



## INSTRUCTIONS FOR EMS EXAMINATION APPLICATION

**ALL COURSEWORK AND FINAL EXAMS MUST BE COMPLETED PRIOR TO APPLICATION.** Online application and fee payment can be completed at [www.continentaltesting.net](http://www.continentaltesting.net). Provide all applicable information requested. Missing information will result in a delay of testing and licensure. **Applications must be received by Continental Testing Services at least 15 days prior to the test date.**

### Part I - Application Category (Required)

1. Enter profession name.  
EMT-Basic  
EMT-Intermediate  
EMT-Paramedic  
Trauma Nurse Specialist (TNS)
  2. Check profession code (required).  
**600** for EMT-Basic  
**601** for EMT-Intermediate  
**602** for EMT-Paramedic  
**603** for TNS
  3. Enter applicable fee. The fee must be in the form of money order, cashier's check or organizational check and made payable to Continental Testing Services Inc.  
**No cash or personal checks accepted.**  
**\$20** for EMT-Basic  
**\$30** for EMT-Intermediate  
**\$40** for EMT-Paramedic  
**\$25** for TNS
- If an unexcused absence occurs, testing fee is forfeited and will not be refunded.**
4. Check appropriate information regarding application.  
First application  
Second application  
Third application  
Other, and provide explanation

### Part II - Applicant Identifying Information

1. Full name (required)
2. Social Security number (required)
3. Permanent mailing address (required)
4. Employment (check current employment related to this profession, if applicable.)
5. Maiden name (if applicable)
6. Driver's license number
7. Driver's license state
8. Race (optional)
9. Place of birth, city, state, county (required)
10. Date of birth (required)
11. Gender (required)
12. Telephone numbers (required)
13. E-mail address



# Emergency Medical Services (EMS) Systems Examination Application

<p><b>Part III - Education Information</b></p> <ol style="list-style-type: none"> <li>1. Check “yes” or “no” for high school graduate or GED and provide any additional education information.</li> <li>2. Name of last school attended</li> <li>3. Last school location (city and state)</li> <li>4. Date of graduation (month and year)</li> </ol>
<p><b>Part IV - Record of Licensure Information</b></p> <p>Individuals licensed in a U.S. jurisdiction, foreign country or province <b>MUST</b> state whether or not they have ever held licensure (either temporary or permanent) to practice as an EMS professional.</p>
<p><b>Part V - Record of Examination</b></p> <p>This information is <b>REQUIRED</b> if you have taken the exam for the same level of this profession from National Registry or another state. Failure to disclose examination attempt(s) may result in denial of your application or other appropriate action.</p>
<p><b>Part VI - Personal Information (Required Under 210 ILCS 50)</b></p> <ol style="list-style-type: none"> <li>1. Felony conviction? (check “yes” or “no”) If yes, provide the documentation requested on the application.</li> <li>2. Denied or disciplined for a professional license or permit? (Check “yes” or “no”) If yes, provide circumstances.</li> </ol>
<p><b>Part VII - Examination Coding Information (Required)</b></p> <ol style="list-style-type: none"> <li>1. Enter test code center for the chosen test site/date. (Test schedule available at <a href="http://www.continentaltesting.net">www.continentaltesting.net</a> or <a href="http://www.idph.state.il.us/ems">www.idph.state.il.us/ems</a>)</li> <li>2. Enter your training program site code. (This code is provided by the instructor or EMS system).</li> <li>3. Record the number of times this level exam has been taken.</li> <li>4. Special accommodations. (check “yes” or “no”) If yes, attach a completed Special Accommodations Form. (Available at <a href="http://www.continentaltesting.net">www.continentaltesting.net</a> or <a href="http://www.idph.state.il.us/ems">www.idph.state.il.us/ems</a>)</li> </ol>
<p><b>Part VIII - Child Support Information</b></p> <p><b>This information is required by the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. The application will not be processed without a child support status appropriately checked.</b></p>
<p><b>Part IX - Certifying Statement</b></p> <ol style="list-style-type: none"> <li>1. The application must be signed and dated by the applicant. Signature certifies that all information is true and correct.</li> </ol> <p><b>THE COMPLETED APPLICATION AND TESTING FEE SHOULD BE SUBMITTED TO YOUR EMS SYSTEM COORDINATOR OR TRAUMA NURSE SPECIALIST COURSE COORDINATOR (WHICHEVER IS APPLICABLE).</b></p> <ol style="list-style-type: none"> <li>2. Signatures of the EMS system coordinator or TNS course coordinator (whichever applies) and the EMS medical director are required.</li> </ol> <p><b>APPLICATIONS WITHOUT ALL REQUIRED SIGNATURES WILL NOT BE PROCESSED.</b></p> <p>Online applications can be done at <a href="http://www.continentaltesting.net">www.continentaltesting.net</a>. If applying online, notify your EMS system coordinator or TNS course coordinator to provide authorization to the testing service.</p> <p>Upon completion of the application, Continental Testing Services will send a confirmation letter to each individual scheduled to test. The confirmation letter and a government issued photo ID (driver’s license or state identification card) are needed for entry into the exam.</p> <p>The status of an application can be reviewed at <a href="http://www.continentaltesting.net">www.continentaltesting.net</a>.</p> <p>Test results are posted at <a href="http://www.continentaltesting.net">www.continentaltesting.net</a> approximately five business days after the test date.</p> <p>Continental Testing will send a test result letter to each test candidate.</p>



