

TENNESSEE ONLINE LICENSE APPLICATION FOR HEALTHCARE PROFESSIONALS

Welcome to TN Department of Health, Division of Health Licensure and Regulation, Office of Emergency Medical Services new Online License Application. The following steps will assist you in completing an online license application and making payments. Please contact our office at 615-741-2584 for assistance should you have problems with completing the application. This is a very user friendly application and should be quick and easy to complete. Once you have created your online account please make a note of your user ID and password for future logins.

Step 1: **Enter the URL below in your browser**

<https://lars.tn.gov>

The application currently cannot be accessed through Microsoft Edge, but is accessible on all other browsers.

Step 2: **Create Your Account**

Click the “Begin Here For Sign-up”

Online Licensing Service

Returning User

* * * are required.

*User ID:

*Password:

[Forgot password?](#) [Forgot user ID?](#)

New User

[Begin Here For Sign-up](#)

You must create an online account even if you already use e-Services. Your online account is separate from your e-Services account.

Sign-up and manage your licenses

Welcome to online licensing System. If you are a new user please sign up using the link to the left or if you are an existing user sign in using your credentials.

⚠ Microsoft EDGE browser is currently not supported

Use of this system constitutes consent to monitoring, interception, recording, reading, copying or capturing by authorized personnel of all activities. There is no right to privacy in this system. Unauthorized use of this system is prohibited and subject to criminal and civil penalties.

Secure System

Step 3: User Registration

All information with an “*” must be completed. [You must have a valid email address.](#)

tn.do?from=loginPage Search



[Login](#) | [Contact Us](#)

User Registration

Enter your details and press "Next".
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name:
Second Name:
* Last Name:

Account Login

* Email: (e.g. name@domain.com)
* Confirm Email:
Use email address as user id:
* User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:
* Secret Answer:

Communication

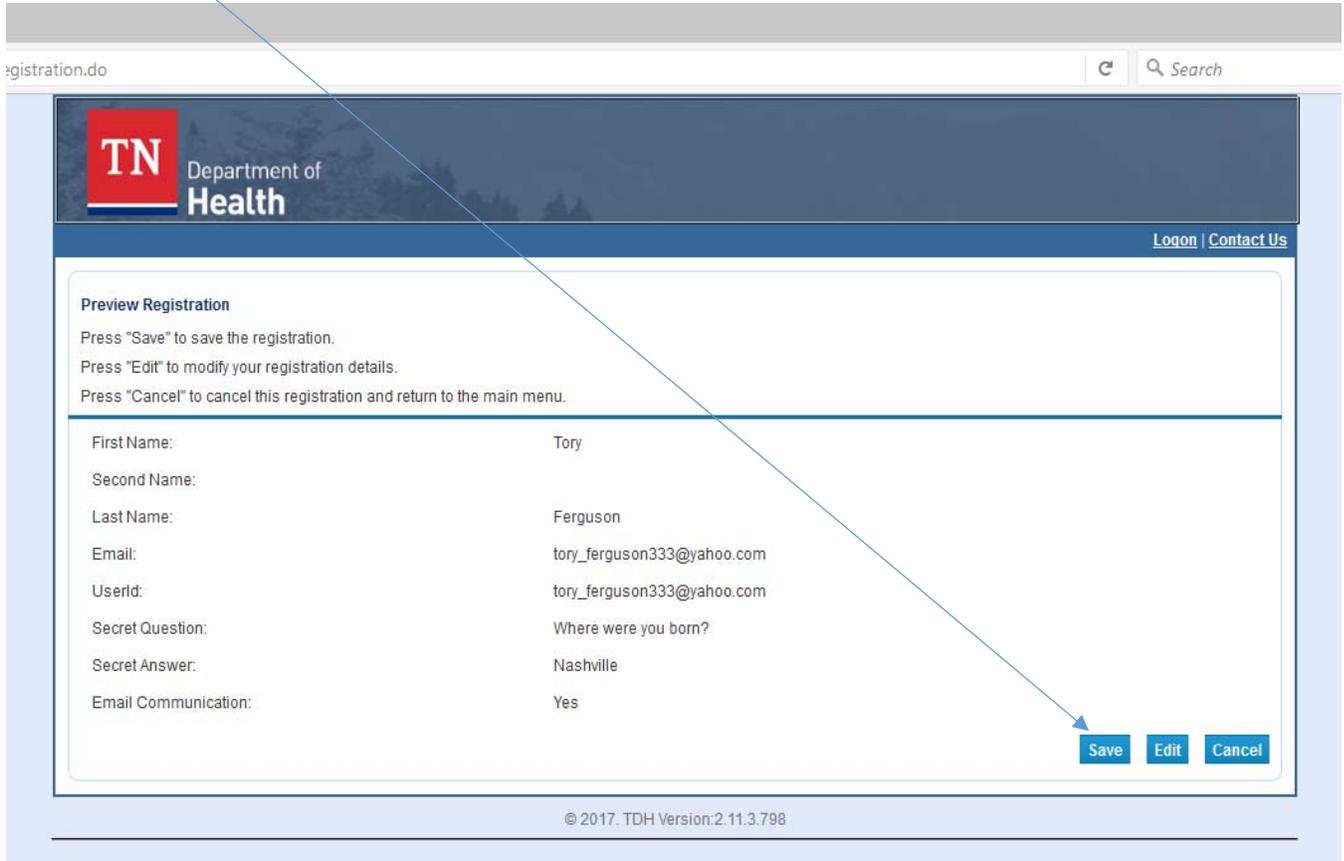
Email Communication: Yes No

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Step 4: Save Your Information

This will create a temporary password that you must change when you log in the first time.

“Save” button



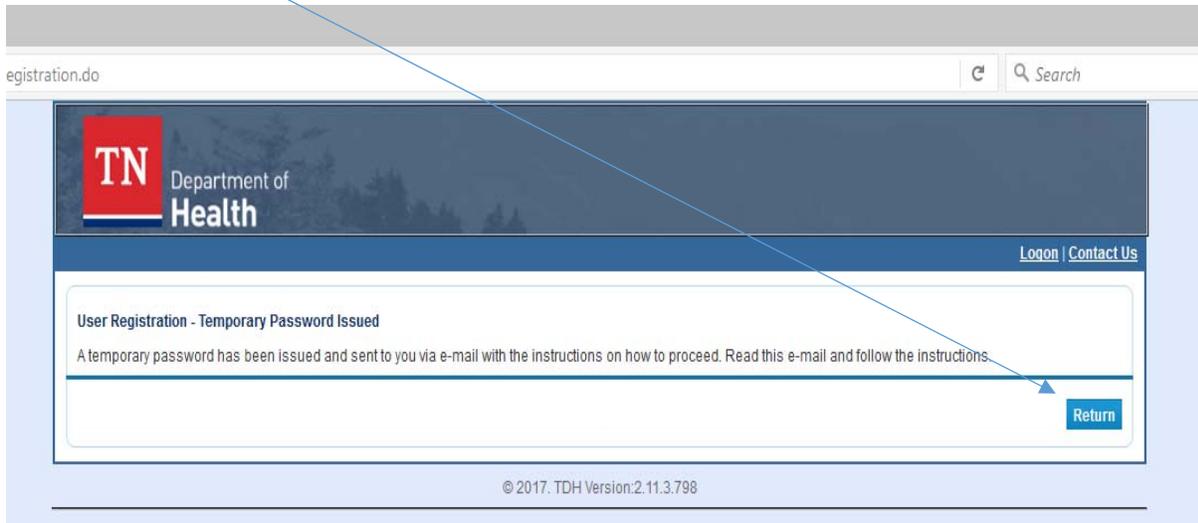
The screenshot shows a web browser window with the URL "egistration.do". The page header includes the "TN Department of Health" logo and navigation links for "Logon" and "Contact Us". The main content area is titled "Preview Registration" and contains the following text: "Press 'Save' to save the registration.", "Press 'Edit' to modify your registration details.", and "Press 'Cancel' to cancel this registration and return to the main menu." Below this text is a registration form with the following fields and values:

First Name:	Tory
Second Name:	
Last Name:	Ferguson
Email:	tory_ferguson333@yahoo.com
Userid:	tory_ferguson333@yahoo.com
Secret Question:	Where were you born?
Secret Answer:	Nashville
Email Communication:	Yes

At the bottom right of the form are three buttons: "Save", "Edit", and "Cancel". A blue arrow points from the text "“Save” button" to the "Save" button. The footer of the page reads "© 2017. TDH Version:2.11.3.798".

Step 5: Retrieve Your Temporary Password.

Hit the “Return” button. Do not close browser. Go to the email you provided to retrieve your temporary password



The screenshot shows the same web browser window. The page header is identical. The main content area is titled "User Registration - Temporary Password Issued" and contains the text: "A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions." At the bottom right of the content area is a "Return" button. A blue arrow points from the text "Hit the “Return” button" to the "Return" button. The footer of the page reads "© 2017. TDH Version:2.11.3.798".

Step 7: Sign In To Your Account

Type the User ID you created and the temporary password that was sent to your email and sign in to your account.

The screenshot shows the 'Online Licensing Service' sign-in page for the TN Department of Health. The page features a navigation bar with the TN logo and 'Department of Health' text. Below the navigation bar, there are two main sections: 'Returning User' and 'New User'. The 'Returning User' section includes fields for 'User ID' and 'Password', with a 'Sign In' button and links for 'Forgot password?' and 'Forgot user ID?'. The 'New User' section has a 'Sign Up' button and a message stating that users must create an online account even if they already use e-Services. A central image shows five diverse healthcare professionals. To the right, there is a 'Sign-up and manage your licenses' section with a welcome message and a note about Microsoft Edge browser support. At the bottom, there is a copyright notice for 2017 TDH Version: 2.11.3.798 and links for 'Privacy Statement' and 'Terms of Service'.

Step 8: Create New Password.

Create a new password following the requirements below. **Make note of your User ID and Password for future use.**

The screenshot shows the 'Update Default Registration Information' page for the TN Department of Health. The page is titled 'Update Default Registration Information' and instructs users to enter their new password and press 'Save'. It lists three requirements for the new password: a minimum of 8 characters, must not be the same as the user ID, and must not be a variation of the user ID. Below the requirements, there are three input fields for 'Old Password', 'New Password', and 'Confirm Password', followed by a 'Save' button. The page also shows the user is logged in as 'Ferguson, Tory' and provides links for 'Update Profile', 'Logout', and 'Contact Us'. At the bottom, there is a copyright notice for 2017 TDH Version: 2.11.3.798.

Step 9: Initial Onboarding

The onboarding step is used to determine if you have an existing license in the system and will link all license information under one account with a single user ID and password. If you do not have a current license then it will create an onboarding account for future license applications. You must complete all

information with an **"*"**. **IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER YOU MUST COMPLETE AND SUBMIT A PAPER APPLICATION. YOU WILL FIND THE APPLICATION AND FEE FORMS ON OUR WEBSITE at: <http://tn.gov/health/article/ems-personnel-forms>**

Should you have problems with this page please click on **"contact us"** for assistance.

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Initial Onboarding - Linking to Existing Licenses

Please click on the ["Contact Us"](#) link to contact the applicable agency to complete your onboarding process

Please provide your Individual Licensee Information to support linking your online account to existing license records

Press "Next" to submit

Individual Licensee information

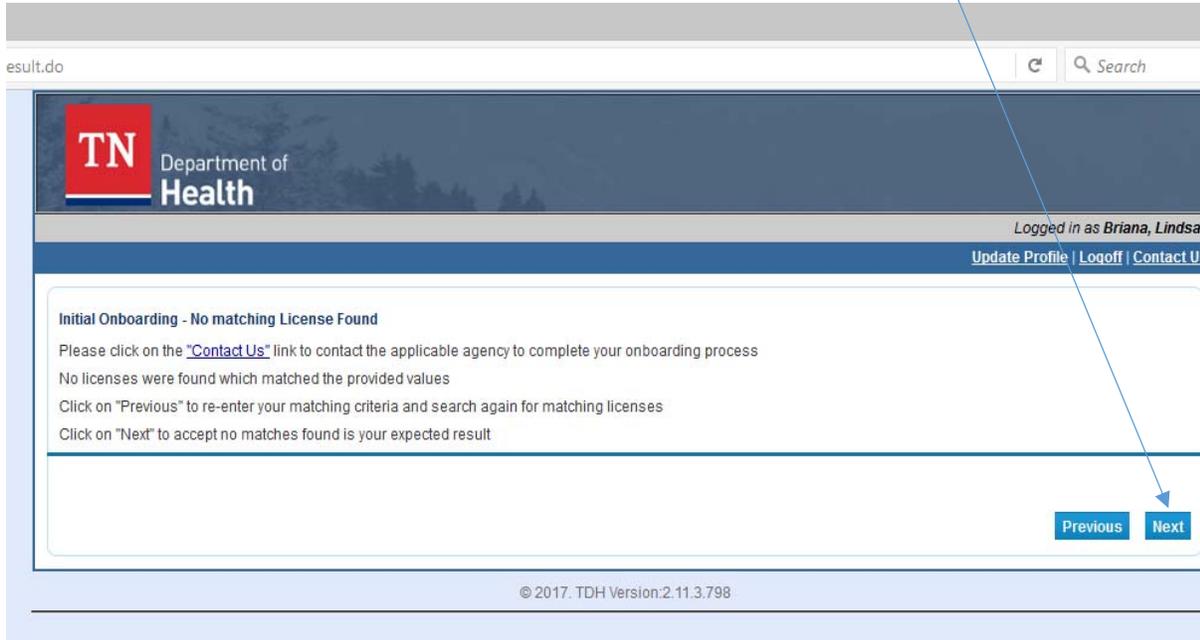
* Last Name:	<input type="text" value="Briana"/>
* SSN:	<input type="text"/> Full digits of SSN
* SSN (confirm):	<input type="text"/> Full digits of SSN
* Date Of Birth:	<input type="text"/> (mm/dd/yyyy)

[Next](#)

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After completing the onboarding, if you already have an open application, you will be asked if this is your information. If so, hit the Select button to continue.

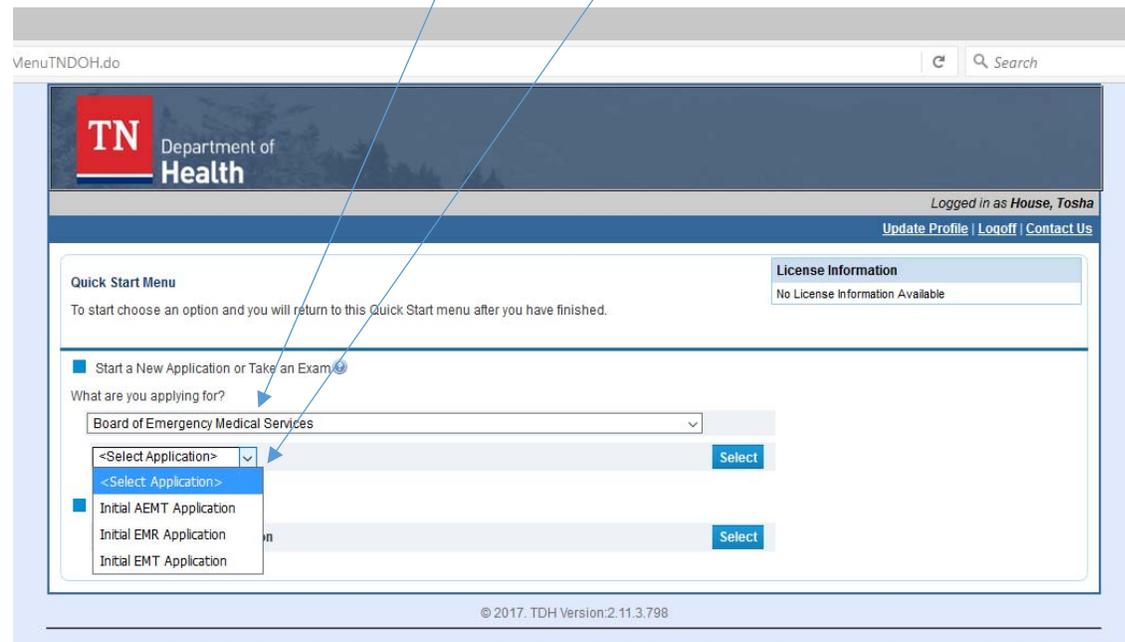
If you do *not* have an open application you will see the screen below. Hit the Next button to continue the application process.



Step 10: Board and Application Type

From the drop down box select your Board and Application Type.

If you have or ever held a health care professional license then skip to Step 19 and follow instructions. If not, continue to step 11.



Step 11: **IMPORTANT READ: Requirements for Licensure**

The introduction contains information on requirements for the license application selected. This page also contains the link to the criminal background check, if required.

.do?applicationId=1

Search

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Introduction

- Function Suitability
- Name and Personal/Organization Details
- Contact Information
- Education
- Basic License Information
- Summary (pre-fees)

Initial AEMT Application - Introduction

The following application is intended for an initial Advanced Emergency Medical Technicians (AEMT) license.

All EMS Personnel must meet the requirements below:

- 1) Must submit a completed application for licensure.
- 2) Must be at least eighteen (18) years of age.
- 3) Must be able to read, write, and speak the English language.
- 4) Must possess an academic high school diploma or a general equivalency diploma (G.E.D).
- 5) Must have no history within the past three years of habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the person's ability to practice as an emergency medical technician.
- 6) Must present evidence to the Office of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act and the requirements of National Registry of Emergency Medical Technicians.
- 7) Evidence of good moral character. Submit two recent (within the preceding 12 months) original letters from, and signed by, a medical professional attesting to applicant's personal character.
- 8) Must successfully complete an EMS Board approved Emergency Medical Technician course.
- 9) Must achieve a passing score on a EMS Board approved written examination.
- 10) Must successfully complete an EMS Board approved practical examination.
- 11) Must complete a criminal background check from the State approved vendor <http://www.tn.gov/health/topic/CBC-check>
- 12) Must disclose circumstances surrounding any of the following: conviction of any criminal law violation, excluding minor traffic violations; denial of professional licensure/certification; discipline of professional licensure/certification; loss or restriction of licensure or certification by any other state; and discipline by any other state. Failure to disclose any of the following may result in denial of your application.
- 13) Must pay all required application and license fees.
- 14) Must complete entire license process within two years of course completion.
- 15) If requirements for licensure are not completed within two years of date of initial application the application will be considered abandoned and will be destroyed.

Press "Next" to continue.
Press "Cancel" to cancel this application and return to the main menu.

All application fees are non-refundable.
Please allow a minimum of 4 to 6 weeks for processing.

Next Cancel

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Step 12: **Functional Suitability.**

All questions must be answered before you may continue. If you did not graduate from a TN approved program you cannot complete the application online and you must complete the Reciprocity Packet found on our website under the Licensure menu. <http://tn.gov/health/article/ems-about>

uestions.do?forward=true&applicationId=1 Search

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Initial AEMT Application - Function Suitability

Answer the questions and press "Next".
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Have you graduated from a Tennessee Approved AEMT Program?	<input type="radio"/> Yes <input type="radio"/> No
Do you currently hold a Tennessee EMT License?	<input type="radio"/> Yes <input type="radio"/> No

If you hold a current TN EMT License you must select the Upgrade EMT to AEMT application.

[Previous](#) [Next](#) [Cancel](#)

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Step 13: Application Information

Complete the next screens ensuring all the questions with an “*” are answered.

86 - Yahoo Search... | 1-888-726-0986 / 1888726... | AMG Associates - Yahoo S... | +

tail.do?forward=true&applicationId=1

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Initial AEMT Application - Name and Personal Details
Please provide all required information. Application for a professional license, if no Social Security Number, requires verification of citizenship and/or qualified alien status. 8 U.S. Code § 1641.)
Enter your personal details and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.

Navigation: Introduction, Function Suitability, Name and Personal/Organization Details, **Contact Information**, Education, Basic License Information, Summary (pre-fees)

Form Fields:

- * First Name:
- Middle Name:
- * Last Name:
- Suffix:
- * Social Security Number: (No Dashes)
- * Social Security Number (confirm): (No Dashes)
- * Birth Date: (mm/dd/yyyy)
- * Gender:
- * Race:

* indicates a required field

[Previous](#) [Next](#) [Cancel](#)

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Please read the statement about your email address and mailing address at the bottom of the page.

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Initial AEMT Application - Contact Information
Please provide all required address information.
* indicates a required field

Navigation: Introduction, Function Suitability, Name and Personal/Organization Details, **Contact Information**, Education, Basic License Information, Summary (pre-fees)

Form Fields:

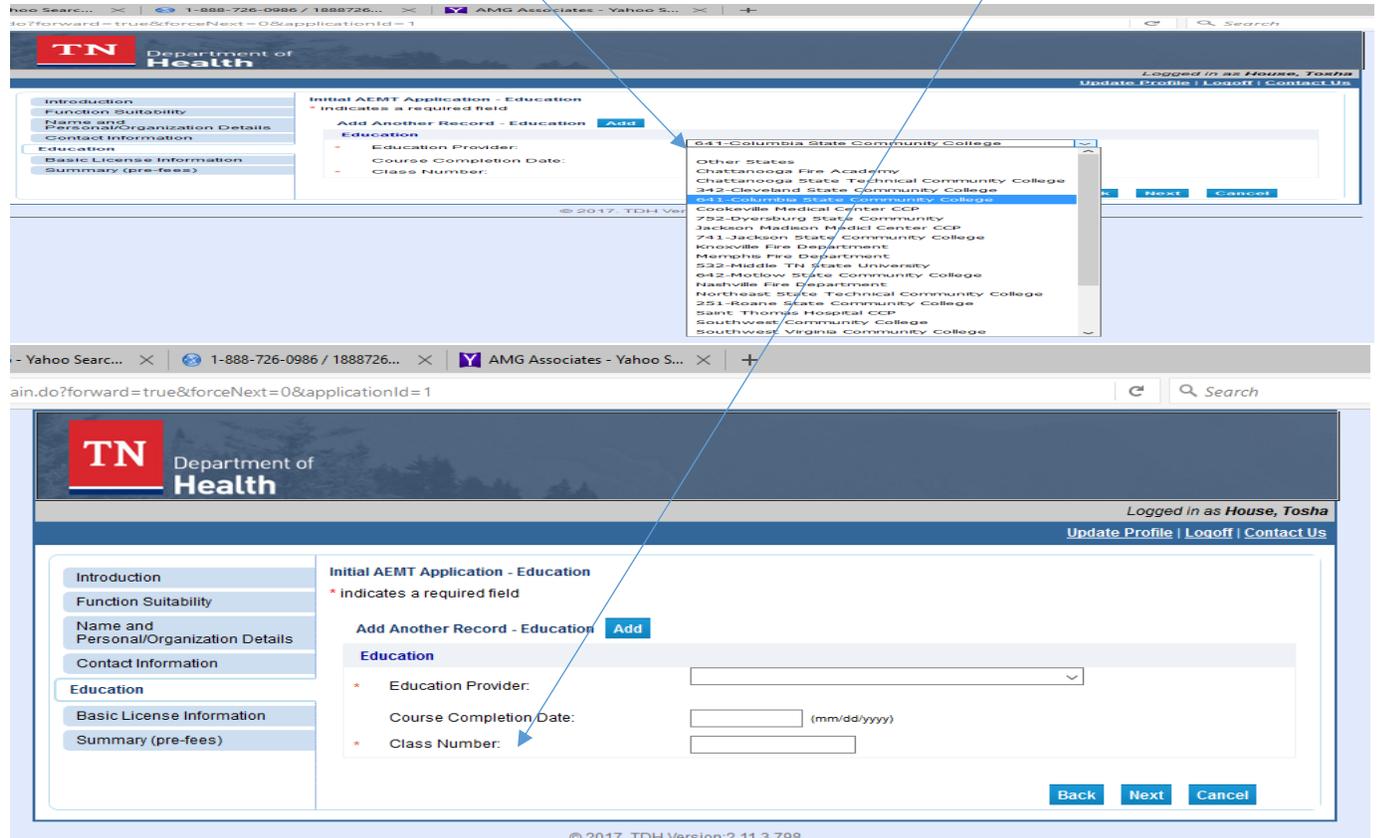
- * Mailing Address
 - Street Number:
 - * Address:
 - Address Line 2:
 - Address Line 3:
 - * Zip Code:
 - * City:
 - * State:
 - * County:
 - * Country:
 - * Phone Number: (999-999-9999)
 - Extension:
 - * E-mail:

If you change your mailing address or email address, you must notify the Board's Administrative Office within thirty (30) days. Failure to abide by this law could affect your license, since failure to receive the renewal application does not relieve you of the responsibility for timely renewal.

[Back](#) [Next](#) [Cancel](#)

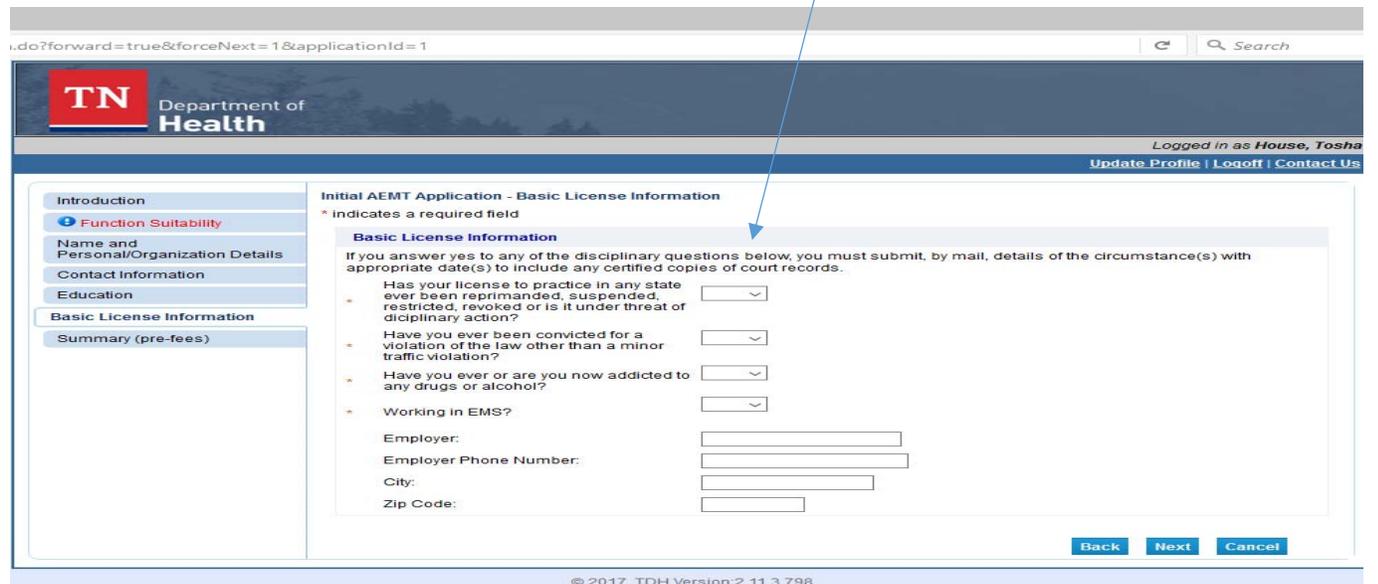
STEP 14: Education Information

Select the EMS Educational Institution you attended from the drop down box. Your **class number** must be entered to continue. Again, make sure all **“*”** items are completed.



Step 15: Disciplinary and Criminal History

All questions with a **“*”** must be completed. **Please note the statement concerning disciplinary and criminal history questions.**



Step 16: Summary Page

Review and ensure all information has been correctly entered. If there are errors then hit the "Edit" button and return to the section that needs corrections. Once all information is correct then hit the Submit button. A copy of the summary page will be sent to your email.

The screenshot shows a web browser window with the URL `TNDOH.do?forward=true&applicationId=1`. The page header includes the TN Department of Health logo and the user is logged in as **House, Tasha**. Navigation links for [Update Profile](#), [Logout](#), and [Contact Us](#) are visible.

The main content area is titled **Initial AEMT Application - Application Summary**. It contains the following sections:

- Introduction:** Review the data and press "Submit" to submit this application. Press "Previous" to return to the previous section. Press "Cancel" to cancel this application and return to the main menu.
- Application:** License Type: **AEMT** Application Date: **04/04/2017**
- Personal Information:** Full Name: **Tosha House** (Edit), Professional Qualifier: (blank), SSN: *********, Birthdate: **10/05/1976**, Gender: **Female**, Race: **Black**
- General Addresses:** Mailing Address: **665 Mainstream Drive, Nashville, Tennessee, DAVIDSON, 37228, US** (Edit); Phone Number: **615-741-3223**; E-mail: **latasha.house@tn.gov**
- Education:** Education Provider: **Chattanooga State Technical Community College** (Edit); Institution: (blank); Course Completion Date: (mm/dd/yyyy); Degree/Certification: (blank); Education Level: (blank); Program: (blank); Major Program: (blank); Start Date: (mm/dd/yyyy); Class Number: **25632**; End Date: (mm/dd/yyyy); Credit Hours: (blank)

The left sidebar contains a navigation menu with the following items: **Introduction**, **Function Suitability** (highlighted with a blue bar and a downward arrow), **Name and Personal/Organization Details**, **Contact Information**, **Education**, **Basic License Information**, and **Summary (pre-fees)**.

The Windows taskbar at the bottom shows icons for Edge, File Explorer, Outlook, Teams, and Word.

Step 17: Application Affirmation

This step is to affirm the information you provided is correct and accurate. Please read the statement carefully and select your answer. Once your answer is selected hit the Submit button to complete and submit your application.

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Initial AEMT Application - Attestation

Press "Previous" to return to the previous section.

Press "Submit" to continue.

Press "Cancel" to cancel this application and return to the main menu.

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

Yes

No

[Previous](#) [Submit](#) [Cancel](#)

Step 18: Payment

Hit the "Pay Now" button to pay the required fees. If you are not prepared to pay, hit the "Add to Cart" button. You may return later by signing into your account and completing the payment process at that time.

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Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
AEMT Application Fee:	\$70.00
AEMT License Fee:	\$80.00
Total Amount Due:	\$150.00

[Pay Now](#) [Add to Cart](#) [View PDF Summary Report](#)

Get ADOBE® READER®

When you choose to pay then select the fees you are paying, choose the method of payment and hit the Next button. If you want to see a detailed description of the fees you can hit the “show fee details” button. Once payment is made a copy of the receipt will be sent to your email. Retain this for your record of payment.

ymenTNDOH.do?dientCode=7 Search

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Online Application Payment
Select the applications and/or miscellaneous charges you wish to pay for and press "Next" to continue
Press "Show Fee Details" to show a breakdown of the fee amounts
Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
227948	Initial AEMT Application		EMT, AEMT, Paramedic or CC Paramedic	HOUSE, TOSHA	\$150.00 <input type="radio"/>

Payment Method

- American Express
- Discover
- eCheck
- MasterCard
- PIN-less Debit
- Visa

Next Show Fee Details Main Menu

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The following remaining steps are only for those individuals who have a current or have held any Healthcare Professional license including an EMS license.

Step 19: **Have or Have Held a License.**

If you hold an EMS License you will see your current level and the upgrade application here, press select.

If you have or have ever held a healthcare license other than an EMS license you will need to select EMS board and the application.

The screenshot shows a user dashboard with a blue header containing links for "Update Profile", "Logoff", and "Contact Us". The main content area is titled "Quick Start Menu" and includes instructions: "To start choose an option and you will return to this Quick Start menu after you have finished." There are four main sections:

- Manage your license information:** A card for "Paramedic" with a "Select" button for "Upgrade to Para-Critical Care".
- Start a New Application or Take an Exam:** A section titled "What are you applying for?" with two dropdown menus: "<Select Board>" and "<Select Application>". A "Select" button is to the right.
- View Application Status:** A card for "Board of Emergency Medical Services - Upgrade to Para-Critical Care" with a status of "Open" and a "Details" button.
- Additional Activities:** Two cards: "Make Payments (1)" and "Add Licenses To Registration", each with a "Select" button.

On the right side, there are two "License Information" panels, each with a "Show Details" button. The top panel shows "License Number: [redacted]" and "License Type: Paramedic". The bottom panel shows "License Number: [redacted]" and "License Type: Registered Nurse".

Two blue arrows originate from the text above: one points from the "Select" button in the "Upgrade to Para-Critical Care" card to the text "press select.", and the other points from the "<Select Board>" dropdown menu to the text "you will need to select EMS board and the application."

THESE STEPS ARE IF YOU HAVE A LICENSE AND THE SYSTEM DID NOT RECOGINZE YOUR INFORMATION AND/OR DID NOT FIND THE LICENSE.

Step 20: **Add License to Registration.**

Select **Add a License to Registration**

nuTNDOH.do

Department of Health

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Quick Start Menu
To start choose an option and you will return to this Quick Start menu after you have finished.

License Information
No License Information Available

Start a New Application or Take an Exam

What are you applying for?

<Select Board> [v] [Select]

<Select Application> [v] [Select]

Additional Activities

Add Licenses To Registration [Select]

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Answer the question and select **Next** if you have or ever held a healthcare professional license in TN.

Department of Health

Logged in as **Briana, Lindsay**
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Add Licenses To Registration

Step 1: Ever held a license before with the Tennessee Department of Health?

Step 2: Provide Identifying Information

Step 3: Confirm Information

Welcome to Tennessee Department of Health Online QuickStart
By answering a few simple questions we'll help you to get started.

Step 1
Are you, or have you ever been licensed by the Department of Health in the State of Tennessee?

Yes [How do I know?](#)

No

[Next](#) [Cancel](#)

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Step 21: Select Board and License Type

Choose the board that you hold or ever held a license and the license type

The screenshot shows the Tennessee Department of Health online registration interface. At the top left is the TN Department of Health logo. The user is logged in as Briana, Lindsay. The page title is "Add Licenses To Registration - Select License Type". A progress bar shows three steps: Step 1 (highlighted in yellow), Step 2, and Step 3. Below the progress bar, the user is welcomed to the "Tennessee Department of Health Online QuickStart" and asked, "What kind of a license did you hold, or did you apply for in the past?". Step 1 instructions state: "Which board manages your license type? Selecting from this list narrows the available License Type drop-down list." The form contains two dropdown menus: "Tennessee Department of Health Board" and "License Type", both currently set to "<Select One>". There are "How do I know?" links next to each dropdown. "Next" and "Cancel" buttons are at the bottom right. The footer indicates "© 2017, TDH Version:2.11.3.798".

Step 22: Validation

Complete everything with a **"*"**. This will allow the system to find your current or past license information.

The screenshot shows the Tennessee Department of Health online registration interface at Step 22: Validation. The user is logged in as Briana, Lindsay. The page title is "Add Licenses To Registration - Validation". A progress bar shows three steps: Step 1, Step 2 (highlighted in yellow), and Step 3. Below the progress bar, the user is asked to "Help us to find your records". Step 2 instructions state: "Please provide your credentials" and "Required Information". The form contains several fields: "License Type:" with a dropdown menu set to "EMT, AEMT, Paramedic or CC Paramedic"; "Last Name:" with a text input field containing "Briana"; "SSN:" with a text input field; "SSN (confirm):" with a text input field; and "Date Of Birth:" with a text input field. There are "Full digits of SSN" labels next to the SSN fields and "(mm/dd/yyyy)" next to the Date Of Birth field. "Next" and "Cancel" buttons are at the bottom right. The footer indicates "© 2017, TDH Version:2.11.3.798".

Step 23: Current or Past License Information

Your current or past license information will be populated for your review. Once you have reviewed the information hit the Confirm button if this is you. If it is not your information select “no this is not my license information” and contact the EMS Office at (615) 741-2584 to make the corrections.

TN Department of Health

Logged in as *Briana, Lindsay*
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Add Licenses To Registration - Preview

Step 1: Ever held a license with the Tennessee Department of Health? Step 2: Provide Identifying Information **Step 3: Confirm Information**

Good News! We have located your information

Step 3
Please confirm your license credentials

Indiv / Org Number:	239968
Name:	ANDERSON, LINDSAY BRIANA
License Type	License Number
EMT, AEMT, Paramedic or CC Paramedic	39805

Select One:

I confirm this is my information

No this is not my License information

[Next](#) [Cancel](#)