF DOCUMENTATION DETAILING THE OFFENSE AND OUTCOME. ANSWERING YES IS NOT AN IMMEDIATE DISQUALIFICATION TO PRACTICE; REVIEW AND DECISION WILL BE ON A CASE-BY-CASE BASIS.

HAVE YOU EVER BEEN CONVICTED OF ANY DISQUALIFYING OFFENSE AS LISTED IN THE ILLINOIS JOINT COMMITTEE ON ADMINISTRATIVE RULES, TITLE 77, CHAPTER I, SUBCHAPTER F, PART 515, SECTION 515.190? Yes No
 REFERENCE: <http://ilga.gov/commission/jcar/admincode/077/077005150A01900R.html>
 HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN ANY EMS SYSTEM YOU HAVE WORKED IN? Yes No
 HAS YOUR EMS LICENSE EVER BEEN SUSPENDED, REMOVED, OR REVOKED? Yes No
 IF YES, BY WHICH EMS SYSTEM? _____

CERTIFICATION AND RELEASE OF INFORMATION STATEMENT:

BY SIGNING BELOW, I AGREE AND CERTIFY THAT ALL INFORMATION LISTED IN THIS DOCUMENT IS TRUE AND CURRENT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT WILLING FALSIFICATION, OMISSION, OR MISREPRESENTATION OF INFORMATION CONTAINED WITHIN THIS FORM SHALL BE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL FROM THE CENTRAL DUPAGE EMERGENCY MEDICAL SERVICES SYSTEM. ADDITIONALLY, MY SIGNATURE BELOW SHALL SERVE AS AUTHORIZATION FOR THE CENTRAL DUPAGE EMERGENCY MEDICAL SERVICES SYSTEM TO RELEASE INFORMATION REGARDING MY SYSTEM STATUS, TEST SCORES, CONTINUING EDUCATION RECORDS, AND LICENSURE TO MY CDHEMSS EMPLOYER(S). **FURTHERMORE, MY SIGNATURE BELOW ATTESTS THAT I AM AWARE OF THE CDHEMS SYSTEM POLICIES AND THE LOCATION OF SAID POLICIES.**

SIGNATURE: _____ DATE: ___/___/___

****STOP** EMS PERSONNEL DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

PROCESSED BY: _____ DATE: ___/___/___

SIGNATURE: _____

COMMENTS: _____

PERSONNEL INFORMATION FORM (PIF)