

EMT 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 EMT Reciprocity Application.
- 2. Attach photocopies of your EMT certificate or license and current American Heart Association Healthcare Provider Cardiopulmonary Resuscitation (CPR) card or equivalent.
- 3. Provide a letter from the EMS medical director indicating that you are in good standing and up-to-date with continuing education hours if you currently participate in an EMS system under an EMS medical director. If you cannot obtain a letter of recommendation, you will need to request a waiver as described in item 4.
- 4. If you have not functioned as an EMT or under the direction of an EMS medical director, include a letter with your signature stating that you have never worked as an EMT or under an EMS medical director and request that the letter of recommendation be waived. Also, if you are requesting a waiver, you will need to provide photocopies of all continuing education you have completed during your current license/certification period.
- 5. 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.

Send the application, fee and all requested documents in one envelope to:

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

An Illinois EMT license will be mailed to you after verification that you have met all the requirements for licensure. If you have any questions, please call 217-785-2080, or send an e-mail to: DPH.EMTLIC@illinois.gov.

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

IOCI 12-0537 JECD



Part I: This section is to be completed by the applicant.					
Use your legal name					
=	ACCUMANT AND ADDRESS OF THE PROPERTY OF THE PR				
First Name	Middle Name		me		
Address	City	State	ZIP Code		
Dhana E mail		Data of Dirth	Conicl Conveits Number		
Phone E-mail		Date of Birth	Social Security Number		
Driver's License Number El	per EMT License Number Issuing State/Agency				
Level of EMS license requested for rec	procity				
☐ EMT-Basic ☐ EMT-Interme	diate EMT-Paramedic				
Part II: To be completed by the Emergency Medical Services Licensing Agency					
The above named emergency medical technician 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 been revoked or suspended in your state?					
☐ Yes (provide an explanation on a separate sheet of paper and attach) ☐ No					
2. Has the course of instruction met or exceeded Department of Transportation National Standard Curriculum guidelines?					
☐ Yes ☐ No (provide an explanation on a separate sheet of paper and attach)					
3. 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					
4. The above named applicant currently possesses an EMS license/certificate issued from our office as:					
□ EMT-Basic □ EMT-Intermediate □ EMT-Paramedic					
Number of continuing medical education hours required for renewal in your state					
EMT License Number	Issue Date	Expira	ation Date		
Person Completing Part II					
Name	Signatu	re			
Title	Phone_		Date		



Part III: Child Support Declaration

Under Illinois law, you must select one of the following choices regarding child support and sign the declaration. The Department 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 ILCS 100/10-65(c)]. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT: ☐ I AM UP-TO-DATE WITH CHILD SUPPORT PAYMENTS ☐ IAM 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. The Department 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 the Department to obtain a criminal history report. Have you ever had disciplinary action brought against your or a license you have held? ☐ 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 so certify shall result in the denial of the request for reciprocity.

Date

Signature



Relicensure Process for Illinois Reciprocity Recipients

IMPORTANT INFORMATION

Please note that your initial Illinois 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.

Illinois requires 120 hours of approved continuing education in a four-year period. 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. The number of continuing education hours calculates out to 2.5 hours per month of licensure. Below is a sample chart:

Months of Licensure	Hours of Continuing Education	Months of Licensure	Hours of Continuing Education
3	7.5	27	67.5
6	15	30	75
9	22.5	33	82.5
12	30	36	90
15	37.5	39	97.5
18	45	42	105
21	52.5	45	112.5
24	60	48	120

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