Georgia Department of Public Health

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)

☐ **EMT** #

☐ **Advanced EMT** #

☐ **EMT Intermediate** #

☐ **Paramedic** #

☐ **Cardiac Technician** #

2. Social Security Number

U.S. Social Security Number

*SSN is required to apply for an EMT license and will be kept confidential and used for Internal Identification purposes only.

PERSONAL INFORMATION CHANGE - Check and Complete all that apply

☐ **Name**

(If your name has changed due to marriage, divorce, legal action, etc. attach a copy of legal documentation)

From: Last Name / First Name / Middle Name

To: Last Name / First Name / Middle Name

☐ **Social Security Number**

U.S. Social Security Number

*SSN is required to apply for an EMT license and will be kept confidential and used for Internal Identification purposes only.

☐ **Date of Birth**

Month / Day / Year

☐ **Gender**

☐ Male ☐ Female

☐ **Race**

☐ 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:

Personnel Licensing
Office of EMS & Trauma
Georgia Department of Public Health
2600 Skyland Drive NE - Lower Level
Brookhaven, GA 30319

You may also fax the completed form to 404-679-0526

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

Form Updated 06/09/2016