



# Emergency Medical Services (EMS) Systems License Reinstatement Application

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## Instruction for Completing the License Reinstatement Request

**Purpose:** This form shall be completed by an emergency medical technician-basic (EMT-B), emergency medical technician-intermediate (EMT-I) or emergency medical technician-paramedic (EMT-P) whose license has been expired for less than 36 consecutive months and who is requesting reinstatement.

Attach the following items to the completed application:

- A letter requesting reinstatement
- Documentation of continuing education hours (legible copies only)
- A copy of the applicant's current Healthcare Provider Basic Life Support (BLS) card
- If applicant has been convicted of a felony charge, an additional fee and authorization for release of information must be submitted for the Department to obtain a criminal history report from the Illinois State Police or other law enforcement agency. The authorization form and fee schedule can be found at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems). Fee(s) should be in the form of cashier's check, money order or organizational check, made payable to the Illinois Department of Public Health. **Personal checks or cash will not be accepted.**

Submit the completed application, fee(s) and other required documentation to the EMS system authorizing the reinstatement.

Upon review and authorization of application and documentation by the EMS system, the system shall submit the application, all required documentation and fee to the Department for determination of eligibility of reinstatement. The applicant and EMS system will be notified of the determination accordingly.

If you have any questions, contact the Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety, at 217-785-2080.

Submit to:

Illinois Department of Public Health  
Division of EMS and Highway Safety  
422 South Fifth Street, Third Floor  
Attention: Reinstatement Review  
Springfield, Illinois 62701



# Emergency Medical Services (EMS) Systems License Reinstatement Application

All areas must be completed or the application will be returned unapproved.

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_

Level of License to be Reinstated  EMT-B  EMT-I  EMT-P

License Number to be Reinstated \_\_\_\_\_

Expiration Date of License to be Reinstated \_\_\_\_\_

**Personal History Statement:**

Have you ever been convicted of or plead guilty to any felony offense?  Yes  No

If yes, provide an explanation, in your own words, of the nature of the offense. 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. The release form and fee schedule can be found at [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems).

**Child Support Statement:**

Are you more than 30 days delinquent in complying with a child support order?  Yes  No

Under penalty of perjury, I declare that I have reviewed the application and all supporting documents submitted by me in connection with this request and, to the best of my knowledge, they are correct and complete.

\_\_\_\_\_  
Applicant Signature Date

I attest that the above named applicant has completed all didactic, clinical and skill competencies required by this EMS system program. I recommend this applicant be allowed to attempt to successfully complete the testing exam for licensure reinstatement at the level indicated.

\_\_\_\_\_  
**EMS Medical Director Signature** **Date** **System Number**

Reviewed and approved by

\_\_\_\_\_  
**EMS System Coordinator Signature** **Date**

Reviewed and approved by

\_\_\_\_\_  
**Regional Coordinator Signature** **Date**