# Emergency Medical Services (EMS) Systems Examination Application

<b>IMPORTANT NOTICE: Completion of this form is necessary for consideration for testing and licensure under the Illinois Emergency Services Medical Systems Act [210 ILCS 50].</b>	FOR OFFICIAL USE ONLY
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<p>The following materials are required to complete application for certification and licensure.</p> <ol style="list-style-type: none"> <li>1. Three page APPLICATION FOR EMS EXAMINATION.</li> <li>2. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.</li> <li>3. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.</li> </ol>	<p>Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:</p> <ol style="list-style-type: none"> <li>A. Type or print legibly with black ink only.</li> <li>B. FEES ARE NOT REFUNDABLE.</li> <li>C. Disclosure of U.S. Social Security number is mandatory in accordance with the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. The Social Security number may be provided to the Illinois Department of Healthcare and Family Services to identify persons who are more than 30 days delinquent in complying with a child support order.</li> </ol>
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## PART I: Application Category Information

1. PROFESSION NAME	3. FEE \$
2. PROFESSION CODE <input type="checkbox"/> 600 EMT – Basic      \$20 <input type="checkbox"/> 601 EMT – Intermediate      \$30 <input type="checkbox"/> 602 EMT – Paramedic      \$40 <input type="checkbox"/> 603 TNS      \$25	4. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. <input type="checkbox"/> This is the second time I have made application for this profession in Illinois. <input type="checkbox"/> This is the third time I have made application for this profession in Illinois. <input type="checkbox"/> Other Explain: _____ _____

## PART II: Applicant Information – You must notify the Illinois Department of Public Health, Division of EMS and Highway Safety, and/or Continental Testing Services in writing, of any address changes after you file this application in order to receive any further information.

1. NAME	LAST	FIRST	MIDDLE	2. U.S. SOCIAL SECURITY NO. (Required)
3. PERMANENT MAILING ADDRESS      STREET      CITY      STATE      ZIP CODE      COUNTY				
4. EMPLOYMENT (If Applicable)      VOLUNTEER <input type="checkbox"/> FIRE DEPT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> TRAUMA CENTER <input type="checkbox"/> NON-TRAUMA <input type="checkbox"/>				
5. MAIDEN NAME (If Applicable)			6. DRIVER'S LICENSE NUMBER	7. STATE OF DRIVER'S LICENSE
8. RACE (Optional) <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
9. PLACE OF BIRTH      CITY      STATE/COUNTY			10. DATE OF BIRTH ____ / ____ / ____ Month      Day      Year	11. GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
12. TELEPHONE NUMBER(S) WHERE YOU MAY BE REACHED Work: ( ____ ) ____ - ____ - ____      Home: ( ____ ) ____ - ____ - ____ (Area Code)      (Area Code)			13. E-MAIL ADDRESS (Required)	



