



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Emergency Medical Systems and Highway Services

Independent EMS License Renewal Request Form

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

PURPOSE: This form shall be completed by an individual Emergency Medical Systems (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 Illinois Department of Public Health.

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: ____/____/____

Attach the following items to this form:

- Documentation of continuing education hours (legible copies only)
• A copy of the applicant's current CPR (cardio pulmonary resuscitation) card
• A letter from the EMS medical director denying renewal through the EMS system
• A completed renewal form that includes the child support declaration

Return all applicable information to:

Illinois Department of Public Health
Division of Emergency Medical Systems and Highway Safety
500 E. Monroe St., 8th Floor
Springfield, IL 62701

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

Make a copy of all materials for your records prior to submitting the information to the Illinois Department of Public Health.

500 E. Monroe St., 8th Floor, Springfield, IL 62701