State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
License Fee Waiver Application

The License Fee Waiver Application must be completed before further processing will be considered.

Under Section 5.15(b)(460) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, PHAPRN, PHPA, TNS who is a member of the Illinois National Guard or an Illinois State Trooper or who exclusively serves as a volunteer for units of local government with a population base of less than 5,000 or as a volunteer for a not-for-profit organization that serves a service area with a population base of less than 5,000 in this state may submit an application to IDPH for a waiver of the fees for the EMS personnel, licensure, and license renewal on a form prescribed by IDPH. (Section 3.50(d-5) of the Act) The fee waiver application shall be submitted to IDPH and approved prior to examination, licensure, or renewal. No fees will be refunded.

❑ Illinois State Police ❑ Illinois National Guard ❑ Volunteer - Less Than 5,000 Population

Name _____

Address _____ Current EMS License Number _____

City _____ State _____ ZIP Code _____

Date of Birth _____ Social Security Number _____

Phone Number _____ E-mail Address _____

EMS System _____

Personal History Statement:

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

If yes, contact IDPH, Division of Emergency Medical Services and Highway Safety at DPH.EMTLIC@illinois.gov 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

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

_____ _____
Applicant Signature **Date**

I attest that the above named applicant meets the requirements of the Emergency Medical Services Systems Act for this fee waiver request.

_____ _____
EMS System Coordinator **Date**

Submit by Email

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