



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Emergency Medical Systems and Highway Services

Renewal Notice

EMT - License

Due Date _____ ID Number: _____

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 shall result in denial of the renewal. Making a false statement shall 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

RETURN FORM TO YOUR EMERGENCY MEDICAL SERVICES SYSTEM

For Independent and Trauma Nurse Specialist
Renewals ONLY, Send to:

Illinois Department of Public Health
Division of Emergency Medical Systems
and Highway Safety
500 E. Monroe St., 8th Floor
Springfield, IL 62701

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 Systems and Highway Safety Renewal Notice

Category _____ Due Date _____ ID Number _____

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 Emergency Medical Systems (EMS) director to assure continuing education hours have been completed and 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 Illinois Department of Public Health also must 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, check the third statement: "I do not have to pay child support."

Sign and submit the top portion of this form to your EMS system for renewal. Note any name or address changes or corrections in the appropriate space.

If you have questions for Independent and/or Trauma Nurse Specialist renewals, call the Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety at 217-785-2080 or TTY (hearing impaired use only) 800-547-0466.