



REQUEST FOR LETTER OF GOOD STANDING

This form letter shall serve as a formal request for a letter of good standing

Requester Information:

Name:		Date:
Email:		Phone #:
Circle: Paramedic or EMT	License #:	Expiration Date:
Department:		
Signature:		

Please forward _____ **Letter of Good Standing** and/or _____ **Region X SOP Exam Score**
(Please check all that apply) to the following:

EMS System:	
EMS System Coordinator:	
Address:	City State, Zip:
Phone #	Email Address:

Upon submission of this form, I request my status to be:

- _____ Primary in the Saint Francis EMS System
- _____ Primary in the _____ EMS System
- _____ Secondary in the Saint Francis EMS System
- _____ Secondary in the _____ EMS System
- _____ Close file in the Saint Francis EMS System

Cash, Money Order or Cashiers Check Only

Date Received Please bring form to EMS office. If mailing- Saint Francis Hospital EMS Office 355 Ridge Ave Evanston, IL 60202	
	\$10 – will be processed within 2 weeks
	\$25 – will be processed within 3 business days
	\$50 – will be processed within 24 hours