



OFFICE USE ONLY	
707 - 1st Responder	_____
718 - EMT, IV, PM	_____
719 - EMD	_____

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

AFFIDAVIT OF RETIREMENT OF EMS LICENSE FROM PRACTICE IN TENNESSEE

I, _____
Last Name
First Name
Middle Initial

of _____
Street Address
City
State
Zip

Social Security # _____ Home Phone # (____) _____

who is licensed to practice as a/an _____ in Tennessee under
(Level of License)

the license number _____ issued on _____
Month
Day
Year

do solemnly swear that I have retired from practice as the Professional listed above in the State of
 Tennessee on this date _____
Month
Day
Year

 Signature of Licensee

Subscribed and sworn before me this _____ day of _____

at _____
City
State

Notary Seal

Notary Public _____

My Commission Expires _____