

Mailing Address: 2160 South First Avenue, Building 110 LL
Maywood, IL 60153
Fax Number: 708.327.2548

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

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

<i>System Status</i>		
Loyola will continue to be my primary system.	Yes	No
Loyola will become my secondary system.	Yes	No
I am leaving the Loyola system. Please close my LEMSS file.	Yes	No
My primary system will be:		
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 <input type="checkbox"/> Date: _____ Initials: _____	

Request for Letter of Good Standing

