



## Emergency Department Approved for Pediatrics (EDAP) Physician Waiver

### Section A:

Physician Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physician Phone Number \_\_\_\_\_ Physician E-Mail \_\_\_\_\_

History of previous waiver:  Yes  No      If yes:  Trauma Waiver  EDAP Waiver      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.**

**Please Submit the Following Supporting Documentation:**

- An emergency department physician who has already received a waiver per the Trauma Center Rules Regulations (Section 515.2030, e 1 B; Section 515.2040, f 1 B);  
**OR**
- Completion of 12 months of internship followed by at least 7000 hours of hospital-based Emergency Medicine, that includes pediatric patients, over the last 60 month period (including 2800 hours within one 24 month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed  
**OR**
- Completion of professional activities spent in the practice of pediatric emergency medicine (PEM), over the last 60-month period and totaling a minimum of 6000 hours, clearly focused on the care of patients in the pediatric age group (<21 years) in the emergency department and demonstrated by the following:
  - a)** Of the 6000 hours, 2800 hours must have been accrued in a 24-month (maximum) consecutive period of time;
  - b)** A minimum of 4000 of the 6000 hours must have been spent in the clinical practice of PEM. (If practiced in general ED, only time spent exclusively in pediatric practice can be used for credit.)
  - c)** The remaining 2000 hours may be spent in either clinical care or a mixture of related non-clinical activities clearly focused on PEM, including administration, teaching, pre-hospital care, quality improvement, research or other academic activities.**AND**
- Current AHA-AAP PALS or ACEP-AAP APLS recognition  
**AND**
- All full or part time physicians shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I or II) 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 5<sup>th</sup> Street 3<sup>rd</sup> Floor**  
**Springfield, Illinois 62701**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**For Office Use Only:**     Approved     Denied     Needs More Documentation

\_\_\_\_\_  
Authorized EMSC Signature

\_\_\_\_\_  
Date