



Instruction for Completing the License Reinstatement Request

Notice: All applicants must go through an EMS System.

Purpose: This form shall be completed by an emergency medical technician-basic (EMT-B), emergency medical technician-intermediate (EMT-I), advanced emergency medical technician (A-EMT), or Paramedic whose license has been expired for fewer than 36 consecutive months and who is requesting reinstatement.

Attach the following items to the completed application:

- Letter requesting reinstatement
- Documentation of required continuing education hours (legible copies only)
- Copy of the applicant's current Healthcare Provider Basic Life Support (BLS) card
- **For applicants convicted of a felony, the following steps need to be completed:**

Contact IDPH, Division of EMS and Highway Safety at 217-785-2080 to obtain a Uniform Conviction Information Act Fingerprint Request Form, along with an Emergency Medical Services (EMS) Authorization for Release of Information form.

Submit the completed Uniform Conviction Information Act Fingerprint Request form and a \$20.00 processing fee directly to the Illinois State Police.

Submit the completed Emergency Medical Services (EMS) Authorization for Release of Information form along with a statement regarding the conviction and any references of good character from former employers, EMS instructors, or persons of authority, directly to IDPH

Submit the completed application and other required documentation to the EMS System authorizing the reinstatement.

Upon review and authorization of the application and documentation by the EMS System, the System shall submit the application, all required documentation and fee to IDPH for determination of eligibility of reinstatement. The applicant and EMS System will be notified of the determination accordingly.

If you have any questions, contact the Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety, at 217-785-2080.

Submit to:

Illinois Department of Public Health
Division of EMS and Highway Safety
Attention: Reinstatement Review
422 South Fifth Street, Third Floor
Springfield, Illinois 62701



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

Applicant Name _____

Address _____ Apt. Number _____

City _____ State _____ ZIP Code _____

Phone Number _____ E-mail Address _____

Social Security Number _____ Date of Birth _____

Level of License to be Reinstated: EMT-B A-EMT/EMT I Paramedic

License Number to be Reinstated _____

Expiration Date of License to be Reinstated _____

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

I attest that the above named applicant has completed all didactic, clinical and skill competencies required by this EMS system program. I recommend this applicant be allowed to attempt to successfully complete the testing exam for licensure reinstatement at the level indicated.

EMS Medical Director Signature

Date

System Number

Reviewed and approved by

EMS System Coordinator Signature

Date

Reviewed and processed by

Education and Testing Coordinator

Date