



EMS OUT-OF-STATE LICENSURE APPLICATION
GEORGIA STATE OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA
Form C-08-B

APPLICATION – PRINT IN INK OR TYPE

- ☐ Initial EMT Certification Fee - **\$75***
☐ Reinstatement Certification Fee - **\$150***
☐ EMT ☐ INTERMEDIATE 85 EMT
☐ ADVANCED EMT ☐ PARAMEDIC

Mail application
and required
documents to:

State Office of EMS and Trauma
ATTN: Personnel Licensure
2600 Skyland Drive - Lower Level
Atlanta, GA 30319

* The non-refundable fee must accompany this application. Payment must be in the form of Money Order, Business Check or Cashier's Check Only. MAKE ALL FEES PAYABLE TO "GEORGIA DEPARTMENT OF PUBLIC HEALTH"

PERSONAL INFORMATION

Legal Name _____
Last First M.I.

SSN* _____ - _____ - _____

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

Address _____

Birth Date _____ - _____ - _____

City _____ County _____

State _____ Zipcode _____

Phone (____) _____ - _____ E-Mail _____

CERTIFICATION REQUIREMENTS - Applicant shall provide all listed information and/or documents

- ☐ Signed & Notarized **Verification of Lawful US Residency**
☐ Copy of current NREMT Wallet Card
NREMT Registry # _____
☐ **Fingerprint Background Check** via the Georgia Applicant Processing Services (GAPS) at www.cogentid.com
ORI/OAC: **GA922993Z** *detailed directions on reverse side*
Verification Code: **GAEMS**
☐ Documentation attesting to current CPR credentials
- ☐ Copy of your Federal or State Government Issued Photo Identification
☐ Signed & Notarized **Affidavit of Applicant**
☐ **Paramedic Applicants:** Documentation attesting to current ACLS credentials.
☐ **ATP Applicants:** Passed Advanced Tactical Practitioner Exam and hold current credentials.
☐ **License Verification Form**

CERTIFICATIONS

► Do you hold any other license(s) or certificate(s)? ___ Yes ___ No

Kind of Certificate/License and State of Issuance _____ Certificate/License Number _____ Date Issued _____

BACKGROUND DISCLOSURE

- Have you ever been arrested and/or convicted of any National, Federal, State or Local felony and/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.

- Have you ever been denied the privilege of taking an examination given by any state licensing board or been denied a certificate or license? ___ Yes ___ No
► Have you ever resigned from any employment after a complaint or peer review action has been initiated against you? ___ Yes ___ No
► Have you ever voluntarily surrendered a certificate or license for any reason? ___ Yes ___ No
► Have you ever had a certification, accreditation or professional healing arts license suspended, revoked or placed on probation; and/or are you currently under investigation? ___ Yes ___ No

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

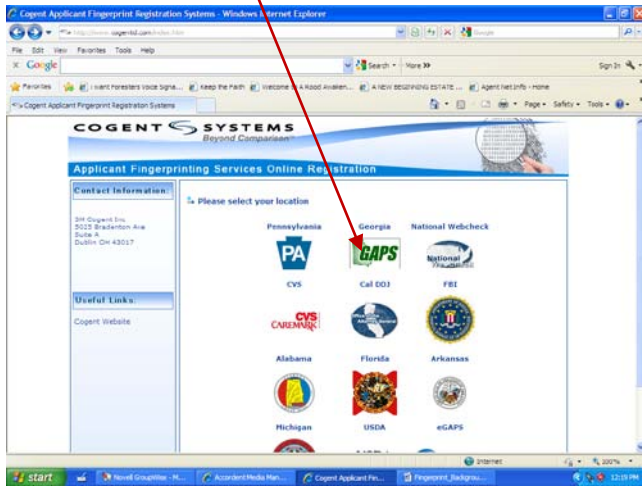
All applications are processed within 5-7 business days from the date received.

Thank you! Your willingness to serve Georgia's citizens as an EMS professional is appreciated!

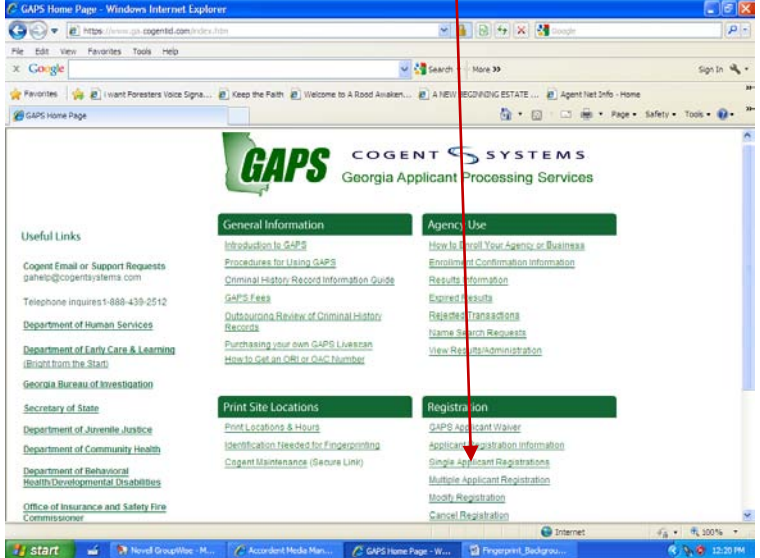
Fingerprint Background Check instructions

As of January 3rd, 2012 fingerprint background checks are required. You can obtain your background check by login to www.cogentid.com

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**



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EMS OUT-OF-STATE LICENSURE APPLICATION
GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA
AFFIDAVIT OF APPLICANT

I acknowledge and state that I have read and answered all questions in compliance with this application. I acknowledge that it is my responsibility to read and become familiar with the Georgia Department of Public Health Rules and Regulations for Emergency Medical Services 511-9-2.

