EMS License Renewal Request

Name (as written on license):						
License Held:	License Number:	Expiration Date:				
Agency:						

Category	NR/ EMR	Lead Instructor	EMT-B	EMT-I	EMT-P/PHRN
Airway	2	4	4	8	10
Including: skills labs					
Breathing,	3	6	6	8	8
Patient Assessment					
Circulation,	8	12	18	24	32
Trauma,					
Shock/Resuscitation,					
Pathophysiology					
Disability,	6	12	14	18	18
Medical,					
Behavioral,					
OB/infant/Children					
Environment,	5	6	10	14	16
Preparations					
/Operations,					
Special Population,					
Pharmacology					
Subtotal	24	40	52	72	84
Open topics	-	-	8	8	16
Total	-	-	60	80	100

Documentation Required ☐ CPR for Healthcare Provider ☐ Lead Instructor 40 hours and ☐ Course Evaluations ☐ ECRN 32 hours ☐ ACLS ☐ PHTLS, ITLS, TNS or TNCC ☐ PEPP, PALS or ENPC

EMS Office

□ Renewal received in EMS Office	Date:	By:
□ Renewal approved and processed	Date:	By:
□ Verify license printed with IDPH	Date:	By:

☐ Issue affecting renewal:___

Effective July 2015 for Region 3 EMS System Providers