


**APPLICATION – PRINT IN INK OR TYPE**

<input type="checkbox"/> Initial EMT Certification Fee - <b>\$75*</b> <input type="checkbox"/> Reinstatement Certification Fee - <b>\$150*</b> <input type="checkbox"/> EMT <input type="checkbox"/> INTERMEDIATE 85 EMT <input type="checkbox"/> ADVANCED EMT <input type="checkbox"/> PARAMEDIC	Mail application and required documents to: <b>State Office of EMS and Trauma</b> <b>ATTN: Personnel Licensure</b> <b>2600 Skyland Drive - Lower Level</b> <b>Atlanta, GA 30319</b>
*The <u>non-refundable</u> fee must accompany this application. Payment must be in the form of Money Order, Business Check or Cashier's Check Only.	
MAKE FEES PAYABLE TO <b>"GEORGIA DEPARTMENT OF PUBLIC HEALTH"</b>	

## PERSONAL INFORMATION

<b>Legal Name</b> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div> <b>Address</b> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>City</span> <span>County</span> </div> <b>Phone</b> (____) _____ - _____ <b>E-Mail</b> _____	<b>SSN*</b> _____ - _____ - _____ <small>*SSN is required to apply for an EMT license and will be kept confidential and used for internal identification purposes only.</small>  <b>Birth Date</b> _____ - _____ - _____ <b>State</b> _____ <b>Zipcode</b> _____
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**INITIAL CERTIFICATION REQUIREMENTS - Applicant shall provide all listed information and/or documents**

<p><input type="checkbox"/> <b>EMT Course Information:</b> School / Course Name _____ Completion Date ____ - ____ - ____ County _____</p> <p><input type="checkbox"/> <b>NREMT Registry #</b> _____ Expiration Date ____ - ____ - ____</p> <p><input type="checkbox"/> <b>Fingerprint Background Check</b> via the Georgia Applicant Processing Services (GAPS) at <a href="http://www.cogentid.com">www.cogentid.com</a> ORI/OAC: <b>GA922993Z</b> <i>detailed instructions on</i> Verification Code: <b>GAEMS</b> <i>reverse side.</i></p> <p><input type="checkbox"/> <b>Verification of Lawful US Residency &amp; Copy of Verifiable Documents</b></p>	<p><input type="checkbox"/> <b>Recent Color 2" x 2" Photo</b></p> <div style="border: 1px solid black; padding: 10px; text-align: center;"></div> <p style="text-align: right;">Attach Photo Here</p>
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## BACKGROUND DISCLOSURE

► Have you ever been arrested or convicted of any felony or misdemeanor offense in Georgia or in any other state or place? \_\_\_ Yes \_\_\_ No

► Are there any criminal charges pending against you? \_\_\_ Yes \_\_\_ No

If you answered yes to either 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.

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► Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? \_\_\_ Yes \_\_\_ No

If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action, and/or remediation as a result of the action.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE, AND THAT I WILL NOTIFY THE OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA IN WRITING OF ANY CHANGE IN MY EMPLOYMENT AGENCY, HOME OR MAILING ADDRESS, TELEPHONE NUMBER OR EMAIL ADDRESS. I UNDERSTAND THAT ANYONE WHO MAKES FALSE STATEMENTS TO THE DEPARTMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION UNDER OFFICAL CODE OF GEORGIA SECTION 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

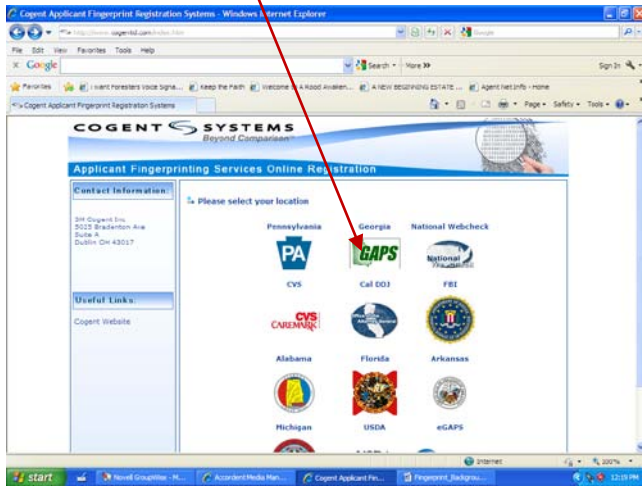
**In order for your license application to be processed, your exam results and course completion materials must be in the Georgia Office of EMS database. Once all documentation is confirmed, your license will be mailed to you. Applications are processed within 5-7 business days.**

**Congratulations! Your willingness to serve Georgia's citizens as an EMS professional is appreciated!**

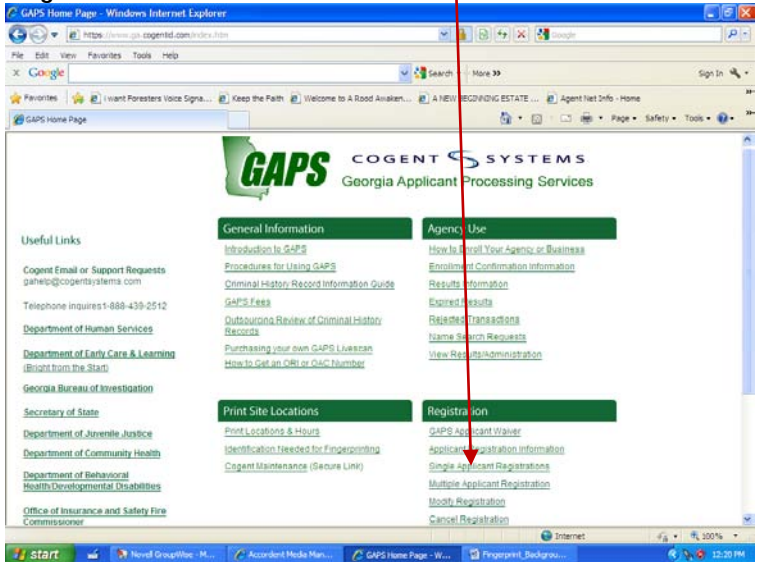
# Fingerprint Background Check instructions

As of January 3rd, 2012 fingerprint background checks are required. You can obtain your background check by login to [www.cogentid.com](http://www.cogentid.com)

## Step 1: click on GAPS



## Step 2: Under the Registration tab, select the Single Applicant Registration link.



## Step 3: Fill out the Applicant Registration Form

Below is the information you will need when completing the **APPLICANT REGISTRATION** screen.

**\*\*\* Select Emergency Medical Services Personnel as the reason.**

### ORI or OAC Number

ORI/OAC: **GA922993Z**

### Agency Verification Code (AVC):

Verification Code: **GAEMS**



## GEORGIA DEPARTMENT OF PUBLIC HEALTH

### Verification of Lawful U.S. Residency for License Application O.C.G.A. Section 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[Check one of the following]

- (1) \_\_\_\_\_ A citizen of the United States;
- (2) \_\_\_\_\_ A legal permanent resident of the United States;
- or*
- (3) \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number \_\_\_\_\_.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). The secure and verifiable document is my \_\_\_\_\_.

***The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.***

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face criminal penalties authorized by that statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name Of Applicant

Subscribed and sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]