Central DuPage Hospital
Emergency Medical Services System

25 N. Winfield Road
Winfield, IL 60190

Phone: 630.933.6910
Email: CDHEMS@NM.ORG

Web: www.cdhems.com

Letter of Good Standing Request

This form is to be filled out in its entirety and submitted to the CDHEMSS Office
Please allow up to 5 business days for request processing and submission.

Provider Name: ______________________________________ Date of Request: _____ / _____ / _________

Street Address: ______________________________________ Phone: (_____) - _____ - _______

City: ______________________________________ State: _________ ZIP: _____________

Current System Level: EMT-P EMT-B ECRN PHRN

License Number: ________________________ Expiration Date: _____ / _____ / _________

Current EMS Agency or Fire Department Affiliation: _________________________________ Include Applicable Continuing Education Hours? Yes No

Primary EMS System Affiliation: _____________________________ Secondary EMS System Affiliation (If applicable) _________________________

I am requesting: **CDHEMSS to remain my primary affiliation** **CDHEMSS to remain as secondary affiliation** **Leave CDHEMSS and end system affiliation**

Letter to be Submitted to:

Agency / Facility Name: ______________________________________ Attention: _______________________________

Street Address: ______________________________________ Fax (if applicable): (_____) - _____ - _______

City: ______________________________________ State: _________ ZIP: _____________

If electronic submission is requested, provide email address of recipient: ____

Signature of Provider Submitting Request: ____

*****STOP** EMS Personnel do NOT write below this line. For Administrative Use Only!**

Date Processed: _____ / _____ / _________ Mailed E-Mailed Faxed

Signature of System Personnel Processing Request: ____

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