# Emergency Medical Services (EMS) Systems Examination Application

## PART III: Education Information

1. PRELIMINARY EDUCATION (Check Appropriate Box)

High School Graduate  Yes  No OR GED  Yes  No

2. NAME OF LAST SCHOOL ATTENDED

3. LAST SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

5. Additional Education (Check Highest Level)

Diploma Nurse  ADN  BS  BSN  MS/MSN  Doctorate

## PART IV: Record of Licensure/Certification Information

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below.*

STATE / COUNTY	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)

*(If additional space is needed, attach a separate sheet.)*

## PART V: Record of Examination

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

Name (Last, First, MI):

SS#:

Profession:



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<b>PART VI: Personal History Information (Required Under 210 ILCS 50)</b>	<b>YES</b>	<b>NO</b>										
1. Have you been convicted of a felony? If yes, attach a statement, in your own words, of the circumstances surrounding the incident. An additional fee and authorization for release of information must be submitted to the Department to obtain a criminal history report from the Illinois State Police or other law enforcement agency.	<input type="checkbox"/>	<input type="checkbox"/>										
2. Have you ever had disciplinary action brought against you or a license you have held in Illinois or other state? If yes, provide an explanation of the circumstances for the action.	<input type="checkbox"/>	<input type="checkbox"/>										
<b>PART VII: Examination Coding Information (This part is for examination applicants only.)</b>												
Complete the following:												
1. Select the examination site you desire and enter test center code. (Provided on test schedules)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>											
2. Enter your training program site code. (Provided by instructor or EMS system)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 300px; height: 20px;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table>											
3. Record the number of times you have taken this exam in Illinois or any other state. (Required)	<input style="width: 40px; height: 20px;" type="text"/>											
4. Do you require any special accommodations as required under the American Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach completed special accommodations request form and any other necessary documentation to application.												
<b>PART VIII: Child Support Information (Every applicant is required by law to respond to the following question)</b>												
In accordance with five Illinois Compiled Statutes 100/10-65(c) of the Illinois Administrative Procedure Act, applications for a license/certification shall include the applicant's Social Security number. The applicant shall certify, under penalty of perjury his/her status in complying with a child support order. <b>FAILURE TO CERTIFY SHALL RESULT IN DENIAL OF LICENSE. FALSIFICATION MAY RESULT IN DISCIPLINARY ACTION AND/OR CONTEMPT OF COURT.</b>												
Are you more than 30 days delinquent in complying with a child support order?    1. <input type="checkbox"/> No    2. <input type="checkbox"/> Yes    3. <input type="checkbox"/> Not Applicable <i>(NOTE: If you are not subject to a child support order, answer "Not Applicable.")</i>												
<b>PART IX: Certifying Statement</b>												
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct and complete.												
<b>I UNDERSTAND THAT TESTING FEES FOR UNEXCUSED ABSENCES ARE NONREFUNDABLE.</b>												
Signature of Applicant	Date											
<b>This section for authorization by EMS medical directors, EMS system coordinators and/or TNS course coordinators ONLY.</b>												
<b>The EMS system coordinator or TNS course coordinator is responsible for final verification of examination eligibility.</b>												
<b>I certify that the above applicant is expected to successfully complete the approved training program, including the written and practical exams.</b>												
Signature of EMS Medical Director (Required)	Signature of EMS System Coordinator (Required for EMT)											
Signature of TNS Course Coordinator (Required for TNS)	Date											

**Name (Last, First, MI):**

**SS#:**

**Profession:**