

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

**TITLE:** ECRN - EMERGENCY COMMUNICATIONS REGISTERED NURSE

**POLICY:** IDPH CODE 515.740

The Region 7 ECRN Education Program is designed to enhance the overall quality of pre-hospital patient care of System EMS Personnel by utilizing RNs in the role of medical control during emergency radio communication and after the provider agency has delivered the patient(s) to the receiving medical facility. An individual educated as an ECRN will function as the designee of the EMS MD and will provide appropriate medical direction according to System policy and Region 7 SMOs.

### I. ECRN Class Requirements

An individual may enroll in a Region 7 ECRN Class, which consists of at least 40 hours of classroom and practical education for both adult and pediatric population, including telecommunications, Region SMOs, and System policies, are as follows:

- A. Current Registered Professional Nurse licensed in the State of Illinois.
- B. Actively employed as an RN in the Emergency Department at Silver Cross Hospital or Saint Joseph Medical Center Joliet. The applicant must have a minimum of 6 months experience in Emergency or Critical Care nursing. RNs with a Critical Care Transport (CCT) team may also be allowed to take the ECRN course in lieu of PHRN.
- C. Current ACLS plus either TNS, TNCC, ITLS, or PHTLS certifications.

### II. Initial System Licensure Requirements

An individual will be allowed to function as an ECRN within SCEMSS upon the following:

- A. ECRN candidate **not yet** licensed in Illinois (new to Silver Cross or Saint Joes):
  1. Successful completion of a Region 7 ECRN class including all pre-requisites.
  2. 8 hours of field ride time with a System ALS provider agency that must be completed **within 90 days** of course completion.
  3. Participation in ten 10 ALS radio/cellular phone ambulance runs while precepted by a System ECRN that must be completed **within 90 days** of course completion.
  4. A \$55 initial license fee must be paid to IDPH to complete the license process. The fee will be required to be paid to IDPH via their online fee payment system once all required paperwork is completed by the ECRN, submitted to the System and processed by IDPH. IDPH will email the ECRN a PIN and payment instructions.
- B. ECRN **already** licensed in Illinois (new to Silver Cross or Saint Joes):
  - Completed ECRN Profile Sheet
  - Current Illinois RN license, ECRN license, and ACLS certification/card
  - Successful completion of the current Region 7 ECRN SMO exam

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### III. System Re-Certification: ECRN License Renewal

An individual must successfully renew their ECRN license prior to its expiration date (every 4 years) to continue working in an SCEMSS hospital as an ECRN. Failure to renew on time will result in the ECRN repeating the full ECRN class.

**PART 1 (SYSTEM):** IDPH requires the EMS System verify CE and sign off on all renewals.

1. **4 hours of CE** will be awarded for submitting a required current ACLS card
2. **28 hours of CE** at a minimum is required on the System's online CE Moodle site. Complete only the quizzes marked ALS or Paramedic/RN with a passing score of 80% or higher. Quizzes marked BLS/EMT are not accepted at the RN level.
  - **NOTE:** The current **ALS SMO UPDATE in Moodle is MANDATORY** for every RN and Paramedic in the System and counts toward the required 28 hours of Moodle CE.
  - The remaining 28 hours of required Moodle CE is the choice of the ECRN as long as it hits at least 3 months per year.
3. **Email the Operations Coordinator stating hours achieved and attach a copy of your current ACLS card once a minimum of 28 hours on Moodle is complete.** The System will log into your Moodle account to verify you've completed the required hours then process your license renewal with IDPH. IDPH requires a total of 32 hours for ECRNS, which is met through the 4-hours of ACLS and 28-hours of Moodle CE.

**PART 2 (IDPH):** IDPH requires the ECRN to pay a \$20 fee and complete the child support and felony questions using the IDPH Renewal Notice form IDPH mails and the System emails to the ECRN. The ECRN may process this form by mail or online at the IDPH website: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/Public/Verification/Search.aspx>.

