Georgia Department of Public Health

GEORGIA OFFICE OF EMS AND TRAUMA

Licensed EMS Personnel Information - Supplemental Form A

Employer Identification Number

Full Name (As it appears on Georgia License)	**Level of Licensure**	**Georgia License Number**	**Georgia License Expiration Date**	**Employment Status**	**CPR Expiration Date**	**ACLS Expiration Date**

Form Updated 4/10/2017