



Division of Emergency Preparedness & Response
Office of Emergency Medical Services & Trauma

INDEX	FORM C-01C
EFFECTIVE	01/01/2006
LAST REVIEW	01/03/2012
PAGES	1

GEORGIA EMT LICENSE RENEWAL FORM
LICENSE CYCLE 2012 – 2014
PRINT OR TYPE ALL INFORMATION

NAME				SSN		
CURRENT STREET ADDRESS (HOME)						
CITY / STATE / ZIP CODE						
PRIMARY PERSONAL TELEPHONE NUMBER						
PRIMARY PERSONAL EMAIL ADDRESS						
EMT LICENSE LEVEL (CHECK ONE)	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> CARDIAC TECHNICIAN	<input type="checkbox"/> PARAMEDIC		
EMT LICENSE NUMBER						

HAVE YOU BEEN ARRESTED AND/OR CONVICTED OF A FELONY OR OTHER CRIMINAL OFFENSE SINCE JUNE 30, 2010?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU ALCOHOL OR DRUG DEPENDANT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU COMPLETED THE SCOPE OF PRACTICE UPDATE FOR YOUR LEVEL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT			
I do hereby affirm that I have successfully completed the license renewal requirements of 40 hours of approved continuing education as outlined in DCH Rules and Regulations for EMS Chapter 290-5-30 for this renewal period and I am currently certified in BLS and if applicable, in ACLS. By affixing my signature below, I affirm that the information provided on this form is correct to the best of my knowledge and that any fraudulent entry may be considered as sufficient cause for any rejection or subsequent revocation of my license.			
SIGNATURE			DATE

The completed form must be submitted to the Office of EMS with the appropriate renewal fee (money order or agency check only) payable to the Department of Community Health prior to June 30, 2012 to avoid late fees.

REGULAR RENEWAL FEES ARE AS FOLLOWS:
 EMT-Basic: \$75.00 EMT-Intermediate: \$75.00 Cardiac Technician: \$75.00 Paramedic: \$75.00

LATE FEES APPLY IF SUBMITTED BETWEEN JULY 1, 2012 AND DECEMBER 31, 2012
TOTAL WITH LATE FEES:
 EMT-Basic: \$150 / EMT-Intermediate: \$150 / Cardiac Technician: \$150 / Paramedic: \$150

MAIL THIS COMPLETED PAGE AND FEE TO:
 Georgia Office of Emergency Medical Services/Trauma
 2600 Skyland Drive - Lower Level
 Atlanta, GA 30319