



TENNESSEE DEPARTMENT OF HEALTH
 DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
 665 MAINSTREAM DRIVE, 2ND FLOOR
 NASHVILLE, TENNESSEE 37243
 TELEPHONE: 615-741-2584

**EMS LICENSURE/CERTIFICATION
 APPLICATION**

LIC/CERT LEVEL REQUESTING: EMR EMT EMT-IV AEMT
 PARAMEDIC PARAMEDIC-CRITICAL CARE EMD

SSN: _____ CLASS #: _____ DOB: _____
 MM DD YYYY

NAME: _____
 LAST FIRST MIDDLE (JR., II, III)

MAILING ADDRESS: _____
 (STREET /PO BOX/ROUTE) (CITY/STATE/ZIP)

PERSONAL TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Yes No

EMAIL ADDRESS: _____

RACE: White Black Native Asian Hispanic Other
 GENDER: Male Female
 HIGH SCHOOL DIPLOMA: Yes No
 GED: Yes No

Are you currently or have you ever been licensed/certified in other states or with the national registry? Yes No
 If yes, list below:

STATE: _____ LEVEL: _____ LIC/CERT #: _____ EXPIRATION DATE: _____

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If you answer yes to any of the questions below, give details on a separate sheet including circumstances with appropriate dates. Attach a certified copy of court records if convicted of any law violation.

Have you ever been convicted for a violation of the law other than a minor traffic violation? Yes No

Have you ever or are you now addicted to any alcohol or drugs? Yes No

Has your license/certification to practice in any state ever been reprimanded, suspended, restricted, revoked or is it under threat of disciplinary action? Yes No

I certify that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my certification/license.

SIGNATURE: _____ DATE: _____

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."