



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

Applicant Name _____

Address _____ Apt. Number _____

City/State _____ ZIP Code _____

Phone _____ E-mail _____

Level of License: EMT- B A-EMT / EMT-1 Paramedic ECRN TNS PHRN

Illinois license enclosed License Number _____

I have attached my written request to the EMS medical director for inactive status. I understand that during my inactive period, I will not function as an EMS provider at any level in Illinois.

Signature of Applicant

Date

EMS SYSTEM/REMSC:

Inactive re-licensure requirements are:

Current Not current (please attach explanation) License attached

EMS Medical Director / REMSC Signature

Date

System Number

CENTRAL OFFICE

Inactive request 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

