



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
227 FRENCH LANDING, SUITE 303
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243

TELEPHONE: 615-741-2584

FAX# 615-741-4217

RECIPROcity REQUIREMENTS FOR EMS PERSONNEL LICENSE

**IMPORTANT NOTICE:
REGULATION CHANGE EFFECTIVE JUNE 27, 2006**

INDIVIDUALS APPLYING FOR EMS PROFESSIONAL LICENSE IN TENNESSEE MUST HOLD A CURRENT CERTIFICATION OR LICENSE IN ANOTHER STATE OR HAVE RECEIVED THEIR TRAINING WHILE IN EMPLOYEMENT OF A FEDERAL AGENCY AND HOLD A CURRENT NATIONAL REGISTRY CERTIFICATION AT THE LEVEL WHICH APPLYING.

ALL APPLICANTS SHALL SUBMIT TO THE ADMINISTRATIVE OFFICE OF THE DIVISION OF EMERGENCY MEDICAL SERVICES, DIRECTLY FROM THE VENDOR IDENTIFIED IN THE DIVISION'S LICENSURE APPLICATION MATERIALS, THE RESULT OF A CRIMINAL BACKGROUND CHECK.

HOW TO OBTAIN A CRIMINAL BACKGROUND CHECK FOR TENNESSEE LICENSURE

IF YOU ARE IN TENNESSEE OR PLAN ON VISITING PRIOR TO YOUR MOVE YOU MAY OBTAIN THE INFORMATION ON HOW TO GET A STATE OF TENNESSEE CRIMINAL BACKGROUND CHECK FROM OUR WEB SITE.

<http://health.state.tn.us/ems>

IF YOU ARE OUT OF STATE PLEASE CONTACT THE DIVISION OF EMERGENCY MEDICAL SERVICES TO OBTAIN THE INFORMATION PACKET ON HOW TO OBTAIN A CRIMINAL BACKGROUND PRIOR TO YOUR ARRIVAL IN TENNESSEE.



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RECIPROCITY REQUIREMENTS FOR EMS PERSONNEL LICENSE

This packet contains the information needed for EMS personnel seeking licensure in Tennessee, who have a current certification or license from other states and are seeking licensure in Tennessee, or have completed their training while employed with a Federal Agency and holds a current National Registry Certification at level applying.

In order for a license to be issued you must:

- * Submit all of the required documentation on the attached list.
- * Pay all required fees.
- * Complete any additional training which may be required.
- * Successfully pass any examinations that may be required.

Your application package will be reviewed upon receipt of written verification from the issuing EMS licensing agency of your current EMS Certification/License or upon receipt of written verification of Federal Training agency. The Division of Emergency Medical Services does not issue temporary licenses for employment.

ALL THE REQUIRED DOCUMENTATION AND FEES MUST BE SUBMITTED IN ONE PACKAGE. THE ONLY EXCEPTION IS THE “**VERIFICATION OF EMS CERTIFICATION/ LICENSURE FORM**” or “**VERIFICATION OF FEDERAL AGENCY TRAINING FORM**”, WHICH MUST BE MAILED TO THE STATE WHERE YOU HOLD CURRENT CERTIFICATION/LICENSE OR TO THE FEDERAL AGENCY WHERE YOU RECEIVED YOUR TRAINING. ANY INCOMPLETE APPLICATION PACKAGE WILL BE RETURNED.

Submit all documentation to:

**Tennessee Department of Health
Division of Emergency Medical Services
Personnel Licensure - Reciprocity
227 French Landing, Suite 303
Heritage Place, Metro Center
Nashville, TN 37243**



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**RECIPROCITY REQUIREMENTS
FOR
EMS PERSONNEL LICENSE**

THE APPLICATION PROCESS

With your cooperation, we will make every effort to expedite your application.

PLEASE READ

1. **WE DO NOT ACCEPT OR SEND FAXES TO EXPEDITE YOUR APPLICATION.** Allow 14 working days for information mailed to our office to be received and placed in your file. Federal Special courier services will not appreciably reduce the process time. If you wish verification that the Division has received your application packet, it is recommended that you mail the packet certified mail. If special services are used, you are responsible for incurred charges.
2. Absent any complicating factors, the average application processing time is **30 days** from receipt of all the documentation. *This includes state or federal verification forms.*
3. **We will discuss application status with the APPLICANT only.** Please inform potential employers and any others that application status updates must be obtained from you.
4. Examinations dates for National Registry testing can be acquired from the NREMT web site (www.nremt.org) or by calling the Registry at 614-888-4484. All **examination results will be provided by mail only.** We will not issue verbal or accept verbal results for examination scores or if you "passed" or "failed".
5. If an address change occurs at any time during the application process, you must notify this agency in writing.
6. **Anyone practicing as an EMT-IV or Paramedic must hold a valid license from the State of Tennessee, Department of Health.** Therefore, it is recommended that you do not make arrangements to accept employment in Tennessee until you are granted a license by this agency.

YOU MUST READ THE FOLLOWING DESTINATION DETERMINATION AND SIGN AND RETURN THE ENCLOSED VERIFICATION OF SUCH WITH YOUR APPLICATION PACKET.

1200-12-1-.21 Destination Determination – Sick or injured persons who are in need of transport to a health care facility by a ground or air ambulance requiring licensure by the State of Tennessee should be transported according to these destination rules.

- (1) Trauma patients - The goal of the pre-hospital component of the trauma system and destination guidelines is to minimize injury through safe and rapid transport of the injured patient. The patient should be taken directly to the center most appropriately equipped and staffed to handle the patient's injury as defined by the region's trauma system. These destinations should be clearly identified and understood by regional prehospital personnel and should be determined by triage protocols or by direct medical direction. Ambulances should bypass those facilities not identified by the region's trauma system as appropriate destinations, even if they are closest to the incident.
- (2) Beginning no later than six (6) months after the designation of a trauma center in any region, persons in that region, who are in need of transport who have been involved in a traumatic incident and who are suffering from trauma or a traumatic injury as a result thereof as determined by triage at the scene, should be transported according to the following rules.
 - (a) Adult (greater than or equal to fifteen (15) years of age) and Pediatric (less than fifteen (15) years of age) Trauma Patients will be triaged and transported according to the flow chart labeled "Field Triage Decision Scheme" in "Resources For Optimal Care of the Injured Patient: 1999," or any successor publication. The Pediatric Trauma Score shall be used as published in "Basic Trauma Life Support for Paramedics and Other Advanced EMS Providers," Fourth Edition, 2000. Copies of the charts are available from the Division.
 1. Step One and Step Two patients should go to a Level 1 Trauma Center or Comprehensive Regional Pediatric Center (CRPC), either initially or after stabilization at another facility. EMS field personnel may initiate air ambulance response.
 2. Step One or Step Two pediatric patients should be transported to a Comprehensive Regional Pediatric Center (CRPC) or to an adult Level 1 Trauma Center if no CRPC is available. Local Destination Guidelines should assure that in regions with two CRPC's or one CRPC and another facility with Level 1 Adult Trauma capability, that seriously injured children are cared for in the facility most appropriate for their injuries.
 3. For pediatric patients, a Pediatric Trauma Score of less than equal to 8 (≤ 8) will be considered as a cutoff level for Step One patients.
 4. Local or Regional Trauma Medical Control may establish criteria to allow for non-transport of clearly uninjured patients.
 5. Trauma Medical Control will determine patient destinations within thirty (30) minutes by ground transport of a Level 1 Trauma Center or CRPC.
 - (b) Exceptions apply in the following circumstances:
 1. For ground ambulances, when transport to a Level I Trauma Center will exceed thirty (30) minutes, Trauma Medical Control will determine the patient's destination. If Trauma Medical Control is not available, the patient should be transported to the closest appropriate

medical facility.

