



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Emergency Medical Systems and Highway Services

Emergency Medical Systems Inactive/Reactivation Application

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

Applicant Name _____

Address _____ Apt. # _____

City/State _____ ZIP Code _____

Phone Number: () _____

Address change

Level of license: EMT-B EMT-I EMT-P ECRN TNS PHRN L. Instructor First Responder - D

Illinois Emergency Medical Systems (EMS) license enclosed

License # _____

I have attached my written request to the EMS medical director for inactive status. I understand that during my inactive period I will not function as an EMS provider at any level in Illinois.

Signature of Applicant

Date

EMS SYSTEM/REMSC PORTION:

INACTIVE STATUS:

Relicensure requirements: [] current.
 NOT current. Attach explanation.
 License attached

REACTIVATION STATUS:

The above EMT has been examined (physically and mentally) and found capable of functioning within the EMS system. The EMT's knowledge and clinical skills are at an active EMT level. If the inactive status was based on a temporary disability, I verify the disability has ceased.

EMS Medical Director/REMSC Signature

Date

System #

CENTRAL OFFICE:

Inactive/reactive processed _____ / _____ / _____

Make a copy of all materials for your records prior to submitting the information to the Illinois Department of Public Health.

500 E. Monroe St., 8th Floor, Springfield, IL 62701