



Independent Renewal Instructions

Submit the following information for Independent Renewal with the application.

1. A copy of your continuing education hours **equaling 100 hours for Paramedic, 80 hours for EMT- Intermediate, 80 hours for Advanced EMT, and 60 hours for EMT-Basic**, complete with instructor's signature, as follows:
 - Any and all emergency medical technician didactic time (e.g., classroom time) is acceptable as continuing education hours on an hour for hour basis. However, you **cannot** have more than 20% continuing education in one subject area, such as trauma, medical, or cardiac
 - If you have attended college health care related courses, the continuing education credit received for each course is eight hours for each college credit hour assigned to the course. The subject areas must relate to your EMT training. You must submit a transcript or official copy of your grade for the course along with a college catalog that describes the course.
2. A copy of your current Health Care Provider cardiopulmonary resuscitation card (Must include didactic and skill). Include copies of both sides of the card.
3. If the applicant is currently functioning "out of state" under an EMS Medical Director, include a statement from the Medical Director stating that the applicant's renewal educational requirements are current and the applicant is in good standing in the EMS system he/she participates with.
4. Felony history information

Submit the completed Independent Renewal form with all required documentation to the address provided on the attached form

Submit renewal fee payment. Fee schedule can be found at <http://www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>. Only money order and cashier's check are accepted. **Do Not Send Cash or Personal Check.**



All areas must be completed or the application will be returned unapproved.

Applicant Name _____

Address _____ Apt. Number _____

City _____ State _____ ZIP Code _____

Address Change _____

Phone Number _____ E-mail Address _____

Social Security Number _____ Date of Birth _____

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

License Number _____ Expiration Date of Current License _____

Have you operated under an EMS system? If so, what system number? _____

Personal History Statement:

Have you ever been convicted or plead guilty of any felony offense? Yes No

If yes, contact IDPH, Division of Highway Safety at 217-785-2080 and request a personal history review packet.

Child Support Statement:

Are you more than 30 days delinquent in complying with a child support order? Yes No

I am applying for renewal as an independent. I do not belong to an EMS system and do not have an EMS medical director.

Under penalty of perjury, I declare that I have reviewed the application and all supporting documents submitted by me in connection with this request and, to the best of my knowledge, they are correct and complete.

Signature of Applicant

Date

Allow at least four weeks to process your renewal request and, if approved, issuance of your Illinois license. If you have any questions, contact the Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety, at 217-785-2080.

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