



EMS EXAMINATION AND LICENSURE/CERTIFICATION APPLICATION

INSTRUCTIONS FOR EMS EXAMINATION AND LICENSURE/CERTIFICATION APPLICATION

ALL COURSEWORK AND FINAL EXAMS MUST BE COMPLETED PRIOR TO APPLICATION.

Provide all applicable information requested. Missing information will result in a delay of testing and licensure/certification.

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 Trauma Nurse Specialist

 3. Enter Applicable Fee (Fee must be in the form of money order, cashier's check or group check and made payable to Continental Testing Services, Inc. **(No cash or personal checks accepted.)**)
 - \$20.00** for EMT-Basic
 - \$30.00** for EMT-Intermediate
 - \$40.00** for EMT-Paramedic
 - \$25.00** for Trauma Nurse Specialist
- If an unexcused absence occurs, testing fee is forfeited and will not be refunded.**
4. Check appropriate Information Regarding Application
 - First application
 - Second time application
 - Third time application (Not applicable for Trauma Nurse Specialist)
 - Other, and provide explanation

Part II - Applicant Identifying Information

1. Full Name (Required)
2. U.S. 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



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Part III - Education Information

1. Check Yes or No for high school graduate or GED and provide any additional education information.
2. Name of Last School Attended
3. Last School Location (City and State)
4. Date of Graduation (Month and Year)

Part IV - Record of Licensure Information

Individuals licensed in a U.S. jurisdiction, foreign country or province **MUST** state whether or not they have ever held licensure (either temporary or permanent) to practice as an EMS Professional.

Part V - Record of Examination

This information is **REQUIRED** 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.

Part VI - Personal Information (Required Under 210 ILCS 50)

1. Felony conviction? (Check Yes or No) If yes, provide the documentation requested on the application.
2. Denied or disciplined for a professional license or permit? (Check Yes or No) If yes, provide circumstances.

Part VII - Examination Coding Information (Required)

1. Enter Test Code Center for the chosen test site/date.
(Test schedule available at www.continentaltesting.net or www.idph.state.il.us/ems)
2. Enter your training program site code. This code is provided by the instructor or EMS System (Resource Hospital).
3. Record the number of times this level exam has been taken.
4. Special Accommodations (Check Yes or No). If yes, attach a completed Special Accommodations form.
(Available at www.continentaltesting.net or www.idph.state.il.us/ems)

Part VIII - Child Support Information

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.

Part IX - Certifying Statement

1. The application must be signed and dated by the applicant. Signature certifies that all information is true and correct.

THE COMPLETED APPLICATION AND TESTING FEE SHOULD BE SUBMITTED TO YOUR EMS SYSTEM OR TRAUMA NURSE SPECIALIST COURSE COORDINATOR (WHICHEVER IS APPLICABLE).

2. Signatures of the EMS System Coordinator or Trauma Nurse Specialist Course Coordinator (whichever applicable) and the EMS Medical Director are required.

APPLICATIONS WITHOUT ALL REQUIRED SIGNATURES WILL NOT BE PROCESSED.

Online applications can be done at www.continentaltesting.net. If applying online, notify your EMS System (Resource Hospital) or Trauma Nurse Specialist Course Coordinator to provide authorization.

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.

The status of an application can be reviewed at www.continentaltesting.net.

Test results are posted at www.continentaltesting.net approximately 5 business days after the test date. Continental Testing will send a test result letter to each test candidate.



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Name (Last, First, MI):

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.)

SS#:

Profession:



Name (Last, First, MI):

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PART VI: Personal History Information (Required Under 210 ILCS 50)	YES	NO
1. Have you been convicted of a felony? If yes, provide an explanation in your own words, a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. This information is required under penalty of perjury.	<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"/>

PART VII: Examination Coding Information (This part is for examination applicants only)

Complete the following:

1. Select the examination site you desire and enter Test Center Code:
(Provided on Test Schedules)
2. Enter your training program site code:
(Provided by instructor or EMS System)
3. Record the number of times you have taken this exam in Illinois or any other state:
(Required)
4. Do you require any special accommodations as required under the American Disabilities Act? Yes No
If, yes, attach completed special accommodations request form and any other necessary documentation to application.

PART VIII: Child Support Information (Every applicant is required by law to respond to the following question)

In accordance with 5 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. **FAILURE TO CERTIFY SHALL RESULT IN DENIAL OF LICENSE/CERTIFICATION. FALSIFICATION OF THE CERTIFICATION MAY RESULT IN DISCIPLINARY ACTION AND/OR CONTEMPT OF COURT.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "Not Applicable.")

1. No 2. Yes 3. Not Applicable

PART IX: Certifying Statement

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.

I UNDERSTAND THAT TESTING FEES FOR UNEXCUSED ABSENCES ARE NONREFUNDABLE.

Signature of Applicant _____
Date

This section for authorization by EMS Medical Directors, EMS System Coordinator and/or Trauma Nurse Specialist Course Coordinators ONLY

I certify that the above applicant is expected to successfully complete the approved training program, including the written and practical exams.

Signature of EMS Medical Director (Required) _____
Signature of EMS System Coordinator (Required for EMT)

Signature of Trauma Nurse Specialist Course Coordinator (Required for TNS) _____
Date

SS#:

Profession: