



North Region
EMS System

License Renewal Request Form

Instructions

1. Providers should receive a renewal notice from IDPH with a PIN number to facilitate payment online. If the provider's home address is not up to date with IDPH, the letter may not be received. In this case, please email evert.gerritsen@nm.org to obtain a PIN for payment. Please attach payment receipt to Renewal request form.
2. **You must confirm that NM North Region EMSS is your primary system. If it is not, please reach out to your primary system for license renewal.**
3. Please complete and attach the Renewal Notice/Child Support/Personal History Statement. This can be found at <http://dph.illinois.gov/sites/default/files/licenscertificate/ems-renewal-notice-011717.pdf>.
4. Continuing education hours can be calculated by adding the hours documented in EMS1. If you have fewer hours than required, you must complete them prior to renewal.
5. Attach a copy of your current AHA BLS for Healthcare Providers Card.
6. *ECRNs Only: Please attach a copy of your current IL Registered Nurse license. For assistance with this, please visit <https://ilesonline.idfpr.illinois.gov/DFPR/Lookup/LicenseLookup.aspx>.*



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">1. Fee paid to IDPH – Please attach receipt to Renewal Request Form upon submission.2. I confirm NMnrEMSS is my primary EMS System.3. IDPH Renewal Notice Child Support/Personal History Statement - please attach.4. Total number of Continuing Education Hours in ESO Personnel Management _____5. Current BLS for Healthcare Providers Card – Please attach.6. <i>ECRN Only: Please attach copy of current IL RN License.</i>			
EMS Office Use Only			
ESO license updated	Confirm EMS System Number	EMS1 license updated	
EMS Coordinator: _____		Date: _____	