



Emergency Department Approved for Pediatrics (EDAP) Nurse Practitioner Waiver

Section A:

Nurse Practitioner Name _____

Hospital Name _____

Hospital Address _____

City/State _____ Zip Code _____

Nurse Practitioner Phone Number _____ Nurse Practitioner E-Mail _____

Type of Nurse Practitioner Program Completed (Spell out all Acronyms)

History of previous waiver: Yes No Year Received _____

If you do not have a current waiver or your waiver was granted more than three years ago, please complete Section B below.

Section B:

Please send waiver form and supporting documentation to address below.

Nurse Practitioners who practice in an emergency department approved for children shall have completed a Pediatric Nurse Practitioner program or Emergency Nurse Practitioner program or Family Practice nurse Practitioner program or the Department may grant a waiver based on the following criteria once all supporting documentation has been submitted.

Please Submit the Following Supporting Documentation:

- Completion 2000 hours of hospital based emergency department or acute care over the last 24 month period that includes the care of the pediatric patient;
- Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient
- Shall successfully complete and maintain current recognition in one of the following courses: AHA-AAP PALS, ACEP-AAP APLS OR ENA ENPC.
- All full or part time Nurse Practitioners shall have a minimum of 16 hours of Continuing Medical Education (AMA Category I or II) or Continuing Education Units in pediatric emergency topics within a 2-year period.

Send to:

**Illinois Department of Public Health
Division of Emergency Medical Systems
and Highway Safety
422 South 5th Street 3rd Floor
Springfield, Illinois 62701**

Nurse Practitioner Signature

Date

For Office Use Only: Approved Denied Needs More Documentation

Authorized EMSC Signature

Date