

OFFICE USE ONLY		
707 – EM	R	
718 – EM	Т, АЕМТ, РМ	
719 – EM	D	

EMS PROFESSIONAL FEES

Class Number: (If Applicable)	*SSN:	<u>-</u>	Birthday:	/	/
LAST	FIRST	MID	DLE	(J	R., SR., ETC.)
address:					
(STREET /PO BOX	(/ROUTE)	((CITY/STATE/ZIP)	
Personal Phone: ()	Work	Phone: ()	-		
MS Employer:					
Oo you wish to receive notification, including	renewal notification, from the Depart	tment of Health via en	nail? YES	□NO	
mail Address:					
you answer yes to any of the questions belo ppy of court records if convicted of any law v		ncluding circumstance	es with appropria	te dates. A	ttach a certified
lave you ever been convicted, for a violation	of the law other than a minor traffic	violation?	☐ YES	□NO	
lave you ever or are you now addicted to any	drugs or alcohol?		☐ YES	□NO	
las your license/certification to practice in an evoked or is it under threat of disciplinary ac		nded, restricted,	☐ YES	□NO	
certify that all information in this form is co e grounds for denial or revocation of my cert		knowledge. I understa	and that falsificat	ion of any i	nformation ma
ignature:		Date	:		
THIS APPLICATION MUST BE S	SIGNED AND DATED AND ALL	QUESTIONS ANSW	ERED TO INSU	JRE PROC	CESSING.
lease check the appropriate box(es) and sub-	nit this form with the total fee(s) by a	personal or certified c	check (no cash).		
PAYMENT SHOULD BE MADE PAYABLE TO	TDH-EMS				
			PI	M	

ACTION	EMR	ЕМТ	AEMT	PARAMEDIC	EMD	PM CRITICAL CARE	INSTRUCTOR
Application Fee*	\$20.00	□\$50.00	\$70.00	\$75.00	□\$30.00	\$75.00	□\$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 Check Fee	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	

^{*}NOTE: APPLICATION FEE IS NON-REFUNDABLE.

TOTAL FEE =	\$

PH-2397 (Rev 3-2019) RDA-10137

^{*}If no Social Security number you must submit verification of citizenship and/or qualified alien status. (U.S. Code § 1641.)
"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."