

Request for Letter of Good Standing and CE Records

Forward TO: Emergency Medical Services
801 South Washington Street
Naperville, IL 60540

Fax Number: 630-527-5018 Email: Doug.Skotnicki@eehealth.org

Personal Information			
IDPH License Number	License Expiration Date	EMT-B	EMT-P
Name			
Address			
City	State	Zip	
Home Phone	Cell Phone		
Current Primary Employer			

Please Send a Letter of Good Standing TO:		
Resource Hospital		
Attention		
Address		
City	State	Zip
Fax Number	Email Address	

System Status		
Edward Hospital will continue to be my primary system	Yes	No
Edward Hospital will become my secondary system	Yes	No
I am leaving the Edward Hospital system. Please close my file.	Yes	No
My primary system will be		
Signature: _____ Date: _____		

Letters will be mailed/faxed/emailed within five (5) business days	
EHMSS office use only:	
<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed Date: _____ Initial: _____	