

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS AND HIGHWAY SAFETY
500 EAST MONROE, 8TH FLOOR - SPRINGFIELD, IL 62701

INDEPENDENT EMS LICENSE RENEWAL REQUEST FORM

PURPOSE: This form shall be completed by an individual EMS provider denied relicensure by an EMS System/EMS Medical Director or individuals not affiliated with or functioning in an Illinois approved EMS System. Independent license renewals shall be processed by the Department.

APPLICANT NAME: _____

ADDRESS: _____ **APT #:** _____

CITY/STATE: _____ **ZIP CODE:** _____

Phone Number: _____ - _____ - _____ Address change

Level of license: F.R.-D EMT-B EMT-I EMT-P
 ECRN PHRN EMD

License ID# _____

Lapse/Expiration date of current license: _____ / _____ /20_____

The applicant shall attach the following items to this form:

1. Documentation of continuing education hours (legible copies only)
2. A copy of the applicant's current CPR card
3. A letter from the EMS Medical Director denying renewal through the EMS system
4. A completed renewal form that includes the child support declaration

Return all applicable information in one envelope to:

Illinois Department of Public Health
Division of Emergency Medical Systems & Highway Safety
500 East Monroe, 8th Floor
Springfield, IL 62701

Please allow approximately six to eight weeks to process your renewal request and issuance of your Illinois license, if approved. If you have any questions, please contact the Division of Emergency Medical Systems and Highway Safety at 217-785-2080.