



San Luis Obispo County Emergency Medical Services Agency

2180 Johnson Ave, 2nd Floor, San Luis Obispo, CA 93401

Phone: 805.788.2511

Fax: 805.788.2517

www.sloesma.org

Dear Paramedic EMT Applicant:

A California licensed Paramedic working as an EMT is not required to have an EMT Certification Card, unless their Paramedic License has been suspended. If your employer or you want an EMT card or if your California Paramedic License has been suspended, and you are applying for a California EMT Certification in San Luis Obispo County, you must complete the following requirements:

1. **In Person:** You must apply in person.
2. **Application:** Submit a completed San Luis Obispo County EMT Application, attached to this packet or available on our website at <http://sloemsa.org/forms.html>
3. **Eligibility Statement:** Submit a signed Eligibility Statement, attached to this packet or available on our website at <http://sloemsa.org/forms.html>
4. **Paramedic License:** Submit a copy of your current and valid California Paramedic License. **Copy must be readable.**
5. **CPR Card:** Submit a copy of your current and valid CPR card equivalent to *American Heart Association – BLS for the Healthcare Provider*, or *American Red Cross – CPR for the Professional Rescuer* or other course provider approved by the San Luis Obispo EMS Agency Medical Director. **Online courses are not accepted without hands-on skills competency exams.**
6. **Photo ID:** Submit a copy of your current and valid Government Issued Photo ID. **Photo must be visible on copy.**
7. **Education Requirement:** Paramedic license will suffice for CE and skills.
8. **DMV Driving Record:** Submit a certified copy of your DMV driving record from your state of origin, dated within 7 days of application. If you have a California driver's license you must also submit your California driving record or utilize our service at no cost, form attached to this packet or available on our website at <http://sloemsa.org/forms.html>. **Driving record printed from the DMV website will not be accepted.** If your employer participates in the DMV notification system, you may use this Sample Letter in place of the certified copy from the DMV located on our website at http://sloemsa.org/files/Sample_DMVonlyEMT_Employer_Letter.pdf
9. **Background Investigation:** Background investigation must be completed via the "Live Scan" process using our form. Please note, we do not offer Live Scan service in our office. A copy of the **"Request for Live Scan Services" form signed off by the Live Scan Agency must be submitted with your application.** Form attached to this packet or available on our website page at <http://sloemsa.org/forms.html> A background check information page is also attached to this packet or available on our website at <http://sloemsa.org/files/BackgroundCheckRequirementsforEMTCertification.pdf>

08/08/2013

10. **Application Fee:** Pay the **Non-Refundable Application Fee** in the amount of \$135.00 which includes a \$75.00 state fee (subject to change without notice). Additional fee will be applied to all EMS personnel applications for which we receive notification indicating criminal behavior that requires an investigation of allegation(s). **This fee is non-refundable and can be charged any time during your certification cycle if an administrative investigation is required.** For current fee schedule see our website at <http://sloemsa.org/fees.html> The San Luis Obispo County EMS Agency accepts cash, Visa, MasterCard, Discover Card, money orders, or checks **made payable to San Luis Obispo County**. This fee does not include the fee for "Live Scan" (background check).
11. **Prior Convictions:** If you have **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 (No Contest), or any conviction which has been expunged (set aside) or record sealed under PC 1203.4. **Failure to disclose a misdemeanor or felony may result in denial, suspension or revocation of an EMT Certificate pursuant to California Health and Safety Code Section 1798.200.** you must bring in the following information with your application:
 - Provide a detailed statement that describes the incident, charges, date(s), location, court, sentence served, and probation or parole (if any),
 - Court documents (minute order) and
 - Police reports.
12. Upon completion of the above requirements and confirmation that the applicant is not precluded from certification for reasons defined in Section 1798.200 of the California Health and Safety Code, the EMS Agency has up to 14 days to issue your EMT Card. Extra time will be required when Live Scan or DMV notifications indicate criminal behavior requiring further administrative investigation. **The expiration date shall be based on the expiration date of your California Paramedic License and may be good for only a few months before you would be required to meet recertification requirements.**



EMT CERTIFICATION APPLICATION

Check One: Initial Re-Certification Reciprocity

Last Name			First Name			Middle Initial			
Mailing Address: PO Box/Street						City			
State		Zip		Phone Number		E-mail			
Date of Birth			Driver's License Number		Social Security Number		Previous County Certified with (Reciprocity only)		
If employed by an EMS Provider(s) please list the name and address									
Primary Employer						Other Employer			
Name						Name			
Address						Address			
City			State		Zip	City		State	Zip
Employer Must Be Verified By One of The Following: Apply In Uniform ~ Employee ID ~ Employer Signature Below						Employer Must Be Verified By One of The Following: Apply In Uniform ~ Employee ID ~ 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.			
Printed Name: _____ Date: _____						Printed Name : _____ Date: _____			
Signature:						Signature:			
E-mail			Phone		E-mail			Phone	
Have you ever been convicted of any <i>felony</i> or <i>misdemeanor offense</i> , including traffic convictions, in California or in any other state or place, including entering a plea of <i>nolo contendere</i> or no contest and including any conviction which has been expunged (set aside) under Code Section 1203.4?						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 (Paramedic, RN, MD, etc.) 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"/>			
<p style="color: red; font-weight: bold;">If you answered yes to any of these questions, you must submit with this application</p> 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. 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: _____			

➡ See Second Page for Checklist of Items to Submit with Application ⬅

SUBMIT THE FOLLOWING ITEMS WITH APPLICATION

NAME: _____ DATE: _____

EMT INITIAL CERTIFICATION	EMT RE-CERTIFICATION
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application
<input type="checkbox"/> Eligibility Statement	<input type="checkbox"/> Eligibility Statement
<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card
<input type="checkbox"/> Driver's License or government issue photo ID	<input type="checkbox"/> Current Certification Card
<input type="checkbox"/> EMT Basic Course Completion Certificate	<input type="checkbox"/> Driver's License or government issued photo ID
<input type="checkbox"/> National Registry course certificate	<input type="checkbox"/> Skills Verification Form
<input type="checkbox"/> Completion of Live Scan	<input type="checkbox"/> 24 hrs CE
<input type="checkbox"/> DMV Printout (within 7 days)	<input type="checkbox"/> Completion of Live Scan if not previously done or letter from employer*
<input type="checkbox"/> \$135 Non-refundable application fee	<input type="checkbox"/> DMV Printout (within 7 days) or letter from employer**
EMT RECIPROCITY	PARAMEDIC/ EMT
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application
<input type="checkbox"/> Eligibility Statement	<input type="checkbox"/> Eligibility Statement
<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card
<input type="checkbox"/> Current Certification Card	<input type="checkbox"/> Current State Paramedic License
<input type="checkbox"/> Driver's License or government issued photo ID	<input type="checkbox"/> Driver's License or government issued photo ID
<input type="checkbox"/> Current National Registry Card (required for out of state)	<input type="checkbox"/> Completion of Live Scan if not previously done or letter from employer *
<input type="checkbox"/> Completion of Live Scan	<input type="checkbox"/> DMV Printout (within 7 days) or letter from employer**
<input type="checkbox"/> 24 hrs CE and Skills Verification***	Non-refundable application Fee: <input type="checkbox"/> \$135 new <input type="checkbox"/> \$97 recertification
<input type="checkbox"/> Skills Verification Form	
<input type="checkbox"/> DMV Printout (within 7 days)	
<input type="checkbox"/> \$135 Non-refundable Application fee	

*Letter from employer is acceptable only if you were grandfathered into the state system by your current employer.

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

*** Call for specific requirements

IF AN EMT CERTIFICATION IS:	THEN:
Not yet expired...	24 Hours of Refresher/CE Hours are required
0-6 months expired...	24 Hours of Refresher/CE Hours are required
Greater than 6 months but less than 12 months expired...	36 Hours of CE is required
12 months but less than 24 months expired...	48 Hours of CE is required <u>PLUS</u> Completion of National Registry Exam <u>PLUS</u> new Live Scan
Greater than 24 months expired...	You must repeat the entire EMT-1 Basic Course <u>PLUS</u> take the National Registry exam <u>PLUS</u> new Live Scan

