



**Peoria Area EMS System**  
605 NE Jefferson Street  
Peoria, IL 61603  
(309) 655-2113  
[www.paems.org](http://www.paems.org)

## EMT- Basic (EMT-B) Recertification Check List

Complete and attach this checklist with the paperwork listed below. Submit to the EMS Office no less than 60 days prior to expiration date of EMT license.

### Part I:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB : \_\_\_\_\_

Driver's Lic #: \_\_\_\_\_ Agency(s): \_\_\_\_\_

### Part II:

Copy of Current License - License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

IDPH Child Support Form \_\_\_\_ (**Attached**)

Current CPR Healthcare Provider Card Exp Date: \_\_\_\_\_  
(**Attach:** Copy of Current CPR Healthcare Provider Card or equivalent)

120 Hours of Continuing Education Credits. (Must follow PAEMS System guidelines on number of hours allowed per subject matter)

- • At least 25% of hours from System taught classes (minimum 30 hours)
- • No more than 75% from one site code (max 90 hours)
- • No more than 25% from one single topic area (max 30 hours)

CEU hours verified by Agency Training Officer (Must sign this form **and** CEU report)  
(**Attach:** Continuing Education Report)

Training Officer Name (Print): \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_