South Cook County Emergency Medical Service System
Ingalls Memorial Hospital
One Ingalls Drive, Harvey, Illinois 60426
Phone: 708-915-6900 Fax: 708-915-2743

SYSTEM ENTRANCE REQUIREMENTS

Dear Applicant:

You will be required to submit the following requirements for System Entrance:

1. Letter of good standing from current EMS System to include documentation of current continuing education hours.
2. Letter of employer verification.
3. Current EMT-Paramedic license.
4. Current AHA *or* Red Cross CPR course card.
5. Current Illinois Driver's license.
7. Completion of Personal/Professional Data Sheet.
8. Verification of minimum score of 80% on most recent Region VII SMO Update exam. Successful completion (80%) of a Medical Math and EKG exam.*
9. Entrance fee of $25.00.

*If unable to provide proof of items from #8, you will be tested on those three topics during your scheduled appointment.

Please call the EMS office at 708-915-6900 to schedule a testing day/time when you have the above requirements.

The EMS office is located in the Oak Forest College Center of South Suburban College, 16333 Kilbourn, Oak Forest, Illinois.

One retake will be allowed on each examination. These retakes must be taken within three months of the original examination. Should a failure occur on the second attempt, an interview evaluation will be scheduled with the Medical Director. The Medical Director will determine if additional testing will be required.

It is the responsibility of each individual to become familiar with and have an understanding of the South Cook County EMS Policies and Procedures.

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SYSTEM ENTRANCE
PERSONAL/PROFESSIONAL DATA SHEET

NAME _____ **DATE:** _____

HOME ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

CELL PHONE: _____ **HOME PHONE:** _____

DOB _____ **Email ADDRESS:** _____

IDPH LICENSE #_____ **EXPIRATION DATE** _____

DEPARTMENT AFFILIATION (PRIMARY) _____

DEPARTMENT AFFILIATION (SECONDARY) _____

RESOURCE HOSPITAL (PRIMARY) _____

NAME OF PARAMEDIC TRAINING PROGRAM: _____

MONTH & YEAR OF GRADUATION _____

DATE OF LICENSING EXAM _____

COMMENTS: _____

_____

Entrance Fee Paid ☐