******* 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: _____



San Luis Obispo County Emergency Medical Services Agency

2180 Johnson Ave, 2nd Floor, San Luis Obispo, CA 93401

Phone: 805.788.2511

Fax: 805.788.2517

www.sloesma.org

ELIGIBILITY STATEMENT

Submit with EMS Application

Health and Safety Code Section 1798.200, Division 2.5 states that the Medical Director may place a certificate holder on probation, suspend, or revoke any certificate issued under the following provisions and in accordance with the California Emergency Medical Services Authority, upon the finding of the Medical Director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following:

- Fraud in the procurement of a professional certificate
- Gross negligence
- Repeated workplace negligent acts.
- Incompetence in workplace performance.
- The commission of any fraudulent, dishonest, or corrupt acts, which is substantially related to the qualifications, functions and/or duties of a prehospital care provider.
- Conviction of any crime, which is substantially related to the qualifications, functions and/or duties of a Prehospital care provider.
- Violating or attempting to violate directly or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision promulgated by the California EMS Authority pertaining to prehospital care.
- Violating or attempting to violate any federal, state, or local statute, or regulation, which regulates narcotics, dangerous drugs or controlled substances.
- Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, dangers drugs, or controlled substances.
- Functioning outside the scope of practice of a prehospital care provider as determined by certification, accreditation or licensure
- Demonstration of irrational behavior or occurrence of physical disability reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- Unprofessional conduct exhibited by any of the following: 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 or EMT-P from assisting a peace officer, or a peace officer that is acting in the dual capacity of peace officer and EMT or EMT-P from using that force that is reasonably necessary to affect a lawful arrest or detention.
- The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the Civil Code.

It is the responsibility of the Certified EMT, Accredited Paramedic or Authorized MICN to notify the San Luis Obispo County EMS Agency within 7 days of any arrest or change in their eligibility status as listed above.

I hereby certify under penalty of perjury that I have read and understand the Eligibility Statement. I have truthfully answered all of the information I provided on this application and it is true and correct to the best of my knowledge and belief. I further understand that if I violate any of the items listed in this eligibility statement I must report that to San Luis Obispo County EMS Agency within 7 days of the event or my certification, accreditation or authorization may be revoked, suspended, or placed on probation. I hereby state that I am not precluded from certification, accreditation or authorization for any of the reasons identified above.

Printed Name _____ Date _____

Signature _____



San Luis Obispo County Emergency Medical Services

2180 Johnson Ave., 2nd Floor

San Luis Obispo, CA 93401

Phone: 805-788-2511

Fax: 805-788-2517

www.sloemsa.org



Background Check Requirements for EMT Certification In San Luis Obispo County

Criminal History Background Checks (fingerprinting) with the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) utilizing our Live Scan form is a requirement for all applicants for EMT certification in San Luis Obispo County. If you do not currently have a Live Scan on file with us, you must have a new one done. If you are recertifying from a different county or in some cases if you have changed employers, you will be required to do a new Live Scan. If applicant was grand fathered into the state system by current San Luis Obispo County employer before July 1, 2010, a letter from the employer will be accepted stating that the applicant has no criminal violations and that the employer participates in California DOJ criminal record clearance with subsequent arrest notifications. A sample letter can be found on our website here: http://sloemsa.org/files/Sample_grandfatheredEMT_Employer_Letter.pdf . If you are unsure of your status, please call our office.

Live Scan Agency Locations and Fees can be found at <http://ag.ca.gov/fingerprints/publications/contact.php#sanluisobispo> . We do not do Live Scan's at our location. Call ahead to the location of your choice to make sure:

- the list is current,
- that they do both DOJ and FBI submissions,
- what their fees are,
- what form of payment they accept, and
- if you need to make an appointment.

Applicants are responsible for all fees associated with the background check and must be paid at the time of fingerprinting. Live Scan agencies charge a "rolling fee" which varies by location. The DOJ charges \$32 and the FBI \$19. Remember to take your photo ID.

Live Scan Forms are available on our website at <http://sloemsa.org/forms.html>. The form is set up so you can fill it out on your computer and then print your copies. Pay careful attention to only fill in the blue highlighted areas. Incorrectly filled out forms may be rejected causing your background check to be repeated, including additional fees. Make sure you complete the form before arriving for your Live Scan appointment.

