



**ONLINE RENEWAL AND PAYMENT CAN BE MADE AT [www.dph.illinois.gov](http://www.dph.illinois.gov).**

**The following statements MUST be completed.**

- 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.
- I have **NOT** been convicted of a felony.
- I **HAVE** been convicted of a felony.

If you have been convicted of a felony, attach a statement, in your own words, of the circumstances surrounding the incident. An additional fee and authorization for release of information must be submitted to IDPH to obtain a criminal history report from the Illinois State Police or other law enforcement agency. The release form and fee schedule can be found at [www.dph.illinois.gov](http://www.dph.illinois.gov).

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_  
                  Month Day Year

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection herewith, and to the best of my knowledge, they are true, correct and complete. Failure to so certify shall result in the denial of the request for license renewal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This request for information is only the first part of the renewal process.** Renew online or return this completed form, with the appropriate fee, to the address provided below. Money order or cashier's check accepted. **Do Not Send Cash.** Proof of your continuing education hours **MUST** be submitted to your EMS System Coordinator or Trauma Nurse Specialist Course Coordinator (whichever applicable) for review and approval.

If you are an **independent**, go to [dph.illinois.gov](http://dph.illinois.gov) and complete the Independent Renewal and follow the instructions for mailing.

**License renewal will not be processed until all information and payment are completed and received.**

Name/Address
Name _____
Address _____
City, State, ZIP _____

**Return to:**

**Illinois Department of Public Health  
Division of EMS and Highway Safety  
Attention: Licensure Section  
422 South Fifth Street, Third Floor  
Springfield, Illinois 62701**