

# Letter of Verification Instructions

To have a letter of verification sent to an EMS System, please provide the following information and email (as a Word Document or in the body of an email) or fax to Brad Smith, EMS System coordinator. [brad.smith@osfhealthcare.org](mailto:brad.smith@osfhealthcare.org)  
Fax (815) 395-4623. We will send a letter to the system you intend to function in and a copy of that letter to you.

EMT Name: \_\_\_\_\_

EMT's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMT Level of License: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Services in OSF NIEMS that you provide care with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS System that letter needs to be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_