

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

**EMS INACTIVE/REACTIVATION 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:  EMT-B  EMT-I  EMT-P  ECRN  TNS  PHRN  L. INSTRUCTOR  
 First Responder - D

Illinois EMS license enclosed License ID# \_\_\_\_\_

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

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**EMS SYSTEM/REMSC PORTION:**

**INACTIVE STATUS:**

Relicensure requirements:  are current.  
 are 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 #

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**CENTRAL OFFICE:**

Inactive/reactive processed \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_