



EMS Reciprocity Application Instructions

PLEASE NOTE: If you have been trained by an emergency medical services (EMS) system in Illinois and have taken the National Registry exam, you do not need to apply for reciprocity. The EMS system coordinator for the system where you were trained needs to submit the necessary documentation to the attention of the Licensure Section at the address below. Reciprocity is only for those who have not received training in Illinois.

In order to obtain Illinois reciprocity:

1. Complete Part I of the EMS Reciprocity Application. **Leave Part II blank.**
2. Attach photocopies of your NREMT wallet card if you currently hold one, as well as your State EMS license. Include a copy of your current American Heart Association Healthcare Provider Cardiopulmonary Resuscitation (CPR) verification. If you hold PALS, ACLS Instructor, or BLS, please include copies.
3. Provide a signed and dated letter from the EMS medical director, indicating that you are in good standing and up-to-date with continuing education hours in the state in which you practice. If you cannot obtain a letter of recommendation, you will need to request a waiver of this requirement as described in item 4.
4. If you have not functioned as an EMT, paramedic, or EMD under the direction of an EMS medical director, include a letter (signed and dated by you) stating you have never worked as an EMT, paramedic, or EMD under an EMS medical director and request that the letter of recommendation be waived. Also, if you are requesting a waiver, and have held your license/certification more than six (6) months, you will need to provide photocopies of all continuing education you have completed during your current license/certification period.
5. Applicants seeking reciprocity from an "out of state" license should renew the "out of state" license if it is within 60 days of expiration prior to seeking reciprocity through IDPH.
6. Complete Part III and Part IV of the application. This information is required. Application will not be processed if incomplete and/or requested documents are not provided. Other applicable forms are available at www.idph.state.il.us/ems.

Send the application, additional required documents as described in the application, and payment (Reciprocity Application fee + Licensure fee) in the form of a cashier's check or money order only, payable to IDPH. Select the appropriate amount based on the license type:

FEE TYPE	EMT-B	A-EMT / EMT-I	PARAMEDIC	EMD
RECIPROCITY APPLICATION FEE	\$50	\$50	\$50	\$50
LICENSURE FEE	\$45	\$45	\$60	\$30
GRAND TOTAL	\$95	\$95	\$110	\$80

Illinois Department of Public Health
Division of Emergency Medical Services and Highway Safety
Attention: Reciprocity
422 South Fifth Street, Third Floor
Springfield, IL 62701

An Illinois license will be mailed to you after verification that you have met all the requirements for licensure. You will receive an e-mail from IDPH informing you of your license being approved and the date it will be mailed out. This e-mail will also advise you to contact us when your license comes up for renewal.

Once you have been issued an Illinois license you must adhere to Section 515.590 EMS Personnel License Renewals, of the Illinois Emergency Medical Services and Trauma Center Code (77 Ill. Adm. Code 515.590).

If you have any questions, please call 217-785-2080, or send an e-mail to: DPH.EMTLIC@illinois.gov.



Part I: This section is to be completed by the applicant.

Use your legal name

First Name	Middle Name	Last Name
Address		City
		State
		ZIP Code
Phone	E-mail	Date of Birth
		Social Security Number
Driver's License Number	EMS/NREMT License Number	Issuing State/Agency

Level of EMS license requested for reciprocity

EMT- Basic
 A-EMT / EMT-1
 Paramedic
 EMD

Part II: To be completed by the Emergency Medical Services Licensing Agency

The above named emergency medical technician, paramedic, or EMD has applied for an Illinois license through reciprocity based upon licensure from your state. Please verify or correct the above information and provide answers for the following questions.

Has the above named applicant had any disciplinary action against their license in your state?

Yes (provide an explanation on a separate sheet of paper and attach)
 No

Has the course of instruction met or exceeded National EMS education standards?

Yes
 No (provide an explanation on a separate sheet of paper and attach)

Is there any known reason why licensure in Illinois should be denied?

Yes (provide an explanation on a separate sheet of paper and attach)
 No

The above named applicant currently possesses an EMS license/certificate issued from our office as:

EMT- Basic
 A-EMT / EMT-1
 Paramedic
 EMD

Number of continuing medical education hours required for renewal in your state (list hours): _____

Number of years that license is issued for: _____

EMS/NREMT License Number: _____ Issue Date: _____ Expiration Date: _____

Person Completing Part II

Name: _____ Signature: _____

Title: _____ Phone: _____ Date: _____

Return to: IL Dept of Public Health / EMS
FAX: 217-557-3481 -OR- E-MAIL: DPH.EMTLIC@Illinois.gov



Part III: Child Support Declaration

Under Illinois law, you must select one of the following choices regarding child support and sign the declaration. **IDPH will be unable to process your application until a completed statement is provided.** This information is required of **ALL** applicants, regardless of whether the applicant has ever been ordered to pay child support. If issues of court-ordered child support do not apply to you, check the third statement: "I do not have to pay child support." **Making a false statement shall subject the applicant to contempt of court [5 ICLS 100/10-65(c)].**

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT:

- I AM UP-TO-DATE WITH CHILD SUPPORT PAYMENTS
- I AM MORE THAN 30 DAYS DELINQUENT IN COMPLYING WITH COURT-ORDERED CHILD SUPPORT
- I DO NOT HAVE TO PAY CHILD SUPPORT

Part IV: Personal History Information

Under Illinois law, you must select one of the following choices regarding felony charges and sign the declaration. **IDPH will be unable to process your application until this information is provided.**

Have you ever been convicted of a felony? Yes No

If yes, provide an explanation of the nature of the offense. An additional fee and authorization for release of information must be submitted to IDPH to obtain a criminal history report.

Have you ever had disciplinary action brought against your EMS license? Yes No

If yes, provide an explanation of the circumstances for the action.

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 certify shall result in the denial of the request for reciprocity.

Signature: _____

Date: _____



Re-licensure Process for Illinois Reciprocity Recipients

IMPORTANT INFORMATION

Please note that your initial EMS license may not be valid for a full four years. The expiration/lapse date should coincide with your National Registry certification or other state license submitted to obtain Illinois reciprocity. When your Illinois license is due to expire, you will need to renew your license and not reapply for reciprocity.

Minimum Illinois hours of education required in a four year period for Paramedic, A-EMT / EMT-I, EMT-Basic, and EMD are:

- Paramedic = 100 hrs. *When you renew your license for the first time after reciprocity, the number of hours needed for renewal is prorated to the amount of time you held your initial Illinois license. Below is a sample chart.*
- A-EMT / EMT-I = 80 hrs.
- EMT-Basic = 60 hrs. **NOTE: If you are working under an EMS System at the time of renewal, their minimum hours of required continuing education may be higher than the minimum required by the State of Illinois.**
- EMD = 48 hrs.

PARAMEDIC		A/EMT / EMT-I		EMT-BASIC		EMD	
Months of Licensure	Hours of Continuing Education	Months of Licensure	Hours of Continuing Education	Months of Licensure	Hours of Continuing Education	Months of Licensure	Hours of Continuing Education
3	6.250	3	5.0	3	3.75	3	3
6	12.50	6	10.0	6	7.50	6	6
9	18.75	9	15.0	9	11.25	9	9
12	25.00	12	20.0	12	15.00	12	12
15	31.25	15	25.0	15	18.75	15	15
18	37.50	18	30.0	18	22.50	18	18
21	43.75	21	35.0	21	26.25	21	21
24	50.00	24	40.0	24	30.00	24	24
27	56.25	27	45.0	27	33.75	27	27
30	62.50	30	50.0	30	37.50	30	30
33	68.75	33	55.0	33	41.25	33	33
36	75.00	36	60.0	36	45.00	36	36
39	81.25	39	65.0	39	48.75	39	39
42	87.50	42	70.0	42	52.50	42	42
45	93.75	45	75.0	45	56.25	45	45
48	100.00	48	80.0	48	60.00	48	48

Renewal of your Illinois EMS license is processed through your Illinois EMS System resource hospital if you function with an EMS provider. If you are not practicing in Illinois with an EMS System at the time of your renewal, you will need to apply for an independent renewal through the Illinois Department of Public Health, Division of EMS and Highway Safety.