



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE OF REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE, 2nd FLOOR
NASHVILLE, TN 37243

**CRIMINAL BACKGROUND DISCLOSURE
DOCUMENTATION AND INFORMATION**

Please complete the information below and submit with your Application for Licensure form (PH-3937).
You must attach a certified copy of your court records.

NAME: _____

SOCIAL SECURITY #: _____

EMS CLASS #: _____

DATE OF CONVICTION: _____

COURT OF RECORD: _____

WERE YOU PLACED ON PROBATION/PAROLE? YES NO
IF YES, YOU MUST PROVIDE OFFICIAL RECORDS THAT PROBATION/PAROLE WAS SUCCESSFULLY COMPLETED.

NATURE OF CONVICTION: **YOU MUST PROVIDE A DETAILED EXPLANATION OF YOUR CONVICTION IN YOUR OWN WORDS.** (You may attach extra pages if necessary.)

PLEASE REMEMBER TO ATTACH A CERTIFIED COPY OF YOUR COURT RECORDS.