



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

APPLICATION INSTRUCTION GUIDE FOR EMS EXAMINATION AND LICENSURE

***EXAM CANDIDATES MUST HAVE COMPLETED ALL COURSEWORK
AND FINAL EXAMS BEFORE TESTING ENROLLMENT***

INSTRUCTIONS

Provide all applicable information requested on all three pages of the application. Missing information on the application will result in a delay of enrollment.

Part I – Application Category Information (required)

1. Enter Profession Name (*Choose one from below*)
 - a. EMT-B for Basic
 - b. EMT-I for Intermediate
 - c. EMT-P for Paramedic
 - d. TNS for Trauma Nurse Specialist

2. Enter Profession Code (*Choose one from below*)
 - a. 600 for EMT-Basic
 - b. 601 for EMT-Intermediate
 - c. 602 for EMT-Paramedic
 - d. 603 for Trauma Nurse Specialist (TNS)

3. Enter Applicable Fee (*Fee must be in the form of money order, cashier's check or group check and made payable to the Illinois Department of Public Health (IDPH). No cash or personal checks will be accepted.*)
 - a. \$20.00 for EMT-Basic
 - b. \$30.00 for EMT-Intermediate
 - c. \$40.00 for EMT-Paramedic
 - d. \$25.00 for Trauma Nurse Specialist (TNS)

If an unexcused absence occurs, testing fee is forfeited and will not be refunded.

4. Appropriate Information Regarding Application

- a. Check box for first time application
- b. Check box for second time application
- c. Check box for third time application
- d. Check box and write explanation for four and/or more application

Part II – Applicant Identifying Information

1. Complete all information (Required)
2. U.S. Social Security Number (Required)
3. Permanent Mailing Address (Required)
4. Employment (Check off current employment or volunteer status within the EMS System) (Required)
5. Maiden Name
 - a. Driver's License Number (Required)
 - b. Driver's License State (Required)
6. Race/Ethnicity (Optional) (Required)
7. Place of Birth, City, State, Country (Required)
8. Date of Birth (Required)
9. Gender (Required)
10. Telephone Numbers (Work and Home) (Required)
11. E-mail Address (Required)

Part III – Education Information

1. Preliminary Education (Circle number of years completed) – check yes or no for high school graduated or GED
2. Name of Last School Attended
3. Last School Location (include City and State)
4. Date of Graduation (Month and Year)

Part IV – Record of Licensure Information

Individuals licensed in a U.S. jurisdiction, a foreign country or province must state whether or not they have ever held licensure (either temporary or permanent) to practice as an EMS Professional (If applicable).

Part V – Record of Examination

Please complete if you have taken the exam for the same level of this profession from National Registry or another state. Failure to disclose examination attempt may result in denial of your application or other appropriate action.

Part VI - Personal History Information

1. Criminal Offense Conviction (Check Yes or No) (If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.
2. Felony Conviction (Check Yes or No)
3. Certificate of Relief from Disabilities by the Prisoner Review Board (Check Yes or No)
4. Performance Functions (Check Yes or No)
5. Denied or Discipline for a Professional License or Permit (Check Yes or No) (If Yes, attach explanation)
6. Discharged Other than Honorably Discharged from Armed Services (Check Yes or No)

Part VII - Examination Coding Information (required)

- a. Enter Test Center Code for the chosen test site/date from the Testing Site/Date legend.
- b. Enter your training program site code. This code is provided by your instructor or EMS System (Resource Hospital). *Signature of System Medical Director and System EMS Coordinator - Required*

Applications without signatures of EMS System Coordinator and Medical Director will not be process.
- c. Record the number of times you have taken EMS exam
- d. Special Accommodations (Check Yes or No)

Part VIII - Child Support and/or Student Loan Information

1. Child Support and/or Student Loan Status
This information is required by law and signing certifies that all information is true and correct. **Applications will not be processed unless check boxes are completed.**

Part IX - Certifying Statement

The application must be signed and dated, certifying that all information is true and correct.

APPLICATION SUBMISSION

THE COMPLETED APPLICATION AND TESTING FEE SHOULD BE SUBMITTED TO YOUR EMS SYSTEM (RESOURCE HOSPITAL).

Upon verification of application, you will receive a confirmation letter from Continental Testing Services. **The confirmation letter must be taken to the test site along with a government issued photo id such as a driver's license or state identification card.** Please arrive at the test site thirty (30) minutes prior to test time for check-in.

Applications, with instructions, can be found at www.idph.state.il.us/ems or www.continentaltesting.net.

If you need further assistance with this application, please contact Continental Testing Services (CTS) at 1-800-359-1313.