

Due Date

ID Number

EMT- License

**\*\*\*Renewal Notice\*\*\***

The following statement must be completed. Instructions are at the bottom of the page.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT

\_\_\_ I AM UP-TO-DATE WITH CHILD SUPPORT PAYMENTS

\_\_\_ I AM MORE THAN 30 DAYS DELINQUENT IN COMPLYING WITH A COURT-ORDERED CHILD SUPPORT ORDER.

\_\_\_ I DO NOT HAVE TO PAY CHILD SUPPORT.

Signature

Date

Failure to so certify may result in denial of the renewal, and making a false statement may subject the applicant to contempt of court (5 ILCS 100/10-65 (C)).

**Required Information:**

Date of Birth: \_\_\_\_\_  
Month Day Year

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

☐ Name/Address Change

Name

Address

City, State, Zip Code

**RETURN FORM TO YOUR EMERGENCY  
MEDICAL SERVICES SYSTEM**

**For Independent Renewals ONLY, Send to:**

Illinois Department of Public Health  
Division of EMS and Highway Safety  
422 S. 5<sup>th</sup> Street – 3<sup>rd</sup> floor  
Springfield, IL 62701-1824

This portion of the application must be returned, with fee if one is required. DO NOT SEND CASH. Make remittances payable to the Illinois Department of Public Health.

License, permit, certification or registration will be mailed when eligibility has been established.

Keep this portion for your records

Illinois Department of Public Health – Emergency Medical Services Renewal Notice

Category

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This form is a notice and request for information, and is **only the first part of the renewal process**. If your license is due to expire contact your EMS Medical Director to assure that all necessary continuing education hours have been completed and that the necessary paperwork is submitted for renewal. If not, you need to request an extension in order to complete the required hours.

Under Illinois law, the Department must also ask you to select one of the choices above regarding child support and sign this declaration. The Department will **be unable to process your renewal until a signed, completed statement is received**. This information is required of ALL applicants, regardless of whether the applicant has ever been ordered to pay child support. If issues of court-ordered child support do not apply to you at all, check the third statement ("I do not have to pay child support").

Please sign and submit the top portion of this form to your EMS System for renewal. Please note any name or address changes or corrections in the appropriate space.

Questions for Independent Renewals or Trauma Nurse Specialist: Call 217-785-2080 or TTY 1-800-547-0466 for Hearing Impaired only.