2. For air ambulances, Step One patients will be transported to the most rapidly accessible Level I Trauma Center, taking safety and operational issues into consideration. Step Two, Three, and Four patients will be transported to a Level I Trauma Center as determined by the air ambulance's Medical Control. The Flight Crew will make determination of patient status on arrival of the air ambulance.
 3. Air ambulances will not transport chemical or radiation contaminated patients prior to decontamination.
 4. If the Trauma Center chosen as the patient's destination is overloaded and cannot treat the patient, Trauma Medical Control shall determine the patient's destination. If Trauma or Medical Control is not available, the patient's destination shall be determined pursuant to regional or local destination guidelines.
 5. A transport may be diverted from the original destination:
 - (1) if a patient's condition becomes unmanageable or exceeds the capabilities of the transporting unit; or
 - (2) if Trauma Medical Control deems that transport to a Level I Trauma Center is not necessary.
- (c) Utilization of any of the exceptions listed above should prompt review of that transport by the quality improvement process and the medical director of the individual EMS providers.
- (d) Trauma Medical Control can be accomplished by a Trauma or Emergency Physician on duty at a designated Trauma Center or by protocols established in conjunction with a Regional Level I Trauma Center.
- (3) Pediatric Medical Emergency - Pediatric patients represent a unique patient population with special care requirements in illness and injury. Tennessee has a comprehensive destination system for emergency care facilities in regards to pediatric patients where there are variable levels of available care, as defined in Rule 1200-9-30-.01.
- (a) There are circumstances in pediatric emergency care as determined by local medical control where it would be appropriate to bypass a basic or a primary care facility for a general or comprehensive regional pediatric center.
- (i) Examples of such circumstances include, but are not limited to the following
- (I) On-going seizures
 - (II) A poorly responsive infant or lethargic child
 - (III) Cardiac arrest
 - (IV) Significant toxic ingestion history
 - (V) Progressive respiratory distress (cyanosis)
 - (VI) Massive gastrointestinal (GI) bleed
 - (VII) Life threatening dysrhythmias
 - (VIII) Compromised airway
 - (IX) Signs or symptoms of shock
 - (X) Severe respiratory distress
 - (XI) Respiratory arrest
 - (X) Febrile infant less than two months of age.

- (ii) Pediatric medical emergency transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient should be treated at the closest facility.
 - (iii) Pediatric medical emergency air ambulance transports must go to a Comprehensive Regional Pediatric Center.
- (b) Pediatric trauma patients should be taken to trauma facilities as provided in paragraph (2).
- (4) Any patient who does not qualify for transport to a Trauma Center or a Comprehensive Regional Pediatric Center should be transported to the most appropriate facility in accordance with regional or local destination guidelines.
- (5) Adults or children with specialized healthcare needs beyond those already addressed should have their destination determined by Medical or Trauma Control, by regional or local guidelines, or by previous arrangement on the part of patient (or his/her family or physician).
- (6) A transport may be refused or an alternate destination requested. Non-transport of the patient, or transport of the patient to an alternate destination shall not violate this rule and shall not constitute refusal of care

Authority: T.C.A. §§ 4-5-202, 68-140-504, 68-140-505, 68-140-509, and 68-140-521. **Administrative History:** Original rule filed October 15, 2002; effective December 29, 2002.

Paragraph (7) of Rule 1200-12-1-.11 Ambulance Service Operations and Procedures is repealed.

Authority: T.C.A. §§ 4-5-202, 68-140-504, 68-140-505, 68-140-509, and 68-140-521.

