



AFFIDAVIT FOR DOWNGRADE OF EMS LICENSE

I, _____
Last Name First Name Middle Initial

of _____
Street Address City State Zip

Social Security # _____ Home Phone # (_____) _____

who is currently licensed to practice as a/an _____ in Tennessee under
(Current Level)

the license number _____ issued on _____
Month Day Year

hereby requests to downgrade my license from practice as the Professional listed above to the

level of _____ in the State of Tennessee on this date _____
(Downgrade Level) Month Day Year

Furthermore, I understand that should I wish to regain the previous licensure level I must complete the course for that level in its entirety and meet the licensure requirements for that level.

Signature of Licensee Date

Subscribed and sworn before me this _____ day of _____

at _____
City State

Notary Public _____

Notary Seal

My Commission Expires _____