



Georgia Office of EMS and Trauma

Voluntary Surrender of EMS Medic AND/OR EMS Instructor License

Complete and scan the form to a PDF file format and email it to dph-phemsinfo@dph.ga.gov

DATE: _____

Please specify license(s) to surrender:

EMS Medic License

EMS Instructor or Instructor/Coordinator License

PERSONAL INFORMATION – TO BE COMPLETED BY THE APPLICANT

Licensee's Name: _____
Last Suffix First Middle

Current Address: _____
Street and Number City State Zip Code

Medic License Number: _____ Instructor or Instructor/Coordinator License Number: _____

Contact Number: _____ Email Address: _____

CERTIFICATION STATEMENTS

I affirm that I am the above referenced licensed Emergency Medical Services (EMS) provider/Instructor and I hereby submit this Voluntary Surrender of License affidavit, surrendering my license issued to me by the Georgia Office of EMS and Trauma. I understand that as a result of my surrender of this license I am no longer licensed to serve under the surrendered license and will notify any EMS employer of such.

I also understand that if I surrender my Medic license, my Instructor or Instructor/Coordinator license will be surrendered due to not meeting the requirements of the Department for Instructor licenses.

I further understand that in order to become a licensed EMS provider or EMS Instructor or Instructor/Coordinator again within the State of Georgia, I will have to meet the requirements set forth by Office of EMS and Trauma Rules and Regulations, up to and including successfully completing the initial education (i.e. a State-approved initial education course); obtain a current/valid national registration with the National Registry of Emergency Medical Technicians (NREMT) and may not have had any open or incomplete investigations regarding my previous license(s).

Please provide a brief summary below of the reason for Voluntarily Surrendering the license with The Office of EMS and Trauma.

SIGNATURES – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES

I understand and have knowledge of the consequences of signing this document and have been given the opportunity to ask questions.

Printed Name of Licensee

Signature of Licensee

Date Signed

NOTARY

Subscribed and sworn before this _____ (stamp)
day of _____, 20__.

Notary Public