FIELD TRIAGE DECISION SCHEME		
Measure vital signs and level of consciousness		
Step One ¹	Glasgow Coma Scale	<15 or ²
	Systolic blood pressure	< 90 or
	Respiratory rate	<10 or >29
	Revised Trauma Score (see Table 2)	<11
<input type="checkbox"/> YES		<input type="checkbox"/> NO
Step Two ³	<ul style="list-style-type: none"> ▪ All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee ▪ Flail chest ▪ Combination trauma with burns ▪ Two or more proximal long-bone fractures ▪ Pelvic fractures ▪ Open and depressed skull fracture ▪ Paralysis ▪ Amputation proximal to wrist and ankle ▪ Major burns (see Chapter 14: Guidelines for the Operation of Burn Units) 	
<input type="checkbox"/> YES		<input type="checkbox"/> NO
	Take to trauma center; alert trauma team Steps 1 and 2 triage attempts identify the most seriously injured patients in the field. In a trauma system, these patients would preferentially be transported to the highest level of care within the system.	Evaluate for evidence of mechanism of injury and high-energy impact
Step Three ⁴	<ul style="list-style-type: none"> ▪ Ejection from automobile ▪ Death in same passenger compartment ▪ Extrication time >20 minutes 	<ul style="list-style-type: none"> ▪ Falls >20 feet ▪ Rollover
	<ul style="list-style-type: none"> ▪ High-speed auto crash Initial speed >40 mph Major auto deformity >20 inches Intrusion into passenger compartment >12 inches 	
	<ul style="list-style-type: none"> ▪ Auto-pedestrian/auto-bicycle injury with significant (>5 mph) impact ▪ Pedestrian thrown or run over ▪ Motorcycle crash >20 mph or with separation of rider from bike 	
<input type="checkbox"/> YES		<input type="checkbox"/> NO
	Contact medical direction and consider transport to a trauma center Consider trauma team alert	
Step Four ⁵	<ul style="list-style-type: none"> ▪ Age <5 or >55 ▪ Cardiac disease, respiratory disease ▪ Insulin-dependent diabetes, cirrhosis, or morbid obesity ▪ Pregnancy ▪ Immunosuppressed patients ▪ Patient with bleeding disorder or patient on anticoagulants 	
<input type="checkbox"/> YES		<input type="checkbox"/> NO
	Contact medical direction and consider transport to trauma center Consider trauma team alert	Reevaluate with medical direction
WHEN IN DOUBT TAKE TO A TRAUMA CENTER		



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RECIPROCIITY SKILLS CHECKLIST

SECTION I: DESTINATION GUIDELINES

ALL APPLICANTS: MUST READ AND SIGN SECTION I

I have read and understand the rules regarding destination guidelines for trauma patients.

Print Applicant Name

Applicant Signature

Social Security Number

SECTION II: EMT EXTENDED SKILLS CURRICULUM

This section is to verify that the above named individual has demonstrated proficiency to the Tennessee approved curriculum for EMT EXTENDED SKILLS. This program was verified by the undersigned and meets the guidelines of the Tennessee Division of Emergency Medical Services.

Print TN I/C Name

TN I/C Signature

Location & Date of Training

IF YOU COMPLETED A STATE PRACTICAL EXAMINATION FOR IV CERTIFICATION PROVIDE THE FOLLOWING INFORMATION

Date of Examination: _____

Location: _____



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RECIPROCITY CHECKLIST

The following general requirements must be met by all Emergency Medical Technicians **and** Paramedics. The following must be submitted:

General Requirements:

1. **Verification of Education:**
Submit a copy of a High School Diploma or a Graduate Equivalency Diploma (GED Certificate). A college transcript or degree may be submitted.
2. **Proof of Current CPR Training:**
A copy of your current CPR card from the American Heart Association or American Red Cross, which signifies training in CPR for the Professional Rescuer or Healthcare Provider. **Copy of Front and Back of card is required.**
3. **Application for Licensure (PH-3784):**
Answer all questions and sign.
The business name refers to employment with an Emergency Medical Service or similar organization approved to operate in the State of Tennessee. If not employed, indicate Not Applicable.
EMT-IV = Intermediate Level
Application must be signed and dated before processing will begin. The signed application is valid for one year from the date of your signature.
4. **Medical Statement (PH-0130):**
Complete the form so that the physician's name and address can be verified. The physical exam is valid if completed in the past six months, but information must be explained on the form provided in this packet.
5. **Current State Certification/License or Federal Agency Training Verification.**
Submit a copy of your existing license that should be valid for at least 3 months after you apply.
Mail the verification of licensure/certification form (PH-3607) or Federal Agency Training form (PH pending) to the appropriate state(s) in which you hold a license or to the Federal Agency where you received your training.
6. **National Registry Certification:**
You must **currently hold or have held** a National Registry certification at the level for which you are applying. If you are applying for reciprocity through your training from a Federal Agency you **must hold** a current National Registry Certification at the level for which you are applying.
7. **Knowledge of Destination Determinations:**
All applicants must read the trauma destination guidelines. These are included in the packet and must be verified by signing the appropriate sheet.

8. **EMS Professional Fees (PH-2397):**
Submit the Fee Form (PH-2397) with a check or money order for all appropriate fees, which includes: application fee license fee and reciprocity fee. If you would like confirmation of receipt of your fee, please mail certified mail receipt requested.

