



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

NOTICE OF ARREST OR CRIMINAL CHARGE

GENERAL INFORMATION

Standards of Conduct for Licensees

511-9-2-.18(14): A licensee shall report to the department within ten days the bringing of any criminal charges against the licensee, whether by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.

Complete and Return Form to:

Office of EMS and Trauma
Attn: Compliance Section
2600 Skyland Drive NE - Lower Level
Brookhaven, GA 30019

LICENSEE INFORMATION

Name

Address

Street Name

City

State

Zip Code

Phone Number

Email Address

License Information

EMT

EMI-I

AEMT

Paramedic

CT

Instructor

License Number

Primary Employer

REPORTABLE EVENT

Date of Event

City/County of Event

Criminal Charge(s):

Do you have legal representation?

Yes

No

If Yes, please provide the name and contact information of your legal representative:

Attorney's Name

Law Firm

Phone Number

Email Address

ATTACHMENTS

Attach copies of all applicable documents, including but not limited to: 1) arrest report(s); 2) arrest warrant(s); 3) criminal accusation(s); 4) indictment(s); and 5) personal statement.

ATTESTATION

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

Signed this day of , 20 .

SIGNATURE