



**NORTHERN CALIFORNIA EMS, INC.**  
 930 Executive Way, Suite 150, Redding, CA 96002-0635  
 Phone: (530) 229-3979 Fax: (530) 229-3984

# AEMT Application

**Check One:**     INITIAL CERTIFICATION     RE-CERTIFICATION

Please write clearly and answer all questions or your application may be rejected.

Need It Fast? Apply Online at: [www.norcalems.org](http://www.norcalems.org)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 AEMT Certification #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Currently employed as an AEMT?:  Yes  No    If yes, Provider's Name: \_\_\_\_\_

**All information on this application is subject to verification.**  
**Applications will not be processed until ALL REQUIRED ITEMS are received. Be sure to copy the front and back of all cards!**

**REQUIRED ITEMS FOR INITIAL CERTIFICATION**

- Copy of valid EMT certification card issued in California (if applicable)
- Copy of current AEMT certification card if issued out of state (if applicable)
- Copy of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Copy of National Registry AEMT certification card
- Copy of processed Nor-Cal EMS DOJ Live Scan Service Form
- Copy of successful completion of an AEMT Precertification Field Evaluation
- Copy of AEMT Course Completion Certificate (if applicable)
- Pay Application Fee

**REQUIRED ITEMS FOR RE-CERTIFICATION\***

- Copy of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Copy of CA AEMT Skills Competency Verification Form (Form - Policy 02-0102)
- Copy of Continuing Education Log to include 36 hours of CEs (Form - Policy 02-0103).\*
- Pay Application Fee

\*If lapsed, see Policy 02-0101 for additional requirements

1. 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? If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action.  YES  NO
2. 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 § 1203.4? If yes, 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
3. Are there any criminal charge(s) currently pending against you? If yes, you must attach a detailed statement describing the charge(s), date, location, and court, if any. You must also attach any applicable court documents and police reports.  YES  NO

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 Advanced 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 Advanced EMT in the State of California.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AEMT INITIAL PAYMENT INFORMATION:**

➤ (CHECK ONE)

PAYING BY CHECK OR MONEY ORDER  
\$120.00 NOR-CAL EMS CERTIFICATION FEE ( INCLUDES STATE FEE)

PAYING BY CREDIT CARD  
\$122.00 NOR-CAL EMS CERTIFICATION FEE (INCLUDES STATE FEE + \$2.00 PROCESSING FEE)  
COMPLETE PAYMENT INFORMATION BELOW

**AEMT RECERTIFICATION PAYMENT INFORMATION**

➤ (CHECK ONE)

IS YOUR CERTIFICATION:

**CURRENT**

PAYING BY CHECK OR MONEY ORDER  
\$65.00 NOR-CAL EMS CERTIFICATION FEE  
(INCLUDES STATE FEE)

PAYING BY CREDIT CARD (COMPLETE INFO BELOW)  
\$67.00 NOR-CAL EMS CERTIFICATION FEE  
(INCLUDES STATE FEE + \$2.00 PROCESSING FEE)

**EXPIRED CERTIFICATION** (LESS THAN 12 MONTHS)

PAYING BY CHECK OR MONEY ORDER  
\$82.00 NOR-CAL EMS CERTIFICATION FEE  
(INCLUDES STATE FEES)

PAYING BY CREDIT CARD (COMPLETE INFO BELOW)  
\$84.00 NOR-CAL EMS CERTIFICATION FEE  
(INCLUDES STATE FEE + \$2.00 PROCESSING FEE)

**CONTACT NOR-CAL EMS IF YOU ARE EXPIRED GREATER THAN ONE YEAR  
OR ARE TRANSFERRING FROM ANOTHER LEMSA**

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

_____	_____	_____	_____	_____	_____
CARDHOLDERS NAME	CARD NUMBER	VISA OR MC	3 DIGIT CVV CODE	EXPIRES (MONTH / YR)	
_____	_____	_____	_____	_____	_____
CARDHOLDERS SIGNATURE	CHARGE AMOUNT	BILLING ADDRESS	CITY	STATE	ZIP
_____	_____				
PHONE NUMBER	EMAIL ADDRESS				

**FOR MORE INFORMATION OR TO APPLY ONLINE VISIT OUR WEBSITE AT: [www.norcalems.org](http://www.norcalems.org)  
OR SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:  
NOR-CAL EMS • CERTIFICATION DEPARTMENT • 930 EXECUTIVE WAY, SUITE 150 • REDDING, CA 96002  
ALLOW TWO WEEKS PROCESSING TIME.**

*all fees are non-refundable; non transferrable and subject to change  
A \$35.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF)*

<b>NOR-CAL EMS USE</b>	<b>FEES PAID:</b>	<b>DATE RECEIVED:</b>
	<b>CHECK:</b>	<b>DATE PROCESSED:</b>
	<b>CASH:</b>	<b>EFFECTIVE DATE:</b>
	<b>CREDIT CARD:</b>	<b>EXPIRATION DATE:</b>



**02-0102 – Advanced Emergency Medical Technician Skills Competency Verification Form**

**AUTHORITY:** Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**State of California  
Advanced EMT (AEMT) Skills Competency Verification Form  
EMSA-AEMT SCVF (01/07)**



1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
<b>Skill</b>	<b>Verification of Competency</b>	
<b>1. Injection (IM or SQ);</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Peripheral IV</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. IV Push Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Inhaled Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Blood Glucose Determination</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Perilaryngeal Airway Adjunct</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

**INSTRUCTIONS FOR COMPLETION OF ADVANCED EMT (AEMT) SKILLS  
COMPETENCY VERIFICATION FORM**

A completed AEMT Skills Verification Form is required to accompany an AEMT recertification application for those individuals who are either maintaining AEMT certification without a lapse or to renew an AEMT certification with a lapse in certification less than twenty-four (24) months.

**1a. Name of Certificate Holder**

Provide the complete name, last name first, of the AEMT certificate holder who is demonstrating skills competency.

**1b. Certificate Number**

Provide the AEMT certification number from the current or lapsed AEMT certificate of the AEMT certificate holder who is demonstrating competency.

**1c. Signature**

Signature of the AEMT certificate holder who is demonstrating competency. By signing this section the AEMT is verifying that the information contained on this form is accurate and that the AEMT certificate holder has demonstrated competency in the skills listed to a qualified individual.

**1d. Certifying Authority**

Provide the name of the AEMT certifying authority to which the individual will be applying for AEMT recertification.

**Verification of Competency**

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the AEMT Skills Competency Verification Form (EMSA-AEMT SCVF (01/07)) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (AEMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date - Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for AEMT recertification for a maximum of two years from the date of verification.



**02-0103 – Advanced Emergency Medical Technician  
Continuing Education Log**

**AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 3

**POLICY:**

C.E.s and courses SHALL be obtained by an approved Pre-hospital Continuing Education Provider.

These records are subject to audit by Nor-Cal EMS. You are required to maintain your original continuing education records for four (4) years.

ICS Initial/Refresher Training Date: \_\_\_\_\_ ([AEMT Policy #02-0101](#))

(An interactive web-based course is available at [training.fema.gov](#) – IS-100B)

DATE	COURSE TITLE	CE PROVIDER NAME and NUMBER	CE HOURS
<b>Total number of hours</b>			

If you need additional space, please attach a separate sheet of paper.

Print Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_