NOTE: Fees Are Subject To Change Without Notice.

Additional Requirements:

You must meet the general requirements and also provide the following according to level of license applying:

- A. **EMT Basic-IV's**
1. Verification of Training on Dual Lumen Airway.
 2. Verification of Training in Medication Administration with Medical Direction of
 - a. ASA and Nitroglycerine for suspected cardiac conditions
 - b. Albuterol by inhalers and nebulizer for respiratory distress
 - c. Epinephrine by Subcutaneous and Intramuscular injection for anaphylaxis
 - d. D50W in suspected hypoglycemia patients
 3. Verification of Training in Intravenous Fluid Therapy of Normal Saline, Dextrose in Water and Lactated Ringer's solutions, without admixture, to include Proof of Successfully Completing Five (5) Venipunctures (Verified by a licensed Physician or Registered Nurse)

Is all documentation included in your return packet?

REMEMBER: ALL REQUIRED DOCUMENTATION, FORMS, AND FEES MUST BE SUBMITTED **TOGETHER** AS ONE PACKET. (**Excluding** the State licensure or Federal Agency training verifying form) IF YOUR APPLICATION PACKET IS INCOMPLETE, IT WILL BE RETURNED TO YOU.

Questions?
Contact Donna Tidwell
Director of EMS Personnel Licensure and Education
donna.g.tidwell@state.tn.us
Phone: 615-741-2584



Office Use Only
Application Code

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATIONS
DIVISION OF EMERGENCY MEDICAL SERVICES
227 FRENCH LANDING, SUITE 303
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243

EMS RECIPROCITY APPLICATION

Please check appropriate box:

Hold current license in another state Received training from Federal Agency

NAME: _____
LAST FIRST MIDDLE (JR., II, III)

MAILING ADDRESS: _____
STREET or /P.O. BOX
CITY STATE ZIP

TELEPHONE: (____) _____ BIRTHDAY: ____/____/____ SSN: _____
MM DD YYYY

RACE: WHITE BLACK NATIVE ASIAN HISPANIC OTHER

SEX: MALE FEMALE

ARE YOU CURRENTLY WORKING IN EMS? FULL TIME PART TIME NOT APPLICABLE

IF YOU ARE WORKING IN EMS PLEASE MARK THE MOST APPROPRIATE SELECTION:

AMBULANCE SERVICE INDUSTRY RESCUE SQUAD
 FIRE DEPARTMENT HOSPITAL DISPATCH CENTER
 OTHER N/A

RANK OF LICENSURE REQUESTING: EMD EMT - IV PARAMEDIC

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN CERTIFIED WITH THE NATIONAL REGISTRY?
 YES NO

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN LICENSED/CERTIFIED IN ANOTHER STATE?
 YES NO

IF YES, LIST BELOW

STATE: _____ LEVEL: _____ LIC/CERT NUMBER: _____ EXPIRATION DATE: _____

STATE: _____ LEVEL: _____ LIC/CERT NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE _____



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MEDICAL STATEMENT
For Emergency Medical Services Professional License

The Division of Emergency Medical Services is the state agency responsible for the licensing of emergency medical services personnel. The mission of the agency is to oversee the delivery of pre-hospital emergency care and to safeguard the public from inappropriate or incompetent medical care in the pre-hospital environment. When issuing a license, it is understood that the individual can meet the demands, duties, and responsibilities listed below.

GENERAL DUTY REQUIREMENTS:

The general environmental conditions in which emergency medical service personnel work includes a variety of hot and cold temperatures and, at times, they may be exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. They can also be exposed to a variety of noise levels, which can be quite high, particularly when sirens are sounding. The individual must be able to function effectively in uncontrolled environments with high levels of ambient noise. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by having times to lift, move, carry and balance while moving in excess of 125 pounds (250 pounds 2 person lift). Motor Coordination is dexterity to bandage, splint and move patients, including properly applying invasive airways and administering injections.

Driving in a safe manner, accurately discerning street names, map reading, and the ability to correctly distinguish house numbers or business locations are essential tasks. Use of the telephone or radio for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to health professionals the patient's condition is critical. The provider must also be able to accurately summarize all data in the form of a written report.

