

**Northwest Community EMS System
PEER EDUCATOR RENEWAL APPLICATION**

Name:	Employer:	
Phone #:	e-mail address:	
Yrs of experience in EMS/ Emerg Care:	Yrs experience teaching:	
Current professional license credentials: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN <input type="checkbox"/> PHRN	Current educator credentials (submit license) <input type="checkbox"/> Illinois Lead Instructor Exp. Date: _____	
Current Peer Educator recognition: <input type="checkbox"/> Peer I Exp. Date: _____ <input type="checkbox"/> Peer II Exp. Date: _____ <input type="checkbox"/> Peer III Exp. Date: _____	Re-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"/> Declining Renewal Please remove from System Peer Educator Database

Teaching experience and additional certifications/recognitions (Submit current card/license/certificate 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: Paramedic	<input type="checkbox"/> Agency-sponsored EMS CE classes
Other: Please list		

Verification of teaching experience required for renewal. List dates and classes	PEMSC initial applicable box
Peer I (BLS Skills) Teach at least one BLS skill class annually and at least 4 different skills over a 4-yr period List dates/course/ and skills taught or if attaching Peer Educator Teaching Experience Record write in "See attached":	
Peer II (BLS + ALS Skills) Teach at least one ALS skill class annually and at least 4 different skills over a 4-yr period List dates and skills taught or if attaching Peer Educator Teaching Experience Record write in "See attached":	
Peer III Conduct at least one educational offering in each calendar year – List dates, topics taught:	
Peer IV Conduct at least one in station CE class in 9 of the 10 months in each academic year in the current recognition period, or an ECRN or TNS class unless MLOA: Can verified by checking calendars for months classes were taught.	
If the peer educator has not successfully fulfilled performance expectations as stated in the educator agreement, opportunities for improvement will be documented in writing in the form of a corrective action plan and provided to the individual, an administrative representative of their employer, the EMS MD, EMS Administrative Director, and CE Coordinator.	
<input type="checkbox"/> Corrective action plan attached (if applicable)	

Qualifications	PEMSC Verification
Current unencumbered / active license as an EMT/ Paramedic/RN Good standing & NWC EMSS CE up to date	
Meets all credentialing qualifications for level of educator recognition per System policy	

I recommend this candidate for renewal of their PEER EDUCATOR status in the NWC EMSS.	
Signature employer admin/ PEMS Coordinator:	Date:

Once completed please forward to kchesney@nch.org or fax: 847-618-4489.

This educator is approved to continue their Peer Educator Status for an additional four-year cycle.	Yes	No
Signature of EMS System Coordinator:	Date	
New expiration date:		

Peer Educator Renewal Application
Corrective Action Plan if teaching qualifications were not met per P7 Peer Educator Policy.

Suggested Action Plan:

Renewing Peer Educator Applicant

Date:

Employer Administrator/ EMS Coordinator

Date:

Additional notes or amended plan of action:

Approved **Denied**

EMS System Coordinator Signature

Date:

EMS Medical Director Signature

Date: