

Office Use Only
File #



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
HERITAGE PLACE, METRO CENTER
227 FRENCH LANDING, SUITE 303
NASHVILLE, TENNESSEE 37243
TELEPHONE: 615-741-2584

EMS LICENSURE/CERTIFICATION APPLICATION

LIC/CERT LEVEL REQUESTING: FIRST RESPONDER EMT – IV PARAMEDIC EMD

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

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

MAILING ADDRESS: _____
STREET ADDRESS

_____ CITY COUNTY STATE ZIP

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

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: _____

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

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

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

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."