TYPE / PRINT APPLICANTS NAME

HAS BEEN EXAMINED AND DEMONSTRATES SUFFICIENT HEALTH TO PERFORM THE ESSENTIAL FUNCTIONS IN THE PRE-HOSPITAL ENVIRONMENT AS DESCRIBED IN THE GENERAL DUTY REQUIREMENTS ABOVE INCLUDING VISUAL ACUITY, SPEECH, HEARING, AND THE USE OF EXTREMITIES.

PRINT PROVIDER'S NAME

PROVIDER'S LICENSE NUMBER

STATE

PROVIDER'S SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE EXAMINER NECESSARY FOR QUALIFICATION TO MY EMPLOYER FOR DETERMINATION OF MY ELIGIBILITY BY THE DIVISION OF EMERGENCY MEDICAL SERVICES.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

DATE

"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."



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 227 FRENCH LANDING, SUITE 303
 NASHVILLE, TENNESSEE 37243
 Phone: 615-741-2584 Fax: 615-7414217

OUT OF STATE RECIPROCITY VERIFICATION

Applicant: Complete **Section I** and mail to all states in which you currently hold or have held a License/Certification.
APPLICANT: DO NOT MAIL THIS TO STATE OF TENNESSEE

SECTION I: To be complete by the applicant

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number
_____	_____	_____	_____
Street /P.O. Box	City	State	Zip Code
_____	_____	_____	_____
Area Code-Phone Number	License/Certification Level	License/Certification Number	Expiration Date

SECTION II: To be completed by the state EMS Licensing/Certifying agency.

The above applicant has applied for reciprocity in **Tennessee**. Please **mail or fax the completed form** to Tennessee Department of Health/EMS listed above.

1. Current License/Certification level of applicant: _____ Expiration Date: _____
*If applicant is trained to a level **other** than the current EMT Basic, EMT I-85 or Paramedic curriculum please provide a description of training and approved skills.*

2. Has applicant's License/Certification ever been restricted, suspended or revoked? No Yes Explain: _____

3. Has applicant ever been convicted of a felony? No Unknown Yes Explain: _____

4. Was applicant issued License/Certification based on reciprocity in your state? No Yes If yes please complete following:
 What State? _____ Date License/Certification granted: _____

5. Do you know of any reason why this applicant should not be granted reciprocity? No Yes Explain: _____

_____	_____
Printed Name	Title
_____	_____
Signature	Date
_____	_____
Agency	State
_____	_____
	Phone



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EMS TRAINING WITH FEDERAL AGENCY VERIFICATION

Complete the **TOP** portion of this form and mail to the Federal Agency you received your current certification/licensure training.

ATTENTION: _____ EMS Personnel Training Section.
Federal Agency

I am applying for an EMS license in the State of Tennessee and authorize your agency to release the information requested in the lower section of this form. Please mail the completed form to the Tennessee Division of Emergency Medical Services.

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

DOB: _____ **SSN:** _____ **CERT/LIC #** _____

Certification/Licensure Level Applying For: EMD EMT EMT-I PARAMEDIC

SIGNATURE: _____ **DATE:** _____

THIS SECTION TO BE COMPLETED BY CERTIFYING AGENCY

Did the individual identified above successfully complete an approved current National Department of Transportation Curriculum for the level in which they are licensed in your agency?

Yes No **Date Training Completed:** _____ **Total Hours:** _____

If the above answer was NO did this individual successfully complete an approved EMT Basic transitional course?

Yes No **Date Training Completed:** _____ **Total Hours** _____

Certification/Licensure Training Level:

EMD EMT EMT-I PARAMEDIC OTHER _____
(Type)

Check those which were included in training?

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> AED | <input type="checkbox"/> SubQ Injections | <input type="checkbox"/> D50 Administration | <input type="checkbox"/> IV Initiation |
| <input type="checkbox"/> Nebulizer | <input type="checkbox"/> IM injections | <input type="checkbox"/> Glucagon | <input type="checkbox"/> Dual Lumen Airway |
| <input type="checkbox"/> Inhalers | <input type="checkbox"/> Epinephrine (pens) | <input type="checkbox"/> NTG | <input type="checkbox"/> Tracheal Intubation |

Do you know of any reason why this individual should be denied a certification/license?

