

Highland Park Hospital

EMS System
777 Park Avenue West
Highland Park, IL 60035
Phone: (847) 480-3758
Fax: (847) 480-2845

Request for Letter of Good Standing and/or EMS Records Transfer to Another System

I, _____, _____, _____ request the following information:
(Please print name) (HPH #) (IDPH #)

Letter of Good Standing: _____ Other: (list) _____

EMS Coordinator _____

EMS System _____

City, ST, Zip _____

It is my intention to designate _____ as my Primary EMS System

It is my intention to maintain the following status in the Highland Park Hospital EMS System:

(check one):

- Primary EMS System** **N/A**
 Secondary EMS System
 Withdraw from the Highland Park Hospital EMS System *

I authorize the Highland Park Hospital EMS System to forward the requested information to the EMS System that I have indicated above. I understand that this request may take up to ten (10) business days to complete.

Name _____
(Print)

Signature _____

Phone Number _____

Date _____

Fee Schedule: **Please pay by check or Money Order**

\$20.00 Letter of Good Standing (file up-to-date)
\$30.00 All other requests

Note: Requests that do not supply all the required information will not be processed.

*Withdrawal with subsequent request to re-enter will result in repeating the system entry process.