

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY
 525 W. JEFFERSON ST.
 SPRINGFIELD, IL 62761

REQUEST FOR RECIPROCITY

PART I: To be completed by the applicant and returned to the Illinois Department of Public Health with a photocopy of current license/registration/certificate and CPR card.

Please indicate the level of registration/licensure for which you are requesting verification:	
<input type="checkbox"/> First Responder <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic	
Applicant's Full Name (First, Middle, Last)	
Address	City/State/ZIP
Previous Names Used	Date of Birth
State Agency	License Number

The above named emergency medical technician has applied for an Illinois EMT license based upon reciprocity from your state. Please verify or correct the above information and answer the questions below.

Part II: To be completed by the state licensing agency

Certified/Licensed/Registered in your state as –
<input type="checkbox"/> First Responder <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic
Expiration Date
Has the above license/certificate/registration been revoked or suspended in your state?
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain
Has the course of instruction met or exceeded DOT National Standard Curriculum guidelines?
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain
Do you know of any reason why licensure in Illinois should be denied?
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain

Signature _____ Telephone _____

Title _____ Date _____

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 80-1518. Disclosure of this information is mandatory. This form has been approved by the Forms Management Committee.