State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems Reactivation Request

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 _____

❑ Address Change

Level of License: ❑ EMT-B ❑ EMT-I ❑ EMT-P ❑ ECRN ❑ TNS ❑ PHRN ❑ LI

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 the Department 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 www.idph.state.il.us/ems.

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:

❑ Reactivation 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

IOCI 12-234

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