Once PART 1 & PART 2 above are logged as complete with IDPH, your license will renew. Always ensure IDPH and the System has correct email, address, phone and name change information. Any ECRN whose license has expired, **no more than 60 days** after license expiration, may still request renewal but will incur an **additional IDPH late fee of \$50.00** and may not work as an ECRN until renewed.

### IV. Revocation of System Certification

An ECRN may be denied the ability to function as an ECRN in this System for failure to comply with any requirement set forth in this policy as well as other System policies, Region VII SMOs, or maintaining adequate skills as an ECRN.

**EFFECTIVE DATE:** 08-26-91

**REVISED DATE:** 07-23-24

EMS REGION 7  
ECRN COURSE/SYSTEM ENTRY APPLICATION  
(PLEASE PRINT LEGIBLY)

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One:

Registering for \_\_\_\_\_ (date) ECRN Course **OR**  Licensed ECRN entering the System

DATE: \_\_\_/\_\_\_/\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ R.N. LICENSE #: \_\_\_\_\_

**EMAIL:** (print legibly) \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

EMS SYSTEM/RESOURCE HOSPITAL: \_\_\_\_\_ Silver Cross EMS System

HOSPITAL WHERE YOU WORK: (circle one) \_\_\_\_\_ Silver Cross **OR** Saint Joes

CIRCLE ANY THAT APPLY

ECRN    EMT-B    EMT-I    EMT-P    PHRN    >IDPH License# \_\_\_\_\_

IF ALREADY LICENSED ECRN: DATE OF ORIGINAL ECRN COURSE: \_\_\_/\_\_\_/\_\_\_ REGION: \_\_\_\_\_

CHECK AND COMPLETE ANY THAT APPLY

ACLS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

PALS    \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

TNS    \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_    or    TNCC \_\_\_    Expiration Date: \_\_\_/\_\_\_/\_\_\_

PHTLS \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_    or    ITLS \_\_\_    Expiration date: \_\_\_/\_\_\_/\_\_\_

ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE).  
SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR,  
WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

**\*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

\_\_\_\_\_  
ER Manager or EMS Coordinator Signature/Approval

\_\_\_\_\_  
EMS Coordinator Signature/Approval

**REGION 7 EMS**  
**ECRN ALS RIDE TIME LOG FORM**  
**(PLEASE PRINT)**

**CLINICAL FIELD EXPERIENCE / AMBULANCE RIDE-TIME**  
**PRECEPTOR VERIFICATION REPORT FORM**  
**(8 HOURS REQUIRED FOR NEW CANDIDATE LICENSURE)**

ECRN – LAST NAME: \_\_\_\_\_, FIRST NAME: \_\_\_\_\_

HOSPITAL AFFILIATION: \_\_\_\_\_ SHIFT: \_\_\_\_\_

DATE OF RIDE TIME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

STATION #: \_\_\_\_\_ UNIT # ASSIGNED TO: \_\_\_\_\_

TIME IN: \_\_\_\_\_ AM/PM    TIME OUT: \_\_\_\_\_ AM/PM    TOTAL HOURS LOGGED: \_\_\_\_\_

TOTAL # OF RUNS MADE: \_\_\_\_\_ # OF ALS: \_\_\_\_\_ # OF BLS: \_\_\_\_\_

NAME OF LEAD PARAMEDIC ON UNIT: \_\_\_\_\_ SYSTEM # \_\_\_\_\_

ADDITIONAL CREW MEMBERS: \_\_\_\_\_

DESCRIPTION OF EXPERIENCE AND PERFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF LEAD PRECEPTOR: \_\_\_\_\_ SYSTEM # \_\_\_\_\_

ECRN CANDIDATE SIGNATURE: \_\_\_\_\_

Return completed competency form to [mzanelli@silvercross.org](mailto:mzanelli@silvercross.org) as this is required for ECRN licensure.

