



Name (Last, First, MI):

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Check number of years completed)

<b>1 2 3 4 5 6 7 8 9 10 11 12</b>	Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. NAME OF LAST SCHOOL ATTENDED

3. LAST SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION  
 \_\_\_ / \_\_\_ / \_\_\_  
 Month Year

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. List all other licenses held in Illinois, however, certification of licensure from Illinois is not required.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

SS#:

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the EMT level for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

Profession:

*(If additional space is needed, attach a separate sheet.)*

Name (Last, First, MI):

PART VI: Personal History Information (Disclosure of this information is VOLUNTARY)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the INSTRUCTION SHEET enclosed with this application package and complete the following:

a) Select the examination site you desire and enter Test Center Code:

b) Find and enter your training program site code:   
 (Provided by your instructor or EMS System)

c) Record the number of times you have taken this exam in Illinois or any other state:

d) Do you require any special accommodations as required under the American Disabilities Act?  Yes  No

**PART VIII: Child Support Information (Every applicant is required by law to respond to the following question)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?  Yes  No  
 (NOTE: If you are not subject to a child support order, answer "no.")

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Illinois Department of Public Health to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**This application and fee must be submitted to your EMS System (Resource Hospital) for processing.**

**I certify that the above applicant has successfully completed an approved training program, including the approved written and practical exams.**

\_\_\_\_\_  
 Signature of System Medical Director \_\_\_\_\_  
 Signature of EMS System Coordinator

SS#:

Profession:

