



Georgia Office of EMS and Trauma

LEVEL I – EMS Instructor Medical Director Support

This form is used to indicate the support of a Local EMS Medical Director for the application the person listed below for the Georgia EMS Instructor License – Level I.

APPLICANT FULL NAME: _____

DATE OF BIRTH: _____

SSN (last 4): _____

MEDICAL DIRECTOR INFORMATION

Medical Director Name

Georgia Medical Board License Number

EMS Agency Name (where the physician is a Medical Director)

AGREEMENT

I am a physician licensed to practice medicine in Georgia and have agreed to support the application for EMS Instructor Level I Licensure for the applicant listed on this form.

SIGNATURES

Printed Name of EMS Medical Director

Signature

Date