INSTRUCTIONS FOR EMS EXAMINATION AND LICENSURE/CERTIFICATION APPLICATION

ALL COURSEWORK AND FINAL EXAMS MUST BE COMPLETED PRIOR TO APPLICATION. Provide all applicable information requested. Missing information will result in a delay of testing and licensure/certification.

### Part I - Application Category (Required)

1. **Enter Profession Name**
   - Emergency Medical Technician (EMT)
   - Advanced EMT/EMT-I
   - Paramedic
   - Trauma Nurse Specialist (TNS)
   - Pre - Hospital Registered Nurse (PHRN)

2. **Check Profession Code (Required)**
   - 600 for EMT
   - 601 for AEMT/EMT-I
   - 602 for Paramedic
   - 603 for Trauma Nurse Specialist
   - 605 for Pre - Hospital Registered Nurse

3. **Enter Applicable Fee**
   
   Fee must be in the form of money order, cashier's check or group check made payable to Continental Testing Services, Inc. (No cash or personal checks accepted.)
   
   - $20.00 for EMT
   - $30.00 for AEMT/EMT-I
   - $40.00 for Paramedic
   - $25.00 for Trauma Nurse Specialist
   - $40.00 for Pre - Hospital Registered Nurse

   **IF AN UNEXCUSED ABSENCE OCCURS, TESTING FEE IS FORFEITED AND WILL NOT BE REFUNDED**

4. **Check Appropriate Information Regarding Application**
   - First application
   - Second time application
   - Third time application (Not applicable for Trauma Nurse Specialist)
   - Other, and provide explanation

### Part II - Applicant Identifying Information

1. **Full Name (Required)**
2. **U.S. Social Security Number (Required)**
3. **Permanent Mailing Address (Required)**
4. **Employment (Check current employment related to this profession, if applicable.)**
5. **Maiden Name (If applicable)**
6. **Driver's License Number**
7. **Driver's License State**
8. **Race (Optional)**
9. **Place of Birth, City, State, County (Required)**
10. **Date of Birth (Required)**
11. **Gender (Required)**
12. **Telephone Numbers (Required)**
13. **E-mail Address**
**Part III - Education Information**
1. Check Yes or No for high school graduate or GED and provide any additional education information.
2. Name of Last School Attended
3. Last School Location (City and State)
4. Date of Graduation (Month and Year)

**Part IV - Record of Licensure Information**
Individuals licensed in a U.S. jurisdiction, foreign country or province **MUST** state whether or not they have ever held licensure (either temporary or permanent) to practice as an EMS Professional.

**Part V - Record of Examination**
This information is **REQUIRED** if you have taken the exam for the same level of this profession from National Registry or another state. Failure to disclose examination attempt(s) may result in denial of your application or other appropriate action.

**Part VI - Personal Information (Required Under 210 ILCS 50)**
1. Felony conviction? (Check Yes or No) If yes, provide the documentation requested on the application.
2. Denied or disciplined for a professional license or permit? (Check Yes or No) If yes, provide circumstances.

**Part VII - Examination Coding Information (Required)**
1. Enter Test Code Center for the chosen test site/date.
   (Test schedule available at [www.continentaltesting.net](http://www.continentaltesting.net) or [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems))
2. Enter your training program site code. This code is provided by the instructor or EMS System (Resource Hospital).
3. Record the number of times this level exam has been taken.
4. Special Accommodations (Check Yes or No). If yes, attach a completed Special Accommodations form.
   (Available at [www.continentaltesting.net](http://www.continentaltesting.net) or [www.idph.state.il.us/ems](http://www.idph.state.il.us/ems))

**Part VIII - Child Support Information**
This information is required by the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. The application will not be processed without a child support status appropriately checked.

**Part IX - Certifying Statement**
1. The application must be signed and dated by the applicant. Signature certifies that all information is true and correct.

THE COMPLETED APPLICATION AND TESTING FEE SHOULD BE SUBMITTED TO YOUR EMS SYSTEM OR TRAUMA NURSE SPECIALIST COURSE COORDINATOR (WHICHEVER IS APPLICABLE).

2. Signatures of the EMS System Coordinator or Trauma Nurse Specialist Course Coordinator (whichever applicable) and the EMS Medical Director are required.

APPLICATIONS WITHOUT ALL REQUIRED SIGNATURES WILL NOT BE PROCESSED.

Online applications can be done at [www.continentaltesting.net](http://www.continentaltesting.net). If applying online, notify your EMS System (Resource Hospital) or Trauma Nurse Specialist Course Coordinator to provide authorization.

Upon completion of the application, Continental Testing Services will send a confirmation letter to each individual scheduled to test. The confirmation letter and a government issued photo id (driver's license or state identification card) are needed for entry into the exam.

The status of an application can be reviewed at [www.continentaltesting.net](http://www.continentaltesting.net).

Test results are posted at [www.continentaltesting.net](http://www.continentaltesting.net) approximately 5 business days after the test date. Continental Testing will send a test result letter to each test candidate.
The following materials are required to complete application for certification and licensure/certification.

1. Three page APPLICATION FOR EMS EXAMINATION AND LICENSURE/CERTIFICATION.
2. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
3. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.
B. FEES ARE NOT REFUNDABLE.
C. Disclosure of U.S. social security number is mandatory in accordance with the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. The social security number may be provided to the Illinois Department of Healthcare and Family Services to identify persons who are more than 30 days delinquent in complying with a child support order.