DMV driving record dated within 7 days of application is required for all EMT applicants. Individuals may obtain an original copy from the DMV office or utilize the service we provide. If you choose to use our service there is a one day delay and you must use our forms available in our office or on our website at <http://sloemsa.org/files/OnlineDMVPullAuthorization.pdf> .

Driving records printed from the DMV website will not be accepted. If you are coming from out of state or you have not been in California more than two years, you will be required to also submit a certified copy of your driving record from your state of origin. If your employer participates in the DMV notification system, you may use this Sample Letter in place of the certified copy from the DMV located on our website at http://sloemsa.org/files/Sample_DMVonlyEMT_Employer_Letter.pdf

Criminal Convictions are reviewed by the appropriate EMS Agency staff, along with our county legal department if appropriate, and all material is held in strict confidence. Decisions are based on state regulations and statutes and careful review of all documentation. A criminal conviction does not mean an applicant will automatically be denied an EMT

Certification. The convictions for which the EMS Agency Medical Director shall deny or revoke can be found here <http://sloemsa.org/files/ShallDenyCaliforniaCodeofRegulations.pdf>. The convictions for which the EMS Agency Medical Director may deny, revoke, suspend or put on probation can be found here <http://sloemsa.org/files/MayDeny.pdf>. Applicants with criminal conviction or active prosecution can expect a delay in the processing of their application. If an applicant is denied or revoked he/she has the right to request a hearing and will be notified of their due process. **Additional fee will be applied to all EMS personnel applications for which we receive notification indicating criminal behavior that requires an investigation of allegation(s). This fee is non-refundable and can be charged any time during your certification cycle if an administrative investigation is required.**

All EMT applicants must disclose every misdemeanor and/or felony of which they have been convicted, including vehicle code violations and those for which they have been found guilty by a jury, plead guilty or plead nolo contendere, or any conviction which has been expunged or record sealed under PC1203.4. **Failure to disclose a misdemeanor or felony may result in denial, suspension or revocation of an EMT certificate pursuant to California Health and Safety Code Section 1798.200.** Along with this disclosure and if a conviction appears on the background check, applicants must submit the following information with your application for review:

- Provide a detailed statement that describes the incident, charges, date(s), location, court, sentence served, and probation or parole (if any),
- Court documents (minute order) and
- Police reports.

Contact Vicci Stone at vstone@co.slo.ca.us or 805-788-2513 if you have further questions.

Supplement to Authorization for Release of Driver Record Information

I, _____, California Driver License Number, _____, hereby acknowledge that the entity to which I am authorizing the California Department of Motor Vehicles (DMV) disclose my driving record is my certifying agency, the San Luis Obispo County Emergency Medical Services Agency. I understand that the following terms used in the Authorization are deemed to include the words and phrases in italics below:

"employer" includes *certifying agency*

"employment" includes *maintaining or obtaining certification*

"employee" includes *individual seeking certification*

Executed at _____, _____
City State

Signature _____ Date _____



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL AGENCY (EMS AGENCY)
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
------------	-----------------------------------

I, Victoria Stone, of EMS AGENCY
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY SAN LUIS OBISPO COUNTY SAN LUIS OBISPO STATE CA

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
------------	--

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**
DO NOT RETURN THIS FORM TO DMV.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0705 _____ Emergency Medical Technician License/Certification
ORI (Code assigned by DOJ) _____ Authorized Applicant Type

Emergency Medical Technician
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Luis Obispo County EMS Agency _____ 07046 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

2180 Johnson Ave., 2nd Floor _____ Vicci Stone _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

San Luis Obispo _____ CA 93401 _____ (805) 788-2513 _____
City _____ State ZIP Code _____ Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name _____ First _____ Suffix _____
(AKA or Alias) Last

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

State Emergency Medical Services Authority _____ 02531 _____
Employer Name _____ Mail Code (five digit code assigned by DOJ)

10901 Gold Center Dr. #400 _____
Street Address or P.O. Box

Rancho Cordova _____ CA 95670 _____ +1 (916) 322-4336 _____
City _____ State ZIP Code _____ Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____