



Georgia Office of EMS and Trauma Medic Payment Form

This form is used to submit a mailed payment for personnel licensure fees. You must complete the online application at <https://www.mygemsis.org/lms> PRIOR to submitting a payment using this form.

MEDIC/APPLICANT NAME: _____

DATE OF BIRTH: _____

SSN (last 4): _____

License Number (if renewal): _____

Application Type:

Initial/Reinstatement License Fee	License Renewal (prior to expiration date)	Late License Renewal
\$75.00	\$75.00	\$150.00

Application Level – Circle One **EMT** **EMT-Intermediate*** **AEMT** **CT*** **Paramedic**

**EMT-Intermediate and CTs are for renewals only.*

Mailed payments for medic licensure must either be a money order, business check or cashier’s check. No other payment will be accepted. Payments must be made payable to “Georgia Department of Public Health”.

Please complete this form and mail it and your payment to:

**Georgia Office of EMS and Trauma
ATTN: Payment for (list your name here)
1680 Phoenix Blvd, Ste 200
Atlanta, GA 30349**

Applications will not be processed until payment is received in FULL.

Deposited:	Scanned:	Uploaded to LMS:
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