



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

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

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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Level of License:  EMT- B  A-EMT / EMT-1  Paramedic  ECRN  TNS  PHRN

Illinois license enclosed License Number \_\_\_\_\_

I have attached my written request to the EMS medical director for inactive status. I understand that during my inactive period, I will not function as an EMS provider at any level in Illinois.

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

\_\_\_\_\_  
Date

**EMS SYSTEM/REMSC:**

Inactive re-licensure requirements are:

Current  Not current (please attach explanation)  License attached

\_\_\_\_\_  
EMS Medical Director / REMSC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
System Number

**CENTRAL OFFICE**

Inactive request processed on: \_\_\_\_\_

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

