



NORTHERN CALIFORNIA EMS, INC.
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 Need It Fast? Apply Online at: www.norcalems.org

AEMT INITIAL

APPLICATION FOR CERTIFICATION ADVANCED EMERGENCY MEDICAL TECHNICIAN

ATTENTION: EFFECTIVE 07/01/2010 ALL AEMT APPLICANTS ARE REQUIRED TO COMPLETE A CRIMINAL STATE AND FEDERAL BACKGROUND CHECK AS A CONDITION OF CERTIFICATION. YOU MUST INCLUDE A COPY OF PROCESSED LIVESCAN FORM WITH THIS APPLICATION. ONLY NOR-CAL EMS SPECIFIC LIVESCAN FORMS ARE ACCEPTED. INCLUDE COPIES OF ALL SUPPORTING DOCUMENTATION AS LISTED IN THE REQUIRED DOCUMENTS CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

INSTRUCTIONS: PRINT CLEARLY USING CAPITAL LETTERS! ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED. INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY YOUR CERTIFICATION.

SECTION 1 GENERAL INFORMATION – MUST BE COMPLETED BY ALL APPLICANTS

| | | | | |
|---|----------------------|---|-----|--|
| 1. LAST NAME, FIRST NAME, MIDDLE INITIAL | | 6. SOCIAL SECURITY NUMBER: ____/____/____ | | |
| 2. MAILING ADDRESS: | | 7. HOME PHONE NUMBER: () _____ | | |
| 3. CITY, STATE, ZIP | COUNTY OF RESIDENCE: | 8. DATE OF BIRTH: ____/____/____ | AGE | SEX <input type="checkbox"/> M <input type="checkbox"/> F |
| 4. EMAIL ADDRESS: | | 9. DRIVERS LICENSE NUMBER: _____ EXP: _____ | | |
| 5. NAME OF EMS SERVICE PROVIDER AFFILIATION: LIST NAME OF AGENCY HERE: | | | | |

SECTION 2 TRAINING INFORMATION

| | |
|---|---|
| 10. NAME OF AEMT TRAINING PROGRAM YOU COMPLETED: _____ | 13. DATE OF COURSE COMPLETION: _____ |
| 11. LOCATION OF CLASS: _____ | 14. DATE OF NOR-CAL EMS CERTIFICATION EXAM: _____ |
| 12. INSTRUCTOR: _____ | 15. DATE OF PRACTICAL SKILLS EXAM: _____ |

| | | |
|-----------------------------|----------------------|----------|
| NOR CAL EMS OFFICE USE ONLY | PD____ CK____ CC____ | CERT NO: |
| | | EFF: |
| | PROCESS DATE: | EXP: |

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

16. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING?

_____ YES _____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE

17. HAVE YOU HAD ANY DISCIPLINARY ACTION(S) TAKEN OR CURRENTLY PENDING BY ANOTHER EMS AGENCY, AGAINST ANY CERTIFICATION/LICENSE THAT YOU HOLD OR HAVE HELD?

_____ YES _____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL DELAY PROCESSING YOUR REQUEST FOR CERTIFICATION. AN ADMINISTRATIVE FEE OF \$75.00 WILL BE CHARGED TO APPLICANTS PLACED ON PROBATION DUE TO PRIOR FELONY AND/OR MISDEMEANOR CONVICTIONS.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA 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 AEMT 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 ADVANCED EMT IN CALIFORNIA.

APPLICANT SIGNATURE

DATE

SECTION 4 BASE HOSPITAL AUTHORIZATION (ALL SIGNATURES ARE REQUIRED IN THIS SECTION)

RECOMMENDATION FOR AEMT INITIAL CERTIFICATION

WE RECOMMEND THE INDIVIDUAL NAMED ON THIS APPLICATION FOR CERTIFICATION AS AN AEMT WITHIN THE NOR CAL EMS REGION CONTINGENT UPON THE CANDIDATES SUCCESSFUL COMPLETION A COMPETENCY BASED WRITTEN AND SKILLS ADVANCED EMT CERTIFYING EXAMINATION. THIS CANDIDATE HAS MET THE CRITERIA AS OUTLINED IN THE NOR CAL EMS POLICY AND PROCEDURE MANUAL FOR INITIAL CERTIFICATION.

SIGNATURE BASE HOSPITAL MEDICAL DIRECTOR

NAME OF APPROVED AEMT SERVICE PROVIDER
OR PREHOSPITAL CARE COORDINATOR

SIGNATURE AEMT PROVIDER MANAGEMENT

SIGNATURE AEMT CANDIDATE

DATE FORM COMPLETED

SECTION 5 ADDITIONAL REQUIREMENTS

TO AVOID A DELAY IN PROCESSING OF YOUR CERTIFICATION, THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. PHOTO COPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE. PHOTOCOPY ALL DOCUMENTS AND STAPLE TO THIS APPLICATION. ALLOW TWO-THREE WEEKS PROCESSING TIME.

APPLICANTS MUST PROVIDE AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION :

- ATTACH A COPY OF YOUR PROCESSED REQUEST FOR LIVE SCAN FORM
- ATTACH A COPY OF YOUR COURSE COMPLETION CERTIFICATE FROM A CALIFORNIA APPROVED AEMT PROGRAM OR A COPY OF YOUR CURRENT AND VALID OUT OF STATE OR NATIONAL REGISTRY EMT-INTERMEDIATE CERTIFICATION
- PROVIDE PROOF OF AFFILIATION WITH AN APPROVED NOR CAL EMS AEMT SERVICE PROVIDER (ATTACH LETTER OF AFFILIATION)
- PROVIDE PROOF OF SUCCESSFUL COMPLETION OF AN AEMT PRECERTIFICATION FIELD EVALUATION
- PROVIDE ONE OF THE FOLLOWING: A CURRENT EMT OR AEMT CERTIFICATION CARD ISSUED IN THE STATE OF CALIFORNIA; OR A CURRENT AND VALID PARAMEDIC LICENSE ISSUED IN THE STATE OF CALIFORNIA
- ATTACH A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- ATTACH A LEGIBLE COPY OF YOUR CURRENT CPR CARD:
ACCEPTED CPR: RED CROSS-CPR PRO; AHA-HEALTHCARE PROVIDER; ASHI; NSC
- TOTAL FEES DUE: \$125.00 (BREAKDOWN OF FEES:\$50.00 NOR CAL EMS CERTIFICATION FEE; \$75.00 EMSA REGISTRY)

INCLUDE ONE CHECK OR MONEY ORDER MADE PAYABLE TO NOR CAL EMS OR
IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING INFORMATION:

| | | |
|----------------------------|------------------|-----------------|
| _____ | _____ | _____ |
| VISA OR MC | CARD NUMBER | EXPIRATION DATE |
| _____ | | _____ |
| NAME AS IT APPEARS ON CARD | | SIGNATURE |
| _____ | _____ | _____ |
| BILLING ADDRESS | CITY, STATE, ZIP | EMAIL ADDRESS |

FOR MORE INFORMATION OR TO *APPLY ONLINE* VISIT OUR WEBSITE AT: www.norcalems.org
SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:
NOR-CAL EMS
CERTIFICATION DEPARTMENT
930 EXECUTIVE WAY, SUITE 150
REDDING, CA 96002

ALL FEES ARE NON-REFUNDABLE, NON TRANSFERRABLE AND SUBJECT TO CHANGE
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF).

