

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER
JOHN H. STROGER JR. HOSPITAL OF COOK COUNTY
NORTHWESTERN MEMORIAL HOSPITAL
UNIVERSITY OF CHICAGO MEDICAL CENTER

Region 11 EMS Lead Instructor Application

Initial Application for an EMS Lead Instructor (LI) License in the Region 11 Chicago EMS System requires minimum education and experience requirements. Renewal Applications for an EMS LI License require documented continuing education hours including delivery, development, and evaluation of education programs. Applicants should fill out this form for the Initial EMS Lead Instructor License, as required by IDPH, and return it to the applicant's Resource Hospital with supporting documentation as detailed in the EMS System Policy "EMS Lead Instructor".

Complete applications will be submitted by the Resource Hospital to IDPH. Upon receipt of the new license, applicants should upload a copy of the license in Target Solutions and update the license information on their profile.

Personal Inform	ation:					Section A	
Last Name:			First:		DOB:		
Home Address:							
City:			State:	Zip:		SSN:	
Cell Phone:			Email:	Email:			
Professional Info	ormation:					Section B	
Employer:			Current Rank/Position:				
Years in EMS:		Resource Hospital:					
Other related profes	ssional information:						
Current Licenses	s:					Section C	
IDPH License #:			Lead Instructor Course Date:				
Initial Date:	Expiration [Date:	LI License Expiration (Renewal):				
Describe your ex	xperience in preh	nospital emerger	ncy care:			Section D	
List Teaching Ex	perience (Date, C	Course/Topic, Ro	le, Location):			Section E	
Educational Refe	erences:					Section F	
Name		Po	Position		Phone Number		
Acknowledgeme	ent					Section G	
I verify all the above	information is true a	and my references m	ay be contacted to	support my tea	aching exp	perience.	
Signature:				Date:			