Yes

No

If yes, please explain: _____

I certify that the information provided is true and correct.

Agency Name: _____

Signature of Agency Representative: _____

Print Name of Agency Representative: _____

Date: _____

Telephone: _____

Board or, State or, Federal Seal

Your cooperation is greatly appreciated. If you have questions, please contact the training section at (615) 741-4521. Please return this form to the address at the top of the first page.



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OFFICE USE ONLY	
707 - 1st Responder	_____
718 - EMT, IV, PM	_____
719 - EMD	_____

EMS PROFESSIONAL FEES

Class Number: (If Applicable) _____ SSN: _____

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

Address: _____ Street _____ Birthday: ____/____/____
 _____ City State Zip Phone: (____) _____

EMS Employer: _____ Phone: (____) _____

Have you ever been convicted, for a violation of the law other than a minor traffic violation? Yes _____ No _____

Have you ever or are you now addicted to any alcohol or drugs? Yes _____ No _____

Has your license/certification to practice in any state ever been reprimanded, suspended, restricted, revoked or is it under threat of disciplinary action? Yes _____ No _____

If you answered yes to either question, give details on a separate sheet including circumstances with appropriate dates. Attach a certified copy of court records if convicted of any law violation.

I certify that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my certification/license.

Signature: _____ Date: _____

This application must be signed and dated to insure processing.

Please **check the appropriate box(es)** and submit this form with the total fee(s) by a personal or certified check (**no cash**). Payment should be made payable to **TDH-EMS**. **This form must be submitted fifteen (15) days prior to your examination date.** Failure to comply with these instructions will result in a delay of your license approval.

ACTION	EMT-B	EMT-IV	PARAMEDIC	FIRST RESPONDER	EMD	CRITICAL CARE PARAMEDIC	INSTRUCTOR
Application Fee (non-refundable)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$35.00
License Fee	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30.00		
Renewal Fee	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	
Reinstatement Fee	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	
Reciprocity Fee	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	

TOTAL FEE = _____

"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."



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
Accredited Educational Institutions
for
Emergency Medical Technician And Paramedic Training**

NORTHEAST TENNESSEE REGION

Northeast State Technical Community College*

P.O. Box 246
2425 Hwy. 75
Blountville, TN 37617-0246
Phone: 423-323-3191
Fax : 423-323-0213

Paramedic, EMT-IV, First Responder

EAST TENNESSEE REGION

Roane State Community College*

Health Science Center
132 Hayfield Road
Knoxville, TN 37922
Phone: 865-539-6904 or 1-539-6905
Fax : 865-539-6907

Paramedic, EMT-IV, First Responder

Walters State Community College *

Emergency Medical Technology
500 S. Davey Crockett Pky.
Morristown, TN 37813-6899
Phone: 423-585-2600
Fax: 423-585-6853

Paramedic, EMT-IV, First Responder

SOUTHEAST TENNESSEE REGION

Chattanooga State Technical Community College*

EMS Management Program
407 Chestnut Street, Level B
Chattanooga, TN 37402-4905
Phone: 423-634-7707
Fax: 423-634-7706

Paramedic, EMT-IV

Cleveland State Community College

Health Science Department
P.O. Box 3570
Cleveland, TN 37320-3570
Phone: 423-478-6228
Fax: 423-478-6255

EMT-IV

SOUTHEAST TENNESSEE REGION

Chattanooga Fire Department **

3200 Amnicola Hwy
Chattanooga, TN 37406
Phone: 423-697-1453
Fax: 423-697-1420

EMT-IV

UPPER CUMBERLAND TENNESSEE REGION

Tennessee Technological University

Division of Extended Services
P.O. Box 5073
Cookeville, TN 38505
Phone: 931-372-3394
Fax: 931-372-3499

Paramedic, EMT-IV

Livingston Technology Center

P.O. Box 219
Livingston, TN 38570
Phone:
Fax:

