

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS AND HIGHWAY SAFETY
500 EAST MONROE, 8TH FLOOR - SPRINGFIELD, IL 62701

EMS EXTENSION APPLICATION

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

APPLICANT NAME: _____

ADDRESS: _____ APT #: _____

CITY/STATE: _____ ZIP CODE: _____

Phone Number: _____ - _____ - _____ Address change

Level of license: F.R.-D EMT-B EMT-I EMT-P ECRN TNS PHRN EMD
 L. INSTRUCTOR

License ID# _____

Lapse/Expiration date of current license: ____/____/20____

Copy of most recent CPR card attached

Previous extension date: ____/____/20____

Signature of Applicant Date

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EMS SYSTEM/REMSC PORTION:

I verify the above to be accurate and recommend an extension of _____ months. The new expiration date for the above applicant is: ____/____/20____.

EMS Medical Director/REMSC Signature Date System #

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CENTRAL OFFICE:

Extension processed ____/____/20____