



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

**GEORGIA EMS LICENSURE RENEWAL APPLICATION**

**APPLICATION - PRINT IN INK OR TYPE**

**For Georgia EMS Licenses Expiring on March 31, 2017**

<p>The \$75.00 renewal fee must accompany this application.  <b>*** Renewal forms must be postmarked by March 31, 2017 in order to avoid additional late fees.</b></p> <p style="text-align: center;"><b>MAKE ALL FEES PAYABLE TO          "GEORGIA DEPARTMENT OF PUBLIC HEALTH"</b></p>	<p><b>Mail application and payment to:</b>  <b>Personnel Licensing</b>  <b>Office of EMS and Trauma</b>  <b>Georgia Department of Public Health</b>  <b>2600 Skyland Drive NE - Lower Level</b>  <b>Brookhaven, GA 30319</b></p>
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**\*Payment must be in the form of Money Order, Business Check or Cashier's Check Only. NO PERSONAL CHECKS ACCEPTED.**

**PERSONAL INFORMATION**

<b>Name</b>	First Name	Middle Name	Last Name		
<b>Social Security Number</b>	- - - <b>*SSN is required and will be kept confidential and used for Internal Identification purposes only.</b>				
<b>License Type</b>	EMT	EMT-INTERMEDIATE	ADVANCED EMT	CARDIAC TECHNICIAN	PARAMEDIC
<b>License Number</b>					
<b>Mailing Address</b>	1st Line Address (P.O. BOX, Apartment, Suite, etc.)		2nd Line Address (Number and Street)		
	City	State	Zip Code		
	Phone Number		E-mail Address		

**BACKGROUND DISCLOSURE**

- |   |     |    |
|---|-----|----|
| <b>▶ Have you been arrested in Georgia or in any other state or place since the last renewal cycle?</b>                                       | Yes | No |
| <b>▶ Have you been convicted of any felony or misdemeanor offense in Georgia or in any other state or place since the last renewal cycle?</b> | Yes | No |
| <b>▶ Are there any criminal charges pending against you?</b>  | Yes | No |

If you answered "YES" to any 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.

**LICENSE RENEWAL REQUIREMENTS**

- ▶ If you are a US Citizen, did you previously submit the Verification of Lawful US Residency Form and provide a copy of a secure and verifiable document during the previous renewal cycle, or with your initial license application with the Office of EMS?**
- Yes      No **\*\***

**\*\*** If you answered "NO" or *you are not a US Citizen*, download the Verification of Lawful US Residency form using the following link [Download Form](#) and mail the completed, notarized form along with an approved secured and verifiable document to the Office of EMS at the address above.

- ▶ Have you completed the forty hours of continuing education course work for your level?**
- Yes      No

You must complete forty hours of Continuing Education course work for your licensure level prior to renewing your EMT license. Information regarding these requirements can be found on our website at [Personnel Continuing Education](#).

I do hereby affirm that I have successfully completed the license renewal requirements of forty hours of approved continuing education as outlined by the Office of EMS and Trauma (OEMS) in the Department of Public Health (DPH) Rules and Regulations for Emergency Medical Services licensees Chapter 511-9-2 for this renewal period. I am currently certified in BLS and if applicable, in ACLS. By affixing my signature below, I affirm that the information provided on this form is correct to the best of my knowledge and that any fraudulent entry may be considered as sufficient cause for any rejection or subsequent revocation of my license.

SIGNATURE

DATE