TN Department of Health

EMS PROFESSIONAL
APPLICATION / FEES

LIC/CERT LEVEL REQUESTING: ☐ EMR ☐ EMT ☐ AEMT ☐ EMD
☐ PARAMEDIC ☐ CRITICAL CARE PARAMEDIC ☐ COMMUNITY PARAMEDIC

CLASS NUMBER: (If Applicable) _____ ***SSN:** ___ - ___ - ____ **BIRTHDATE:** ___/___/____
MM DD YYYY

NAME: _____
LAST FIRST MIDDLE (JR., SR., ETC.)

ADDRESS: _____
(STREET /PO BOX/ROUTE) (CITY/STATE/ZIP)

PERSONAL PHONE: (___) ___ - _____ **WORK PHONE:** (___) ___ - _____

EMS EMPLOYER: (If Applicable) _____

✶Do you wish to receive renewal notifications by E-Mail in lieu of US Postal Mail? ☐ **YES** ☐ **NO**

EMAIL ADDRESS: _____

RACE: ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Native ☐ Other _____	**GENDER:** ☐ Male ☐ Female	**HIGH SCHOOL DIPLOMA:** ☐ Yes ☐ No ***OR*** **GED:** ☐ Yes ☐ No

If you answer yes to any of the questions below give details on a separate sheet including circumstances with applicable dates. Attach a certified copy of court records if convicted of any law violation.

☐ **YES** ☐ **NO** 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 drugs or alcohol?

☐ **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?

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 license/certification.

Signature: _____ **Date:** _____

THIS APPLICATION MUST BE SIGNED AND DATED AND ALL QUESTIONS ANSWERED TO INSURE PROCESSING.

Please check the appropriate box (es) and submit this form with the total fee(s) by a personal or certified check (**no cash**). *PAYMENT SHOULD BE MADE PAYABLE TO **TDH-EMS. APPLICATION FEE IS NON-REFUNDABLE***

ACTION	EMR	EMT	AEMT	PARA-MEDIC	EMD	CRITICAL CARE PARA	COMM-UNITY PARA	INST-RUCTOR
Application Fee	☐ $20.00	☐ $50.00	☐ $70.00	☐ $75.00	☐ $30.00	☐ $75.00	☐ $35.00	☐ $35.00
License Fee	☐ $25.00	☐ $75.00	☐ $80.00	☐ $100.00	☐ $30.00			
Reciprocity Fee	☐ $100.00	☐ $100.00	☐ $100.00	☐ $100.00				
Renewal Fee	☐ $24.00	☐ $65.00	☐ $65.00	☐ $75.00	☐ $45.00	☐ $90.00		
Late Fee	☐ $25.00	☐ $25.00	☐ $25.00	☐ $25.00	☐ $25.00	☐ $25.00		
Reinstatement Fee	☐ $50.00	☐ $100.00	☐ $100.00	☐ $100.00	☐ $100.00	☐ $100.00		
Returned Chk Fee	☐ $20.00	☐ $20.00	☐ $20.00	☐ $20.00	☐ $20.00	☐ $20.00		

TOTAL FEE(S) DUE = $ _____

*If no Social Security number you must submit verification of citizenship and/or qualified alien status. (U.S. Code § 1641.)

"Under HIPAA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."

Division of Health Licensure and Regulation • **Office of Emergency Medical Services**
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