



APPLICATION – PRINT IN INK OR TYPE

- Initial EMT Certification Fee - \$75\*:
- Reinstatement Certification Fee Lapse ≥ 2yr of Certification - \$150\*
- BASIC
- INTERMEDIATE 85
- PARAMEDIC

Mail application and required documents to: State Office of EMS and Trauma  
ATTN: Personnel Licensure  
2600 Skyland Drive - Lower Level  
Atlanta, GA 30319

\* The non-refundable fee must accompany this application. Payment must be in the form of Money Order, Business Check or Cashier's Check Only. MAKE ALL FEES PAYABLE TO "GEORGIA DEPARTMENT OF PUBLIC HEALTH"

PERSONAL INFORMATION

Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Last First M.I.  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

CERTIFICATION REQUIREMENTS - Applicant shall provide all listed information and/or documents

- Documentation attesting to current CPR credentials
- Copy of current NREMT Wallet Card NREMT Registry # \_\_\_\_\_
- Current NATIONAL CRIMINAL HISTORY REPORT generated no earlier than twelve (12) months prior to submitting an application for licensure that includes your name, birthdate and at least part of your SSN. Internet searches meeting the above criteria are accepted.
- Proof of completion of a state approved course
- Copy of your Federal or State Government Issued Photo Identification
- EMT-Paramedic Applicants:** Documentation attesting to current ACLS credentials.
- For ATP Applicants ONLY:** Passed Advanced Tactical Practitioner written exam and hold current credentials.

CERIFICATIONS

▶ Do you hold any other license(s) or certificate(s)? \_\_ Yes \_\_ No  
 Kind of Certificate/License and State of Issuance \_\_\_\_\_ Certificate/License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BACKGROUND DISCLOSURE

- ▶ Have you ever been arrested and/or convicted of any National, Federal, State or Local felony and/or misdemeanor offense in Georgia or in any other state or place? \_\_ Yes \_\_ No
- ▶ Are there any criminal charges pending against you? \_\_ Yes \_\_ No

If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s), date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports.

- ▶ Have you ever been denied the privilege of taking an examination given by any state licensing board or been denied a certificate or license? \_\_ Yes \_\_ No
- ▶ Have you ever resigned from any employment after a complaint or peer review action has been initiated against you? \_\_ Yes \_\_ No
- ▶ Have you ever voluntarily surrendered a certificate or license for any reason? \_\_ Yes \_\_ No
- ▶ Have you ever had a certification, accreditation or professional healing arts license suspended, revoked or placed on probation; and/or are you currently under investigation? \_\_ Yes \_\_ No

If you answered yes, attach a detailed written statement, signed and dated, describing the event, investigation, action, any corrective action, and/or remediation as a result of the action.

All applications are processed within 5-7 business days from the date received.

**Congratulations! Your willingness to serve Georgia's citizens as an EMS professional is appreciated!**



GEORGIA DEPARTMENT OF PUBLIC HEALTH

A Division of Emergency Preparedness & Response

GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

AFFIDAVIT OF APPLICANT

I acknowledge and state that I have read and answered all questions in compliance with this application. I acknowledge that it is my responsibility to read and become familiar with the Georgia Department of Public Health Rules and Regulations for Emergency Medical Services 111-9-2.

I further state that by filing this application for a license in the State of Georgia, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for practice as an EMS provider. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the content of the investigative report will be privileged, unless determined otherwise by the Board or Court Order.

I hereby release, discharge, and exonerate the Georgia Department of Public Health, its agents, representatives, and any person so furnishing information, from any and all liability of every nature and kind arise out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Department of Public Health. I authorize the Georgia Department of Public Health to release information, material, documents, orders of the like relating to me or to this application to any other agency of the State of Georgia, the licensing agency of any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital, or other agencies determined by the Board.

This is to certify that the foregoing information is true and correct to the best of my knowledge. I understand that any person who shall give false or forged evidence of any kind to the Board may be prosecuted to the fullest extent allowed by law.

Signature of Applicant

Date

Name Of Applicant

City

State

Being duly sworn, says that he/she is the person who executed this application for licensure as an EMS provider in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of applicant.

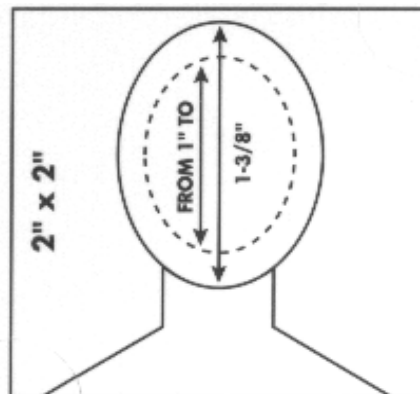
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public

My Commission Expires \_\_\_\_\_

(SEAL)

Attach Photo Here



Notary: **DO NOT** notarize this section unless a passport photograph is attached.



GEORGIA DEPARTMENT  
OF PUBLIC HEALTH

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Preparedness & Response

**GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA**

**LICENSE VERIFICATION FORM**

This form is used to verify the good standing of EMT or paramedic license or certification applicants who are licensed or certified by another state. Please note that you must submit a separate form for each license and/or certification you hold. Your application cannot be processed without this form.

**PART I: Completed by Applicant**

Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

► I am requesting Georgia license based on the following current license(s) or certification(s):  
\_\_\_\_\_ in the state of \_\_\_\_\_ AND by the National Registry of EMTs

Current certification(s) or license(s) in another state or issued by the National Registry of EMTs:

- EMT - Basic Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- EMT - Intermediate Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Paramedic Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Other (specify) \_\_\_\_\_  
Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PART II: Completed by the State Certifying Agency**

Please assist by verifying that this individual is currently certified and in good standing according to your certification policies.

- A. Is the above-referenced cited certificates(s) or license(s) deemed current and valid according to your policy? \_\_ Yes \_\_ No
- B. Has the above certification(s) or license(s) ever been revoked or suspended? \_\_ Yes \_\_ No  
If yes, please explain \_\_\_\_\_
- C. Has the above listed individual ever been convicted of a felony? \_\_ Yes \_\_ No  
If yes, what was the offense? \_\_\_\_\_  
Date of conviction \_\_\_\_\_ Place of conviction \_\_\_\_\_
- D. Do you know of any reason licensure in Georgia should be denied? \_\_ Yes \_\_ No  
If yes, please explain \_\_\_\_\_

Verifying Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

(For OEMS Use Only)

Application Documents	Application Fee	Certification Status
<input type="checkbox"/> Application Complete	Type: __ M/O __ C/C __ B/C	Status: __ Approved __ Denied
<input type="checkbox"/> Government Photo ID	CH # _____	Date: ____/____/20____
<input type="checkbox"/> Course Completion	Date: ____/____/20____	License # _____
<input type="checkbox"/> NREMT Card	Amount Recv'd: \$ _____	Exp Date: ____/____/20____
<input type="checkbox"/> CPR Credentials	Recv'd by: _____	Notes: _____
<input type="checkbox"/> Nat'l Criminal Background		_____
<input type="checkbox"/> Other Certifications (ATP, ACLS, etc)		_____