



Instruction for Completing the Military Licensure Request

PURPOSE: This form shall be completed by military medics seeking licensure as an emergency medical technician (EMT) in the state of Illinois. Requests for licensure of medics are determined on a case-by-case basis.

Attach the following items to the completed application:

- Training course curriculum
- Course completion certificate(s)
- Documentation of clinical experience
- Letter of verification of documentation from a military educator
- Current CPR card

Submit the completed application, fee(s) and other required documentation to:

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

Upon review of application and necessary documentation, a determination will be made as to eligibility of level of EMT license and whether or not a state of Illinois exam for that level will be required.

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



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

Applicant Name _____

Address _____ Apt. Number _____

City/State _____ ZIP Code _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

Personal History Statement:

Have you ever been convicted or plead guilty of any felony offense? ☐ Yes ☐ No

If yes, contact IDPH, Division of Emergency Medical Services and Highway Safety at DPH.EMTLIC@illinois.gov and request a personal history review packet.

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.

Applicant Signature

Date

I attest that the above named applicant has completed all didactic, clinical and skill competencies required under the National EMS Education Standards. I recommend this applicant be licensed at the level determined by the Department.

Military Educator Signature

Date

Reviewed and Approved by

Regional EMS Coordinator

Date

*Applicants will receive an email with a link and PIN to pay all fees online once it has been determined all the requirements for licensure have been met. You will receive a final email from IDPH informing you of your license approval upon receipt of payment."

Submit by Email