EMT-IV

MID-CUMBERLAND TENNESSEE REGION

Middle Tennessee State University

Office of Continuing Studies
Murfreesboro, TN 37132
Phone: 615-898-2462
Fax: 615-898-3593

EMT-IV

MID-CUMBERLAND TENNESSEE REGION

Volunteer State Community College *
Allied Health Division
EMS Education
1480 Nashville Pike
Gallatin, TN 37066
Phone: 615-741-3215, 615-452-8600 Ext. 3346 or
3347
Fax: 615-230-3344
Paramedic, EMT-IV, First Responder

Nashville Metro Fire Department **
Training Academy **
2601 Buena Vista Pk.
Nashville, TN 37218
Phone: 615-862-5390
Fax: 615-862-5397
EMT-IV

SOUTH CENTRAL TENNESSEE REGION

Columbia State Community College*
P.O. Box 1315
Hampshire Pike, Highway 99 West
Columbia, TN 38402-1315
Phone: 931-540-2784
Fax: 931-540-2795
EMT-IV, Paramedic

Motlow State Community College
Lynchburg Highway
Tullahoma, TN 37388
Phone: 931-393-1750
Fax: 931-393-1761
EMT-IV

University of the South
S.P.O. 1254
Sewanee, TN 37375
Phone: 931-598-1000
Fax: 931-598-1145
EMT-IV

RURAL WEST TENNESSEE REGION

Jackson State Community College *
Emergency Medical Technology
2046 N. Parkway
Jackson, TN 38301
Phone: 901-425-2612
Fax: 901-425-2647
Paramedic, EMT-IV

MEMPHIS-DELTA TENNESSEE REGION

Dyersburg State Community College
1510 Lake Road
Dyersburg, TN 38024
Phone: 901-286-3390
Fax: 901-286-3333
EMT-IV

Southwest State Community College *
Emergency Medical Technology Department
Division of Allied Health
P.O. Box 40568
Memphis, TN 38174-0568
Phone: 901-544-5412
Fax: 901-544-5391
Paramedic, EMT-IV

Memphis Fire Department**
Training Academy **
2668 Avery
Memphis, TN 38112
Phone: 901-320-5397
EMT-IV

* Indicates National Accreditation

** Not opened to general public



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
227 FRENCH LANDING, SUITE 303
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243

TELEPHONE: 615-741-2584
FAX# 615-741-4217

REGIONAL EMS OFFICES

Region 1

Department of Health
Division of Emergency Medical Service
Northeast Tennessee Regional Office
1223 S. W. Avenue Ext.
Johnson City, TN 37604
Phone: 423-979-3200 (111)
Fax: 423-979-3267

Region 2

Department of Health
Division of Emergency Medical Services
Office of Health Licensure and Regulations
Lakeshore Park, Building # 1
5904 Lyons View Pike
Knoxville, TN 37919
Phone: 865-588-2469
Fax: 865-594-5739

Region 3

Department of Health
Division of Emergency Medical Services
Southeast Regional Health Office
Suite 450, Room 3
540 McCallie Avenue
Chattanooga, TN 37402
Phone: 423-634-3124
Fax: 423-634-3139

Region 4

Department of Health
Division of Emergency Medical Services
Upper Cumberland Regional Office
200 West 10th Street
Cookeville, TN 38501-6076
Phone: 931-528-7531
Fax: 931-520-0413

Region 5

Department of Health
Division of Emergency Medical Services
Mid-Cumberland Regional Health Office
710 Hart Lane
Nashville, TN 37247-0801
Phone: 615-650-7010
Fax: 615-262-6139

Region 6

Department of Health
Division of Emergency Medical Services
South Central Regional Health Office
1216 Trotwood Avenue
Columbia, TN 38401-4899
Phone: 931-380-2532 ext. 121
Fax: 931-380-3364

Region 7

Department of Health
Division of Emergency Medical Services
Rural West TN Regional Health Office
781-B Airways Boulevard
Jackson, TN 38301
Phone: 731-421-5116
Fax: 731-423-6572

Region 8

Department of Health
Division of Emergency Medical Services
Memphis Regional Health Office
814 Jefferson Avenue
Memphis, TN 38105
Phone: 901-543-7049
Fax: 901-543-7710