



GEORGIA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMS AND TRAUMA

1680 Phoenix Blvd., Suite 200 | Atlanta, GA 30349
Phone: (770) 996-3133 | Fax: (770) 996-7656

LICENSE VERIFICATION FORM

The State of Georgia Office of EMS and Trauma requires a separate license verification form for each state/territory/region where an applicant holds a healthcare license/certification. The Georgia initial EMS license application cannot be processed without this form.

SECTION A TO BE COMPLETED BY APPLICANT

Applicant's Name: Last Suffix First Middle

Current Address: Street Name and Number City State Zip Code

DOB: Last 4 Digit SSN: GA License Level Applying for:

Applicant Signature:

SECTION B TO BE COMPLETED BY STATE OFFICIAL OR CREDENTIALING AGENCY

Applicant licensed in your state? NEVER LICENSED CURRENTLY LICENSED PREVIOUSLY LICENSED

Table with 6 columns: License Type, License Level, License Number, License Issue Date, License Expiration Date, License Status/Standing\*. Rows include EMS Provider/Medic License, EMS Instructor License, and Other Healthcare Provider License.

\*Has the applicant's license(s) ever been revoked, suspended, or had any other disciplinary action or sanction imposed, or is the applicant currently under investigation? NO YES

IF YES, please explain (attach additional pages if necessary):

Do you recommend granting the applicant licensure in Georgia? NO YES

AGENCY STATE/NAME & PERSON COMPLETING THE LICENSE VERIFICATION

Agency State: Agency Name:

Printed Name of Official: Title:

Signature: Date Signed

Phone: Fax: Email Address:

The licensing/credentialing agency completing this form can submit the completed form to: Email: oems-licensing@dph.ga.gov OR Fax: (770) 996-7656

