



# Emergency Medical Services (EMS) Systems Independent Renewal

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## Independent Renewal Instructions

Submit the following information for Independent Renewal with the application.

1. A copy of your continuing education hours to equal at least 120 hours, complete with instructor's signature, as follows:
  - No more than 30 hours or percent of your continuing education should be in one subject area or medium.
  - Any and all emergency medical technician didactic time; for example, classroom time; is acceptable as continuing education hours on an hour for hour basis. However, you **cannot** have more than 30 hours continuing education in one subject area, such as trauma, medical or cardiac.
  - You **cannot** have more than 30 hours each of clinical, ambulance or online continuing education time.
  - If you have attended college classes the continuing education credit received for each course is two times the number of college credit hours assigned to the course. The subject areas must relate to your EMT training. You must submit a transcript or official copy of your grade for the course along with a college catalog that describes the course.
2. A copy of your current Healthcare Provider cardiopulmonary resuscitation card.
3. A short statement such as: **"I am applying for renewal as an independent. I do not belong to an EMS system and do not have an EMS medical director."** Be sure to sign and date the statement.
4. Felony history information and fee (if applicable).
5. Submit the completed Independent Renewal form with all required documentation to the address provided on the attached form.



# Emergency Medical Services (EMS) Systems Independent Renewal

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

**PURPOSE:** This form shall be completed by an individual EMS provider denied relicensure by an EMS system/EMS medical director or individuals not affiliated with or functioning in an Illinois approved EMS system. Independent license renewals shall be processed by the Illinois Department of Public Health.

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City/State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address Change \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Level of License:  FRD  EMT-B  EMT-I  EMT-P  ECRN  TNS  PHRN  EMD

License ID Number \_\_\_\_\_

Expiration Date of Current License: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you operated under an EMS system? If so, what system number? \_\_\_\_\_

**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](http://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**

Allow at least four weeks to process your renewal request and, if approved, issuance of your Illinois license. If you have any questions, contact the Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety, at 217-785-2080.

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

