TN Department of Health

EMS MISCELLANEOUS FEES

Name: _____
Last First MI (Jr., Sr., etc.)

Address: _____
Street City/State Zip

Social Security Number: _____ **Telephone:** (_____) _____

Select One:

☐ **EMR** ☐ **EMT** ☐ **AEMT** ☐ **Paramedic** ☐ **EMD**

Signature: _____ **Date:** _____

This form must be completed, signed and dated to insure processing.

Please check the appropriate box and submit this form with the total fee by a personal or certified check (**no cash**). Payment should be made payable to **TDH-EMS**. **Fees must be paid before request can be processed.**

☐	Duplicate Wall License	$ 10.00
☐	Verification of Licensure for another State	$ 15.00
☐	Document Copies (per page)	$ 0.50
☐	Civil Penalty	$_____

TOTAL FEE: $_____

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DIVISION OF HEALTH LICENSURE AND REGULATION • **OFFICE OF EMERGENCY MEDICAL SERVICES**
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