



EMT CERTIFICATION/RECERTIFICATION APPLICATION

ALL REQUIRED DOCUMENTS MUST BE ATTACHED WHEN APPLICATION IS TURNED IN

CHECK ONE-

Initial Certification

1. Copy of a current driver's license or a government issued identification card
2. Copy of current National Registry Certification (NREMT card **AND** certificate)
3. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
4. Copy of your EMT training program course completion certificate
5. A live scan criminal background check, completed no longer than 60 days prior to the date the certification application is submitted. The El Dorado County EMS Agency Live Scan form must be used, and a copy of the completed form (once the live scan has been performed and signed by the technician) must be provided to the El Dorado County EMS Agency.
<https://www.edcgov.us/government/ems/forms/documents/LifeScanApplication012914.pdf>
6. Non-refundable application fee. Checks are **NOT** accepted. To determine the application fee and acceptable payment methods, refer to:
https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule_%20071718.pdf

Recertification

Current Certification issued by: **El Dorado County EMS Agency** **Other:** _____

1. Copy of a current driver's license or a government issued identification card
2. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
3. Completed EMT skills competency verification form
4. ****Effective 7/1/2019** copy of Certificate of Training or CE Certificate for Naloxone, Epinephrine and Glucometer training
5. Documentation of **twenty-four (24)* hours** of continuing education (MUST be CE Certificates), obtained during the current certification period. If expired, CE must be dated within 24 months prior to applying for reinstatement.
6. Complete a Department of Justice and FBI Live Scan background check and attach form, ***if not previously on file with the agency***
7. Non-refundable application fee. Checks are **NOT** accepted. To determine the application fee and acceptable payment methods, refer to:
https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule_%20071718.pdf

Reciprocity Certification

1. Copy of a current driver's license or a government issued identification card
2. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
3. Copy of current National Registry Certification (NREMT card **AND** certificate)
4. Copy of your out-of-state EMT card
5. A live scan criminal background check, completed no longer than 60 days prior to the date the certification application is submitted. The El Dorado County EMS Agency Live Scan form must be used, and a copy of the completed form (once the live scan has been performed and signed by the technician) must be provided to the El Dorado County EMS Agency.
<https://www.edcgov.us/government/ems/forms/documents/LifeScanApplication012914.pdf>
6. Non-refundable application fee. Checks are **NOT** accepted. To determine the application fee and acceptable payment methods, refer to:
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SSN#: _____

LAST NAME: _____ FIRST NAME: _____ MI _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: () _____

CITY/STATE: _____ / _____ FAX #: () _____

HOME MAILING ADDRESS: _____

EMAIL: _____

DRIVERS LICENSE #: _____ DOB: ____/____/____

Age Range:

- 18-20 41-45
- 21-25 46-50
- 26-30 51-55
- 31-35 56-60
- 36-40 Older

Gender:

- Male
- Female

Race/Ethnicity:

- American Indian/Alaska Native
- Black/African American
- Asian
- White
- Hispanic Latino
- Choose to not identify
- Native Hawaiian or Other Pacific Islander

INITIAL CERTIFICATION ONLY:

COURSE LOCATION: _____

INSTRUCTOR: _____ COURSE COMPLETION DATE: / /

In what setting will you be using your certification? (please check one)

- Ambulance
- Paid Firefighter
- Volunteer Firefighter
- Industrial Clinic
- General Info
- Seeking Employment with Ambulance Company
- Seeking Employment with Fire
- Other

CONTINUING EDUCATION:

Course Completion Certificates must be attached or application will not be accepted.

24 Hours of continuing education (MUST be CE Certificates, cannot be a list of courses/hours completed) is required for recertification applicants, and must be obtained during the current certification period. Additional requirements for lapsed certifications.

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? Yes ___ No _____

Are there any criminal charges currently pending against you? Yes ___ No _____

(You must answer these questions or your application will be returned.) If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? Yes ___ No _____

(You must answer this question or your application will be returned.) If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

The Medical Director shall deny or revoke an EMT certificate if any of the following apply to the applicant:

- a. has committed any sexually related offense specified under Section 290 of the Penal Code
- b. been convicted of murder, attempted murder, or murder for hire
- c. been convicted of two or more felonies
- d. is on parole or probation for any felony
- e. been convicted and released from incarceration during the preceding fifteen years of the crime of

manslaughter or involuntary manslaughter

- f. been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
- g. been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs
- h. been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
- i. been convicted within the preceding five years of any theft related misdemeanor

has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the El Dorado County EMS Agency to contact any employer, agency, or any other person for information related to my role and function as an EMT in the state of California.

Signature of Applicant: _____

Print Name: _____ **Date:** _____

FOR OFFICE USE ONLY

CENTRAL REGISTRY NUMBER:	ISSUE DATE: / /	EXP DATE: / /
PAYMENT AMOUNT:	PAYMENT DATE: / /	
DATE PAID: / /	CASH <input type="checkbox"/>	CREDIT/DEBIT <input type="checkbox"/>
STATE CARD		
PICKUP <input type="checkbox"/>	DATE: / /	MAILED <input type="checkbox"/> DATE: / /