

EMT Certification/Recertification Application

APPLICANT INFORMATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION										
Last Name				First Name				Middle Initial		
Date of Birth		Driver's License Number			Last 4 digits of Social Security #			Current State EMT Certification #		
Mailing Address: PO Box/Street					Residence Address					
City			State	Zip Code	City			State	Zip Code	
Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>					Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Cell Phone Number		Home Telephone Number		Home Email			Work Email			
IF EMPLOYED BY AN EMS PROVIDER(S) PLEASE LIST THE NAME AND ADDRESS										
Primary Employer					Other Employer					
Name			Phone		Name			Phone		
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Employer Must Be Verified By One of The Following: <input type="checkbox"/> Apply In Uniform <input type="checkbox"/> Employee ID <input type="checkbox"/> Employer Signature Below					Employer Must Be Verified By One of The Following: <input type="checkbox"/> Apply In Uniform <input type="checkbox"/> Employee ID <input type="checkbox"/> Employer Signature Below					
To Be Completed By Primary Employer					To Be Completed By Other Employer					
As the EMS Coordinator of the agency named above, I verify that the individual named on this application is currently employed by this agency and I agree to notify the San Luis Obispo County EMS Agency immediately of any change in the employment status of the individual named on this application.					As the EMS Coordinator of the agency named above, I verify that the individual named on this application is currently employed by this agency and I agree to notify the San Luis Obispo County EMS Agency immediately of any change in the employment status of the individual named on this application.					
Signature:					Signature:					
Printed Name			Date		Printed Name			Date		
E-mail			Phone		E-mail			Phone		
DECLARATION										
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)?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any criminal charges currently pending against you?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered yes to any of these questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.										
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 this certifying entity to contact any person or agency for information related to my role and function as an EMT in California. Additionally, by signing this application I do authorize the release of all prior EMT application and/or certification action documentation for use of verification by SLO County EMS Agency. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that the application fees are non – refundable and that California Regulations require me to notify the EMS Agency in writing within 30 days of any change in my mailing address.										
Signature of Applicant:							Date:			

SUBMIT THE FOLLOWING ITEMS WITH APPLICATION

NAME: _____ DATE: _____

EMT INITIAL CERTIFICATION	EMT RE-CERTIFICATION
<input type="checkbox"/> Completed Application <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> ARC – CPR for Healthcare Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Driver's License/ government issued photo ID (Must be 18) <input type="checkbox"/> EMT Basic Course Completion Certificate <input type="checkbox"/> Training Program: _____ <input type="checkbox"/> Date of Completion: _____ <input type="checkbox"/> National Registry course certificate or Current NREMT Card <input type="checkbox"/> NREMT #: _____ <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> Out of state current EMT Card Expiration Date: _____ (and/or NREMT if Reciprocity) <input type="checkbox"/> California Paramedic License Expiration Date: _____ <input type="checkbox"/> DOJ/FBI Live Scan Receipt (new, paramedic EMT and reciprocity) <input type="checkbox"/> DMV Printout *** <input type="checkbox"/> DMV Printout <input type="checkbox"/> We pull <input type="checkbox"/> Employer Letter ** <input type="checkbox"/> \$98 Non-refundable application fee	<input type="checkbox"/> Completed Application <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> ARC – CPR for Healthcare Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Current Certification Card Expiration Date: _____ <input type="checkbox"/> Driver's License or government issued photo ID <input type="checkbox"/> Skills Verification Form (not needed for paramedic EMT) <input type="checkbox"/> 24 hrs. CE <input type="checkbox"/> EMT Refresher Course <input type="checkbox"/> Training Program: _____ <input type="checkbox"/> Date of Completion: _____ <input type="checkbox"/> 36 hrs. CE = 6 to 12 months expired <input type="checkbox"/> 48 hrs. CE = 12 to 24 months expired plus NREMT <input type="checkbox"/> Paramedic License Expiration Date: _____ <input type="checkbox"/> DOJ/FBI Live Scan <input type="checkbox"/> On file <input type="checkbox"/> Grandfathered Employer Letter * <input type="checkbox"/> DMV Printout <input type="checkbox"/> DMV Printout <input type="checkbox"/> We pull <input type="checkbox"/> Employer Letter ** <input type="checkbox"/> \$60 Non-refundable application fee

***** Letter from employer is acceptable only if your current employer grandfathered you into the state system with SLO EMS Agency in 2010. If you are not with this same employer, you will need to do another Live Scan.

****** Letter from employer is acceptable only if the employer participates in DMV notification system.

******* If you have been in California less than 2 years, you must provide a DMV printout from previous state as well as California.

****** EMS Agency Use Only Below This Line ******

Verified by: _____	County No: _____	Copy of Card in File: _____
Date Verified: _____	State No: _____	Access Updated: _____
Registry Checked: _____	Effective Date: _____	Copy to Employer: _____
Megan's Law: _____	Expiration Date: _____	Date Picked Up: _____
Background Clear _____	Entered in Registry _____	Date Mailed: _____