I further state that by filing this application for a license in the State of Georgia, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for practice as an EMS provider. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the content of the investigative report will be privileged, unless determined otherwise by the Department of Public Health or Court Order.

I hereby release, discharge, and exonerate the Georgia Department of Public Health, its agents, representatives, and any person so furnishing information, from any and all liability of every nature and kind arise out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Department of Public Health. I authorize the Georgia Department of Public Health to release information, material, documents, orders of the like relating to me or to this application to any other agency of the State of Georgia, the licensing agency of any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital, or other agencies determined by the Department of Public Health.

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 Board may be prosecuted to the fullest extent allowed by law.

Signature of Applicant

Date

Name Of Applicant

City State

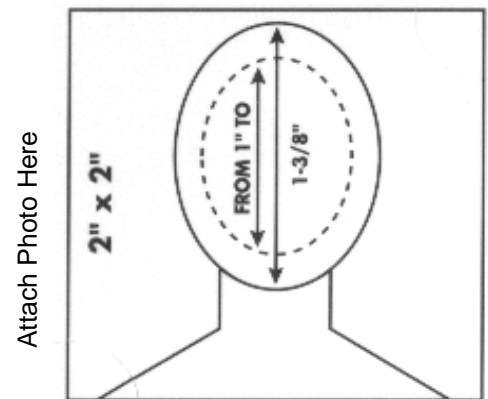
Being duly sworn, says that he/she is the person who executed this application for licensure as an EMS provider in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of applicant.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

(SEAL)



Notary: DO NOT notarize this section unless a passport photograph is attached.



Form C-08-B
EMS OUT-OF-STATE LICENSURE APPLICATION
GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA
LICENSE VERIFICATION FORM

This form is used to verify the good standing of EMT or paramedic license or certification applicants who are licensed or certified by another state. Please note that you must submit a separate form for each license and/or certification you hold. Your application cannot be processed without this form.

PART I: Completed by Applicant

Legal Name: _____ SSN: _____ - _____ - _____

Current Address: _____

► I am requesting Georgia license based on the following current license(s) or certification(s):
_____ in the state of _____ AND by the National Registry of EMTs

Current certification(s) or license(s) in another state or issued by the National Registry of EMTs:

- | | | | |
|--------------------------|-----------------------------------|---------|-----------------------|
| <input type="checkbox"/> | EMT - Basic Certificate | # _____ | Expiration Date _____ |
| <input type="checkbox"/> | EMT - Intermediate 85 Certificate | # _____ | Expiration Date _____ |
| <input type="checkbox"/> | Advanced EMT Certificate | # _____ | Expiration Date _____ |
| <input type="checkbox"/> | Paramedic Certificate | # _____ | Expiration Date _____ |
| <input type="checkbox"/> | Other (specify) _____ | # _____ | Expiration Date _____ |

PART II: Completed by the State Certifying Agency

Please assist by verifying that this individual is currently certified and in good standing according to your certification policies.

- A. Is the above-referenced cited certificates(s) or license(s) deemed current and valid according to your policy? _____ Yes _____ No
- B. Has the above certification(s) or license(s) ever been revoked or suspended? _____ Yes _____ No
If yes, please explain _____

- C. Has the above listed individual ever been convicted of a felony? _____ Yes _____ No
If yes, what was the offense? _____
Date of conviction _____ Place of conviction _____
- D. Do you know of any reason licensure in Georgia should be denied? _____ Yes _____ No
If yes, please explain _____

Verifying Person's Name: _____ Title: _____

Agency Name: _____ State: _____

Phone Number: _____ Ext: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

(For OEMS Use Only)

Application Documents	Application Fee	Certification Status
<input type="checkbox"/> Application Complete	Type: ___ M/O ___ C/C ___ B/C	Status: ___ Approved ___ Denied
<input type="checkbox"/> Government Photo ID	Bank: _____	Date: ___/___/20___
<input type="checkbox"/> Residency Verification	CH # _____	License # _____
<input type="checkbox"/> NREMT Card	Date: ___/___/20___	Exp Date: ___/___/20___
<input type="checkbox"/> CPR Credentials	Amount Recv'd: \$ _____	Notes: _____
<input type="checkbox"/> Cogent Background	Recv'd by: _____	_____
<input type="checkbox"/> Other Certifications (ATP, ACLS, etc)		_____



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)]