



Voluntary Surrender of EMS License

Form C-09-A

GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Date:

Name of EMS Personnel:

Address:

EMS License Number(s):

I affirm that I am the above referenced licensed Emergency Medical Services (EMS) provider and I hereby submit this Voluntary Surrender of License affidavit, surrendering my license(s), number(s) , issued to me by the Georgia Office of Emergency Medical Services. I understand that as a result of my surrender of these license(s) I am no longer licensed to serve under the surrendered license(s) and will notify any EMS employer of such.

I further understand that in order to again become a licensed EMS provider in Georgia I will have to meet the requirements set forth by the Office of EMS, up to and including successfully completing the initial education (i.e. – a State-Approved EMT Training Course); and, passing and/or maintaining successful completion of the initial EMS license examination (i.e. – NREMT Examination). I have been provided with a copy of the Voluntary Surrender of an Emergency Medical Services License Policy and the Department of Human Resources EMS Rule 511-9-2-.12 that is in effect as of this date.

This Voluntary Surrender of License must include a summary of the reason for the surrender. Please give a brief summary or description of the reason for the license surrender:

I understand and have knowledge of the consequences of signing this document, and have been given the opportunity to ask questions.

Name: _____

Signature: _____

Date: _____

SWORN TO and subscribed before me on the _____ day of _____ 200__.

Notary Seal or Stamp

Signature of Notary Public, State of Georgia

Notary's Printed or Typed Name

Notary's Commission Expires