



Transaction Card

APPLICANT INFORMATION

EMS License Number	Last Name	First Name	MI	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street / P.O. Box / Apt #		City	State	ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (Required)		Phone Number	SSN (Required by Law)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

ACTION TO BE TAKEN (choose one path below)

NEW/INITIAL LICENSE (select one)	DOWNGRADE	UPGRADE
<input type="checkbox"/> A-EMT (Advanced EMT) <input type="checkbox"/> ECRN (Emergency Communications RN) <input type="checkbox"/> EMD (Emergency Medical Dispatcher) <input type="checkbox"/> EMR (Emergency Medical Responder) <input type="checkbox"/> EMT (Emergency Medical Technician) <input type="checkbox"/> LI (Lead Instructor) <input type="checkbox"/> Paramedic <input type="checkbox"/> PEMR (Provisional EMR) <input type="checkbox"/> PHPA (Pre-Hospital Physician Assistant) <input type="checkbox"/> PHAPRN (Pre-Hospital Advanced Registered Nurse) <input type="checkbox"/> PHRN (Pre-Hospital RN) <input type="checkbox"/> TNS (Trauma Nurse Specialist)	<input type="checkbox"/> Paramedic to A-EMT <input type="checkbox"/> Paramedic to EMT <input type="checkbox"/> Paramedic to EMR <input type="checkbox"/> A-EMT to EMT <input type="checkbox"/> A-EMT to EMR <input type="checkbox"/> EMT-I to EMT <input type="checkbox"/> EMT-I to EMR <input type="checkbox"/> EMT to EMR	Per Administrative Code (Section 515.90 d): Individuals who have downgraded may upgrade to the original license level upon recommendation of the EMS MD. Submit a duplicate license fee. Cannot upgrade from EMR level. <input type="checkbox"/> UPGRADE FROM: _____ TO: _____

REQUIRED DOCUMENTATION (to be submitted with this T-Card)

- ☐ COMPLETED PERSONAL HISTORY STATEMENT
- ☐ COPY OF CPR CARD/VERIFICATION (that meets/exceeds the AHA course "BLS for the Healthcare Providers") (Excludes TNS, ECRN and EMD)
- ☐ COPY OF NATIONAL REGISTRY (for EMT's, A-EMT's, Paramedics ONLY) or NREMT Certification
- ☐ Assessment Exam Completion PHRN, PHAPRN, PHPA

LICENSE PAYMENT OPTIONS (select one)

- ☐ ONLINE - IDPH will send an email to the candidate with a PIN ID once the license has been created.
- ☐ CASHIER'S CHECK or MONEY ORDER – Sent with the Transaction Card (include licenses number and/or name of individual on the payment.)
- ☐ FEE WAIVER – Submit a signed Fee Waiver Application with the Transaction Card

EMS SYSTEM AUTHORIZATION

SYSTEM NUMBER _____ EMS MD AUTHORIZATION CODE _____

EMS COORDINATOR SIGNATURE _____ DATE _____