

EMS CERTIFICATION/ACCREDITATION CANDIDATES

State regulations require that individuals apply to a local EMS agency for certification once they have completed their training program, except for paramedics who must obtain their license through the State EMS Authority and apply to a local EMS agency for accreditation.

Please submit completed application and non-refundable application fee to the El Dorado County EMS Agency at 2900 Fairlane Court, Placerville, CA 95667. Please note that you must sign and date the reverse side of this application for it to be valid. If you have any questions, please feel free to contact us at (530) 621-6500.

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Email Address: _____ Work Email Address: _____

Home Phone: _____ Cellular Phone: _____

Employer: _____ Employer Phone: _____

Current/Prior Certification Number (if applicable): _____ Expiration: _____

ACCEPTABLE PAYMENT METHODS - (CHECKS ARE NOT ACCEPTED) - Fees can be paid by CASH, MONEY ORDER OR CREDIT CARD. If you pay by credit card, you will be charged a processing fee based on the dollar amount. Credit card payments can be paid on our website at www.edcgov.us/ems or in our office during regular business hours. If paying by money order, please make payable to the **El Dorado County EMS Agency**.

TYPE OF COURSE – Please check box that applies.

FIRST RESPONDER TECHNICIAN -

Basic

County Resident \$25.00, Out-Of-County Resident \$48.00. (Checks are not accepted. See above for acceptable payment methods) Provide copies of:

Recertification

Current CPR card; valid State or Federal ID; Course Completion Certificate or be on a Course Completion Roster provided to the EMS Agency by the course instructor and proof of residency (i.e., utility bill or car registration with a physical address).

PARAMEDIC

Initial Accreditation - \$35.00 (Checks are not accepted. See above for acceptable payment methods) – Provide a letter of affiliation from an approved El Dorado County ALS Service Contractor; successfully complete a written protocol test; complete an El Dorado County accreditation process (see Accreditation Policy). **Provide copies of:** a current, valid California paramedic license and a valid State or Federal ID.

Update Accreditation Information - No fee required unless accreditation has lapsed, see renew lapsed accreditation below – Provide a letter of continued affiliation from an approved El Dorado County ALS Service Contractor; and complete and sign a paramedic accreditation skills and training (PATS) form. **Provide copies of:** a current, valid California paramedic license and a valid State or Federal ID (i.e. driver license).

Renew Lapsed Accreditation - \$83.00 (Checks are not accepted. See above for acceptable payment methods) – Provide a letter of continued affiliation from an approved El Dorado County ALS Service Contractor; and complete and sign a paramedic accreditation skills and training (PATS) form. **Provide copies of:** a current, valid California paramedic license and a valid State or Federal ID. For a lapse of more than one year, refer to the El Dorado County Accreditation Policy.

MOBILE INTENSIVE CARE NURSE (MICN)

Initial Certification - \$48.00 (Checks are not accepted. See above for acceptable payment methods) – Provide a letter of affiliation from an approved El Dorado County Base Hospital. Proof of completing required ambulance ride-along(s) and MICN protocol test. **Provide copies of:** current, valid California RN license; MICN course completion certificate or current MICN certification; a valid State or Federal ID (i.e. driver license).

Recertification - \$48.00 (Checks are not accepted. See above for acceptable payment methods) – Provide a letter of affiliation from an approved El Dorado County Base Hospital. Proof of completing required 8 hours approved CE and MICN protocol test. **Provide copies of:** current, valid California RN license; a valid State or Federal ID (i.e. driver license). For a lapsed certification, refer to the El Dorado County MICN Certification Policy.

NOTE: THIS APPLICATION IS NOT VALID UNTIL THE REVERSE SIDE HAS BEEN SIGNED.

EL DORADO COUNTY EMS AGENCY APPLICATION AFFIDAVIT

Answer All Questions, Sign and Date Affidavit:

If you answer yes to either of the following questions, you must 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.

Yes No

Have you ever been convicted of any felony or misdemeanor offense including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?

Are there any criminal charges currently pending against you?

Check here if previously disclosed and on file with El Dorado County EMS Agency.

If you answer yes to the following question, you must enclose with this application a written explanation that describes the action, any corrective action, any remediation as a result of the action, and the name and address of the certifying or licensing authority involved.

Yes No

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?

Check here if previously disclosed and on file with El Dorado County EMS Agency.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200(c), as listed below:

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- (12) Unprofessional conduct exhibited by any of the following:
 - (A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - (B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Sections 56) of Division 1 of the Civil Code. [Amended by SB 1330 (Ch. 328) Statutes of 2010.]
 - (C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the El Dorado County EMS Agency process this application and authorize them to use this information in performing a background investigation.

Name: _____ **Date:** _____
(Please Print)

Signature: _____

PLEASE MAIL TO: El Dorado County EMS Agency, 2900 Fairlane Court, Placerville, CA 95667