



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

EMS PERSONNEL INFORMATION CHANGE

Type or block print only.

PERSONAL INFORMATION CURRENTLY ON FILE WITH OEMS (Please Complete All Fields)

1. Name	First Name Middle Name Last Name Suffix (i.e., Jr., Sr., II, III, N/A) <div style="display: flex; justify-content: space-between;"> EMT # Advanced EMT # </div> <div style="display: flex; justify-content: space-between;"> EMT Intermediate # Paramedic # </div> <div style="display: flex; justify-content: space-between;"> Cardiac Technician # </div>
2. Social Security Number	U.S. Social Security Number <div style="display: flex; justify-content: space-around; align-items: center;"> - - *SSN is required and will be kept confidential and used for Internal Identification purposes only. </div>

PERSONAL INFORMATION CHANGE - Check and Complete all that apply

Name <small>(If your name has changed due to marriage, divorce, legal action, etc. attach a copy of legal documentation)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">From:</td> <td style="width: 30%;">Last Name</td> <td style="width: 30%;">First Name</td> <td style="width: 20%;">Middle Name</td> </tr> <tr> <td>To:</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> </tr> </table>	From:	Last Name	First Name	Middle Name	To:	Last Name	First Name	Middle Name
From:	Last Name	First Name	Middle Name						
To:	Last Name	First Name	Middle Name						
Social Security Number	U.S. Social Security Number <div style="display: flex; justify-content: space-around; align-items: center;"> - - *SSN is required and will be kept confidential and used for Internal Identification purposes only. </div>								
Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 50%;">Year</td> </tr> </table>	Month	Day	Year					
Month	Day	Year							
Gender	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Male</td> <td style="width: 50%;">Female</td> </tr> </table>	Male	Female						
Male	Female								
Race	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">African American</td> <td style="width: 25%;">Caucasian</td> <td style="width: 25%;">Hispanic</td> <td style="width: 25%;">Multiracial</td> </tr> </table>	African American	Caucasian	Hispanic	Multiracial				
African American	Caucasian	Hispanic	Multiracial						

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 DEPARTMENT MAY BE PROSECUTED UNDER OFFICIAL CODE OF GEORGIA SECTION § 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE.

SIGNATURE

DATE

Complete and Return to: **Office of EMS and Trauma**
Georgia Department of Public Health
1680 Phoenix Boulevard, Suite 200
Atlanta, GA 30349

You may also fax the completed form to 770-996-7656.

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