**ECRN ALS Telemetry Radio Preceptor Log Form**

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

**ECRN Student Name** \_\_\_\_\_ **Hospital affiliation** \_\_\_\_\_**ECRN Class Date** \_\_\_\_\_ **Site sponsoring class** \_\_\_\_\_ **Site code #** \_\_\_\_\_

ALS Call #1 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #2 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #3 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #4 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #5 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #6 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #7 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #8 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #9 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

ALS Call #10 Date \_\_\_\_\_ Time of run \_\_\_\_\_ Agency \_\_\_\_\_

Chief Complaint \_\_\_\_\_ SMO followed Y N ECRN direction needed/given Y N

ER Log # \_\_\_\_\_ Transported to \_\_\_\_\_ Competent on call Y N

Preceptor Signature \_\_\_\_\_ Preceptor printed name \_\_\_\_\_

Return completed competency form to [mzanelli@silvercross.org](mailto:mzanelli@silvercross.org) as this is required for ECRN licensure.

## **ECRN LICENSE RENEWAL SUMMARY**

ECRN license renewal is a 2-part process (CE through the System and fee through IDPH). Every ECRN at Saint Joes and Silver Cross is part of Silver Cross EMS System and should review ECRN renewal on the System website [www.silvercrossems.com](http://www.silvercrossems.com) ECRN page.

**PART 1 (SYSTEM CE REQUIREMENT)** is the verification and authorization of the required 32 hours of CE through the Silver Cross EMS System. The System verifies your CE, and then authorizes IDPH to renew your ECRN license.

☼ **The System requires 2 items to satisfy the 32 CE hour requirement: a copy of your current ACLS card worth 4 CE hours plus an additional 28 CE hours completed on the System's Mandatory CE program called MOODLE.** The System's website contains more Moodle information and the link directly to the Moodle site [moodle.silvercrossems.com](http://moodle.silvercrossems.com). The System will log into your Moodle account to verify that you've completed the required CE as outlined below:

- Moodle presentations must be viewed prior to completing the quizzes.
- Quizzes will only be counted for credit if scored with an 80% or above.
- ECRNs must complete quizzes marked ALS or Paramedic/RN. (EMT/BLS quizzes do not count).
- EVERY ECRN must complete the Moodle marked "ALS SMO UPDATE" to ensure they are aware of the SMO updates in the Region for proper radio communication.
- The ECRN may then choose any other monthly Moodle topics to complete the remaining required 28 hours of Moodle CE. You can do more than 28 hours but not less.

☼ Submit an email to [mzanelli@silvercross.org](mailto:mzanelli@silvercross.org) Marilyn Zanelli, Operations Coordinator at SCEMSS stating that you've successfully completed the required CE (once you have) and include a picture or copy of your current ACLS card (worth 4 hours of CE)

**PART 2 (IDPH FEE REQUIREMENT)** is done directly with IDPH online at their website to pay the State of Illinois license renewal fee and answer their child support/felony conviction questions.

☼ Approximately 60 days prior to your ECRN license expiration, IDPH should mail you a "Renewal Notice" form. This form is mailed to the last address you had on file with them. Always ensure your address, email, and name are correctly reported to IDPH. If you do not receive this form, you may use the State License Number and PIN listed on the letter emailed to you from the System. Once you have this information, visit the IDPH website at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems) to answer the child support and felony conviction questions and pay your \$20 renewal fee.

☼ **Make sure you update your address and email with IDPH when you pay your fee online. Report name changes following the information on the System's website. Because it costs nothing to report your name change, do so prior to your renewal so your license prints with your correct name. IDPH charges \$10 for corrected licenses.**

**NOTE:** Only once both parts 1 & 2 are logged as complete with IDPH, will your license renew. Keep your email and home address up-to-date with the System, as that is how we will communicate with you regarding your license renewal. If you need assistance with renewals after reviewing the information above and on our website, contact Marilyn at [mzanelli@silvercross.org](mailto:mzanelli@silvercross.org) or 815-300-2900.