

ILLINOIS LICENSE APPLICATION

IDPH requires that the EMS System filing for State licensure on your behalf, complete a specific IDPH Transaction Card form with the following information, therefore, we need this information from you.

Please do not leave anything blank and type into the boxes before printing this form to ensure all information is legible. IDPH will communicate important license information with you via the email you provide, so use a personal email that won't change and that you monitor often.

LAST NAME:

FIRST NAME:

MI:

BIRTH DATE (MM/DD/YYYY):

SOCIAL SECURITY #:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

CELL PHONE #:

COUNTY:

EMAIL:

EMPLOYER: (CHECK ONE)

FIRE DEPARTMENT

PRIVATE

HOSPITAL-TRAUMA CNTR

HOSPITAL/NONTRAUMA CNTR

RACE: (CHECK ONE)

WHITE

AFRICAN AMERICAN

HISPANIC

ASIAN

NATIVE AMERICAN

GENDER: (CHECK ONE)

MALE

FEMALE