⚡NorthShore
University HealthSystem

Highland Park Hospital

EMS SYSTEM
EMT Information Form

Date: _____

Name: _____

Home Address: _____

Town: _____ State: _____

Zip Code: _____ County: _____

Home Phone: (_____)_____ Pager: (_____)_____

DOB:_____ C ell Phone: (_____)_____

Work E-mail Address: _____

Home E-mail Address: _____

EMT :   Training Site: _____

License Number: _____

Date Completed:_____ License Expiration: _____

Primary EMS System: _____

Department Affiliation: _____

Secondary EMS System(s): _____

System Entry Date:_____ System #: _____

Note: Please be advised that a Social Security number and Driver's License or State ID number are required during the initial licensure and re-licensure process. Contact the EMS office with questions.