



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

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

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

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

Address Change \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Level of License:  EMT-B  A-EMT/EMT I  Paramedic  ECRN  TNS  PHRN

License Number \_\_\_\_\_

I have attached my written request to the EMS medical director for license reactivation.

**Personal History Statement:**

Have you ever been convicted or plead guilty of 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 IDPH 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 <http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>.

**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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMS SYSTEM/REMSC:**

**REACTIVATION STATUS:**

The above EMS provider has been examined (physically and mentally) and found capable of functioning with the EMS system. The individual's knowledge and clinical skills are at an active level. If the inactive status was based on a temporary disability, I verify the disability has ceased.

\_\_\_\_\_  
EMS Medical Director / REMSC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
System Number

**CENTRAL OFFICE:**

Extension processed on: \_\_\_\_\_

Make a copy of all materials for your records prior to submitting the information to:

Illinois Department of Public Health  
Division of Emergency Medical Systems and Highway Safety  
422 South Fifth Street, Third Floor  
Springfield, Illinois 62701