



(This Request Must Be Submitted to IDPH before Lapse/Expiration Date)

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Level of License:  FRD  EMT-B  A-EMT/EMT I  Paramedic  ECRN  TNS  PHRN  LI

License Number \_\_\_\_\_ Lapse/Expiration Date of Current License \_\_\_\_\_

Copy of most recent CPR (cardiopulmonary resuscitation) card attached. (Optional)

Previous Extension Date \_\_\_\_\_

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

**EMS SYSTEM/REMSC:**

I verify that the above named applicant is in full compliance of the regulation at issue, a hardship is or would be caused without this waiver, and that the applicant has received no more than one extension since his or her last renewal.

The extension must not exceed a total of six months. I am recommending an extension of \_\_\_\_\_ months.

The new expiration date for the above applicant is \_\_\_\_\_.

\_\_\_\_\_  
EMS Medical Director / REMSC Signature Date System Number

**CENTRAL OFFICE:**

Extension processed on: \_\_\_\_\_ by \_\_\_\_\_

Make a copy of all materials for your records prior to submitting the information to:

Illinois Department of Public Health  
Division of Emergency Medical Systems and Highway Safety  
422 South Fifth Street, Third Floor  
Springfield, Illinois 62701