



PARAMEDIC/EMT ACCREDITATION APPLICATION

ALL REQUIRED DOCUMENTS MUST BE ATTACHED WHEN APPLICATION IS SUBMITTED

CHECK ONE-

Initial Accreditation

1. Copy of a current driver's license or a government issued identification card
2. Be at least 18 years of age.
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 Paramedic/ EMT License
5. Letter of Affiliation from an approved ALS Service Contractor
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

Reaccreditation

1. Provide a letter of continued affiliation with an approved ALS Service Contractor
2. Completed copy of Paramedic/EMT accreditations skills
3. Copy of a current driver's license or a government issued identification card
4. Copy of current Paramedic/EMT card

Renew Lapsed Accreditation

1. Provide a letter of continued affiliation with an approved ALS Service Contractor
2. Completed copy of Paramedic/EMT Accreditation skills
3. Copy of a current driver's license or a government issued identification card
4. Copy of current Paramedic/EMT card
5. 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

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
 Asian
 Hispanic Latino
 Native Hawaiian or Other Pacific Islander

- Black/African American
 White
 Choose to not identify

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:

- has committed any sexually related offense specified under Section 290 of the Penal Code
- been convicted of murder, attempted murder, or murder for hire
- been convicted of two or more felonies
- is on parole or probation for any felony
- 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: / /