### PART I: Application Category Information

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<thead>
<tr>
<th>1. PROFESSION NAME</th>
<th>3. FEE</th>
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#### 2. PROFESSION CODE
- □ 600 EMT
- □ 601 AEMT/EMT-I
- □ 602 Paramedic
- □ 603 Trauma Nurse Specialist (TNS)
- □ 605 Pre-Hospital Registered Nurse (PHRN)

#### 4. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION
- □ This is the first time I have made application for this profession in Illinois.
- □ This is the second time I have made application for this profession in Illinois.
- □ This is the third time I have made application for this profession in Illinois. (Not applicable for TNS)
- □ Other

Explain: __________________________________________________________

### PART II: Applicant Information – You must notify the Illinois Department of Public Health – Division of Emergency Medical Systems and/or Continental Testing Services in writing, of any address changes after you file this application in order to receive any further information.

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<tr>
<th>1. NAME</th>
<th>2. U.S. SOCIAL SECURITY NO. <em>(Required)</em></th>
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<th>3. PERMANENT MAILING ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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<th>4. EMPLOYMENT</th>
<th>VOLUNTEER</th>
<th>FIRE DEPT</th>
<th>HOSPITAL</th>
<th>PRIVATE</th>
<th>INDEPENDENT</th>
<th>TRAUMA CENTER</th>
<th>NON-TRAUMA</th>
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<th>5. MAIDEN NAME <em>(If Applicable)</em></th>
<th>6. DRIVER’S LICENSE NUMBER</th>
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<th>7. STATE OF DRIVER’S LICENSE</th>
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<th>8. RACE <em>(Optional)</em></th>
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- □ African American
- □ Native American
- □ Asian
- □ Caucasian
- □ Hispanic
- □ Other

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<th>9. PLACE OF BIRTH</th>
<th>10. DATE OF BIRTH</th>
<th>11. GENDER</th>
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- Month / Day / Year
- □ Female
- □ Male

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<th>12. TELEPHONE NUMBER WHERE YOU MAY BE REACHED</th>
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<td>Work: (____<strong>) <strong><strong>-</strong></strong></strong> ____</td>
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<td>Home: (____<strong>) <strong><strong>-</strong></strong></strong> ____</td>
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<th>13. E-MAIL ADDRESS</th>
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## PART III: Education Information

1. PRELIMINARY EDUCATION (Check Appropriate Box)
   - High School Graduate
   - GED

2. NAME OF LAST SCHOOL ATTENDED
3. LAST SCHOOL LOCATION (City and State)
4. DATE OF GRADUATION
   - Month / Year

5. Additional Education (Check highest level)
   - Diploma Nurse
   - ADN
   - BS
   - BSN
   - MS/MSN
   - Doctorate

## PART IV: Record of Licensure/Certification Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below.

<table>
<thead>
<tr>
<th>STATE / COUNTY</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS</th>
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(If additional space is needed, attach a separate sheet.)

## PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS</th>
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(If additional space is needed, attach a separate sheet.)
PART VI: Personal History Information (Required Under 210 ILCS 50)

1. Have you been convicted of a felony? If yes, provide an explanation in your own words, a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. This information is required under penalty of perjury. ☐ Yes ☐ No

2. Have you ever had disciplinary action brought against you or a license you have held in Illinois or other state? If yes, provide an explanation of the circumstances for the action. ☐ Yes ☐ No

PART VII: Examination Coding Information (This part is for examination applicants only)

Complete the following:

1. Select the examination site you desire and enter Test Center Code:
   (Provided on Test Schedules) ☐ ☐ ☐

2. Enter your training program site code:
   (Provided by instructor or EMS System) ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Record the number of times you have taken this exam in Illinois or any other state:
   (Required) ☐ ☐

4. Do you require any special accommodations as required under the American Disabilities Act? Yes No
   If, yes, attach completed special accommodations request form and any other necessary documentation to application.

PART VIII: Child Support Information (Every applicant is required by law to respond to the following question)

In accordance with 5 Illinois Compiled Statutes 100/10-65(c) of the Illinois Administrative Procedure Act, applications for a license/certification shall include the applicant’s Social Security number. The applicant shall certify, under penalty of perjury his/her status in complying with a child support order. FAILURE TO CERTIFY SHALL RESULT IN DENIAL OF LICENSE/CERTIFICATION. FALSIFICATION OF THE CERTIFICATION MAY RESULT IN DISCIPLINARY ACTION AND/OR CONTEMPT OF COURT.

Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer “Not Applicable.”)

☐ No 2. ☐ Yes 3. ☐ Not Applicable

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

I UNDERSTAND THAT TESTING FEES FOR UNEXCUSED ABSENCES ARE NONREFUNDABLE.

Signature of Applicant ________________________________ Date ________________

This section for authorization by EMS Medical Directors, EMS System Coordinator and/or Trauma Nurse Specialist Course Coordinators ONLY

I certify that the above applicant is expected to successfully complete the approved training program, including the written and practical exams.

Signature of EMS Medical Director (Required) ________________________________ Signature of EMS System Coordinator (Required for EMT) ________________________________

Signature of Trauma Nurse Specialist Course Coordinator (Required for TNS) Date ________________