



Emergency Medical Services (EMS) Systems Fee Schedule

Under Section 515.460 of the Illinois Administrative Code, the following fees shall be submitted at the time of application for examination, initial licensure, licensure renewal, reinstatement, reciprocity or duplicate license request:

FEE TYPE	EMT-B	EMT-I	EMT-P	TNS	ECRN	EMD	PHRN	LI	FRD
Examination Fee	\$20	\$30	\$40	\$25					
Initial Licensure Fee*	\$45*	\$45*	\$60*	\$50*	\$55*	\$30*	\$30*	\$40*	\$55*
Renewal Fee	\$20	\$30	\$40	\$25	\$20	\$20	\$20	\$20	\$20
Reinstatement Fee	\$45	\$45	\$60						
Reciprocity Fee	\$50	\$50	\$50						
Duplicate License Fee	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10

*An EMT or first responder who exclusively serves as a volunteer for units of local government or a not-for profit organization that services a population base of less than 5,000 may submit an application to the Department for waiver of the initial license fee.

Application and payment for the state of Illinois examination can be completed online at www.continentaltesting.net.

Initial licensure, renewal or duplicate license request fee(s) can be made online at www.idph.state.il.us/ems.

Reinstatement and reciprocity fee(s) must be submitted with application or processing will not be completed. Fee(s) in the form of cashier's check, money order or organizational check, made payable to the Illinois Department of Public Health, should be mailed to the address provided below. **Personal checks or cash will not be accepted.**

Illinois Department of Public Health
EMS and Highway Safety
422 South Fifth Street, Third Floor
Attn: Licensure Section
Springfield, Illinois 62701