



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

## REGION 11 CHICAGO EMS SYSTEM REQUEST FOR LETTER OF GOOD STANDING

| PERSONAL INFORMATION                             |                              |                          |
|--|------------------------------|--------------------------|
| EMS System Number<br>_____                       | IDPH License Number<br>_____ | Expiration Date<br>_____ |
| Name: _____                                      |                              |                          |
| Address: _____                                   |                              |                          |
| City: _____                                      | State: _____                 | Zip Code: _____          |
| Home Telephone: _____                            | Cell Phone: _____            |                          |
| Current Primary Employer: _____                  |                              |                          |
| <i>Please send a Letter of Good Standing to:</i> |                              |                          |
| Resource Hospital: _____                         |                              |                          |
| EMS Coordinator Name: _____                      |                              |                          |
| City, State, Zip Code: _____                     |                              |                          |
| Telephone Number: _____                          | Email Address: _____         |                          |

| EMS SYSTEM STATUS   |
|---|
| My Primary EMS System will be: _____  |
| My Secondary EMS System will be: _____  |
| NONE: _____ I am LEAVING the Region 11 Chicago EMS System and CLOSING MY FILE |
| Signature: _____ Date: _____  |
| ***Letters will be EMAILED within five (5) business days                      |
| Chicago EMS System use only: ___ EMAILED Date: _____ Initials _____           |