



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

EMS MISCELLANEOUS FEES

Name: _____
Last First MI (Jr., Sr., etc.)

Address: _____
Street City/State Zip

Social Security Number: _____ **Telephone:** (____) _____

Select One:

EMR **EMT** **AEMT/EMT IV** **Paramedic** **EMD**

Signature: _____ **Date:** _____

This form must be completed, signed and dated to insure processing.

Please check the appropriate box and submit this form with the total fee by a personal or certified check (**no cash**). Payment should be made payable to **TDH-EMS**. **Fees must be paid before request can be processed.**

<input type="checkbox"/> Duplicate Wall License	\$ 10.00
<input type="checkbox"/> Verification of Licensure for another State	\$ 15.00
<input type="checkbox"/> Document Copies (per page)	\$ 0.50
<input type="checkbox"/> Civil Penalty	\$ _____

TOTAL FEE: \$ _____