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Extraordinary Care.

<b>POLICY:</b>	<b>400.09 LICENSE EXPIRATION EXTENSION WAIVER</b>		
<b>OWNER:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS		
<b>EFFECTIVE DATE: 2/16/2024</b>			<b>ORIGINAL EFFECTIVE DATE: 08/16</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

**I. Purpose:**

The process for an EMS Provider to obtain a waiver on their EMS License expiration date.

**II. Policy:**

IDPH CODE 515.150

All System personnel are required to fulfill the requirements for re--licensure as outlined in the System policies/procedures and the Illinois Department of Public Health Rules/Regulations. If, however, extenuating or extraordinary circumstances prevent the individual from fulfilling those requirements, the individual may petition the Morris Hospital Emergency Medical Services Medical Director and the Illinois Department of Public Health for an extension/waiver.

IDPH forms are available at <http://idph.illinois.gov/sites/default/files/forms/>.

- A. An extension/waiver will be requested for a 6 month time period.
- B. An extension/waiver will only be considered by the System in extreme hardship cases.
- C. Only one extension/waiver request will be granted every two (2) re-licensure periods (one every eight (8) years).
- D. Concurrent extension/waiver requests for re-licensure will not be approved.
- E. System EMS Personnel must petition the EMS MD in writing explaining the reason(s) an extension/waiver is necessary. When necessary utilize the System website page which is a link off the Morris Hospital webpage [www.morrishospital.org](http://www.morrishospital.org) to access the appropriate form attaching the request letter, copies of all current continuing education, and a current CPR card to the request.
- F. The EMS MD will review and if approved will forward to IDPH on the EMS Personnel's behalf.
- G. If approved, IDPH will forward a revised license to the EMS Personnel, at which time the EMS Personnel must meet all re-licensure requirements by the newly issued expiration date.

