

**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 **OR**  Licensed ECRN entering the System

DATE: \_\_\_/\_\_\_/\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ R.N. LICENSE #: \_\_\_\_\_

**EMAIL:** (print legibly) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

EMS SYSTEM/RESOURCE HOSPITAL: \_\_\_\_\_

HOSPITAL WHERE YOU WORK: \_\_\_\_\_ NORMAL SHIFT: \_\_\_\_\_

**CIRCLE ANY THAT APPLY**

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

IF ECRN: DATE OF ORIGINAL ECRN COURSE: \_\_\_/\_\_\_/\_\_\_ REGION/LOCATION: \_\_\_\_\_

**CHECK AND COMPLETE ANY THAT APPLY**

TNS    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_ IDPH License # \_\_\_\_\_

TNCC    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_

ACLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    PALS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

PHTLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    ITLS    \_\_\_    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

\_\_\_\_\_  
Resource Hospital EMS Coordinator Signature/Approval