

Northwest Community EMS System PEER EDUCATOR Application

Name:	Employer:	
Phone #:	E-mail address:	
Yrs of experience in EMS/ Emerg Care:	Yrs of experience teaching:	
Current professional license credentials: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN <input type="checkbox"/> PHRN	Current certifications (submit copy of certificate, authorization) <input type="checkbox"/> Illinois Lead Instructor Exp. Date: _____ <input type="checkbox"/> NWC EMSS Field Preceptor	
Current Peer Educator recognition: <input type="checkbox"/> None <input type="checkbox"/> Peer I Exp. Date: _____ <input type="checkbox"/> Peer II Exp. Date: _____ <input type="checkbox"/> Peer III Exp. Date: _____	Applying for : <input type="checkbox"/> Peer I <input type="checkbox"/> Peer III <input type="checkbox"/> Peer II <input type="checkbox"/> Peer IV	<input type="checkbox"/> New <input type="checkbox"/> Reinstatement: Date left NWC EMSS: _____

Prior teaching experience and additional certifications (Submit current card/license if applicable)		
<input type="checkbox"/> CPR instructor	<input type="checkbox"/> Lab preceptor: EMT	<input type="checkbox"/> Community educator
<input type="checkbox"/> ACLS, PHTLS, ITLS; Stop the bleed	<input type="checkbox"/> Lab preceptor Paramedic	<input type="checkbox"/> Agency-sponsored EMS skill labs
<input type="checkbox"/> PALS/PEPP Instructor	<input type="checkbox"/> Field Preceptor PM	<input type="checkbox"/> Agency-sponsored EMS CE classes
<input type="checkbox"/> Other: Please list		
<input type="checkbox"/> Applicant: Attach a brief statement as to why you would like to be recognized as a Peer Educator.		

Qualifications	Verification
Current unencumbered / active license as an EMT/ Paramedic/RN; NWC EMSS CE up to date	
Attended most recent SOP roll-out (2022)	
Meets experience qualifications for level of educator requested meeting all System requirements	
Has had direct pt care in at least 6 of the last 12 months or submit how EMS knowledge and competency has been maintained	

I recommend this candidate for PEER EDUCATOR status in the NWC EMSS.	
Signature employer admin:/PEMSC	Date:

Peer II, III or IV candidate – Forward to assigned System hospital EMSC/Educator.

KEY: SA: Strongly agree A: Agree D: Disagree SD: Strongly disagree

Rating of required attributes	SA	A	D	SD
No sustained complaints relative to patient care or allegations of ethical violations that would suggest high risk behavior in the past year per Policy G-1				
Demonstrated ability to accurately teach, evaluate performance and coach behavior in all domains of learning within their scope of practice and span of authority.				
Demonstrated ability to embrace diversity in all forms: race, ethnicity, gender identify, disability, socioeconomic background, ideology and personality traits. Excellent interpersonal skills; maintains positive working relationships with students and/or co-workers;				
Accurately and effectively communicates with students and colleagues with many different experiences, ages, levels of education and literacy.				
Good to excellent critical thinking skills: Makes effective decisions; able to articulate reasons for actions while performing them; flexibility to change; and ability to adapt to new situations				
Displays sincere interest in professional development for self and others				

This candidate is qualified and appropriate to begin the credentialing process for desired Peer Ed. status.	Yes	No
Signature of Hospital EMSC/educator	Date:	

If Peer I or YES to above for Peer II, III & IV: Forward to pross@nch.org or fax: 847-618-4489. No If NO: Cont. on back.

If a concern is raised by the Hospital EMSC/Educator that a candidate may not be qualified or appropriate based on guidelines and observed performance, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO, nursing supervisor, or his or her designee to clarify the objections and reach consensus.

Summary of discussion:

If they cannot reach consensus, the concerns will be forwarded to the EMS Administrative Director or her designee to discuss with the Agency or Hospital administrative representative

Summary of discussion:

Outcome:

EMS Administrative Director Signature

Date:

EMS Medical Director Signature

Date: