



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243

VERIFICATION OF EDUCATION

An applicant must show successful completion of a High School Curriculum or General Equivalency Examination before being granted licensure as an Emergency Medical Technician.

_____	_____
Name	Class Number
_____	_____
Street Address	Course Location
_____	_____
City State Zip	Instructor/Coordinator

HIGH SCHOOL DIPLOMA

OR

GENERAL EQUIVALENCY DIPLOMA

_____	_____
High School	Examination/Training Location
_____	_____
Address	City State Zip
_____	_____
City State Zip	Date of Issuance
_____	_____
Date of Graduation	Examination Score

I verify the above information to be accurate.

_____	_____
Applicant Signature	Date
_____	_____
Instructor/Coordinator Signature	Date