



Loyola Emergency Medical Services System

Request for Letter of Good Standing

Date of Request _____

Mailing Address: 2160 South First Avenue, Building 110 LL
Maywood, IL 60153

Fax Number: 708.327.2548

Personal Information		
Loyola System Number	IDPH License Number	Expiration Date
Name		
Address		
City	State	Zip
Home Phone	Pager/Cell Phone	
Current Primary Employer		

Please send a Letter of Good Standing to:		
Department or Resource Hospital		
Attention		
Address		
City	State	Zip
Fax Number		

System Status	
My primary system will be:	<input type="checkbox"/> Loyola <input type="checkbox"/> Other _____
My secondary system will be:	<input type="checkbox"/> Loyola <input type="checkbox"/> Other _____ <input type="checkbox"/> None
I am leaving the Loyola system. Please close my LEMSS file. <input type="checkbox"/>	
Signature _____	Date _____

Letters will be mailed/faxed within five (5) business days.	
LEMSS office use only:	
Letter <input type="checkbox"/> faxed <input type="checkbox"/> mailed	Date: _____ Initials: _____

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