EMS Week
Years of Service Certificate Request Form

NAME (First/Last)	LIC./CERT. LEVEL (Type out)	# OF YEARS (5, 10, 15, 20 or 25)

Ensure names are spelled correctly and the correct level of licensure/certification and the number of years of service, at the present license level, are included for each entry.

SUBMITTED BY: _____ SYSTEM #: _____

PHONE #: _____ EMAIL: _____

Email completed forms to dph.emsweek@illinois.gov