



CENTRAL DUPAGE HOSPITAL  
EMERGENCY MEDICAL SERVICES SYSTEM  
POLICY & PROCEDURES

TITLE: EMS PROVIDER DEMOGRAPHICS

SECTION: RECORDS

POLICY NUMBER: L-2

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JANUARY 2024

NUMBER OF PAGES: 2

**PURPOSE:**

To define minimum demographic information required by Central DuPage Hospital Emergency Medical Services System (CDHEMSS) for individual providers.

**POLICY:**

When joining CDHEMSS or making staff updates, the following shall be submitted via the Personal Information Form (PIF)

1. Date of Request
2. Type of Request (New, Update, Removal)
3. For New System Applicants, the following are minimally required:
  - a. Copy of Drivers License
  - b. Copy of Illinois EMS License
  - c. Copy of AHA CPR Card
4. Last Name
5. First Name
6. Middle Initial
7. Last 4 digits of Providers Social Security Number
8. Date of Birth
9. Street Address
10. City
11. State
12. Zip
13. County
14. Primary Phone Number (type, Cell, Home, Work)
15. Primary Email Address (Personal, Work)
16. IDPH License Number
17. IDPH License Expiration Date
18. License Type
19. National Registry (Yes / No)
20. National Registry Expirations (If Applicable)
21. CDHEMS System Agency to be Joined
22. List Primary EMS Systems
23. List Any Secondary EMS Systems
24. Felony Attestation

- 25. Disciplinary Action Attestation
- 26. Licensure Suspension, Removal or Revocation Attestation
- 27. Signature
- 28. Date

If any of the above change, the provider that submit a newly completed PIF to their EMS Agency Coordinator who will then complete and submit to CDHEMSS.

The following information may be stored electronically within ImageTrend under the individual provider’s profile:

- 1. Personal Information Form
- 2. Copy of Driver’s License
- 3. Copy of EMS license(s)
- 4. Copy of any EMS certifications
- 5. Written system entry exam (If applicable)
- 6. Ride time form (if applicable)
- 7. Call monitoring log(s) (if applicable)
- 8. EMS System disciplinary actions (if applicable)
- 9. Investigation(s) (if applicable)
- 10. Letters of Good Standing (if applicable)
- 11. Outside CE (If applicable)
- 12. Course completion related to initial licensure (if applicable)

For initial licensure the following information will be held by the EMS System, until verification of licensure, after which, the following information will be placed into the shred bin for destruction:

- 1. IDPH Transaction Card Form
- 2. IDPH Felony / Child Support Statement form

Effective Date:	01 January 2024				
Review Date(s):					
Revision Date(S):					