

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Emergency Medical Systems and Highway Services

Emergency Medical Systems Extension 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: ☐ F.RD ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ ECRN ☐ TNS ☐	PHRN DEMD DL. Instructor
License ID# Social Security	Number:
Lapse/Expiration date of current license:/	
☐ Copy of most recent CPR (cardio pulmonary resuscitation) card attached	
Previous extension date:/	
Signature of Applicant	Date
EMS SYSTEM/REMSC PORTION:	
☐ I verify the above to be accurate and recommend an extension of mo above applicant is:/	nths. The new expiration date for the
EMS Medical Director/REMSC Signature Da	te System #
CENTRAL OFFICE: □ Extension 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