



# North Region EMS System

## License Renewal Request Form

Completed by Provider			
Last Name:	First Name:	MI:	
Home Address:		Apartment:	
City:	State	Zip Code:	County:
Phone:	Last 4 of SSN:	DOB:	
Personal Email Address:		FD/EMS Agency:	
Current Licensure Level:	EMT	Paramedic	ECRN
		License Number:	
<ol style="list-style-type: none"><li>1. Fee paid to IDPH – Please attach receipt to Renewal Request Form upon submission.</li><li>2. I confirm NMnrEMSS is my primary EMS System.</li><li>3. IDPH Renewal Notice Child Support/Personal History Statement - please attach.</li><li>4. Total number of Continuing Education Hours in ESO Personnel Management _____</li><li>5. Current BLS for Healthcare Providers Card – Please attach.</li><li>6. <i>ECRN Only: Please attach copy of current IL RN License.</i></li></ol>			
EMS Office Use Only			
ESO license updated	Confirm EMS System Number	EMS1 license updated	
EMS Coordinator: _____		Date: _____	