



NORTHERN CALIFORNIA EMS, INC.
 930 Executive Way Suite 150, Redding, CA 96002-0635
 Phone: (530) 229-3979 Fax: (530) 229-3984
 Need It Fast? Apply Online at: www.norcalems.org

AEMT RECERTIFICATION

APPLICATION FOR RECERTIFICATION (ADVANCED EMERGENCY MEDICAL TECHNICIAN)

INSTRUCTIONS: *PRINT CLEARLY USING CAPITAL LETTERS!* ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED. INCOMPLETE OR ILLEGIBLE 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: (LAST FOUR ONLY)	
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. LIST NAME OF AEMT PROVIDER AFFILIATION HERE:			

SECTION 2 RECERTIFICATION INFORMATION

<u>CERTIFICATION INFORMATION</u>	
10. AEMT CERTIFICATION NUMBER: _____	11. AEMT CERTIFICATION EXPIRATION DATE: _____

NOR CAL EMS OFFICE USE ONLY	PD_____ CK_____ CC_____
CERT NO:	EFF:
PROCESS DATE:	EXP:

APPLICATION CONTINUED NEXT PAGE

APPLICATION CONTINUED

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

11. 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

12. HAVE YOU HAD ANY DISCIPLINARY ACTION(S) TAKEN BY OR CURRENTLY PENDING BY ANOTHER EMS AGENCY, AGAINST ANY CERTIFICATION/LICENSE THAT YOU CURRENTLY 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 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 AEMT IN CALIFORNIA.

SIGNATURE OF APPLICANT

DATE

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

RECOMMENDATION FOR AEMT RECERTIFICATION

WE RECOMMEND THE INDIVIDUAL NAMED ON THIS APPLICATION FOR RECERTIFICATION AS AN AEMT WITHIN THE NOR CAL REGION. THIS CANDIDATE HAS MET THE CRITERIA AS OUTLINED IN THE NOR CAL EMS POLICY AND PROCEDURE MANUAL FOR AEMT RECERTIFICATION.

SIGNATURE BASE HOSPITAL MEDICAL DIRECTOR

SIGNATURE PREHOSPITAL CARE COORDINATOR

NAME OF AEMT SERVICE PROVIDER

SIGNATURE AEMT PROVIDER MANAGEMENT

SIGNATURE AEMT APPLICANT

DATE FORM COMPLETED

APPLICATION CONTINUED NEXT PAGE

APPLICATION CONTINUED

SECTION 5 REQUIREMENTS

TO AVOID A DELAY IN PROCESSING OF YOUR CERTIFICATION, THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION. PHOTOCOPING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A LEGIBLE COPY OF YOUR AEMT CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD– AHA HEALTHCARE PROVIDER, CPR-PRO, ASHI
- INCLUDE A COPY OF AEMT CONTINUING EDUCATION LOG SHEET TO INCLUDE 36 HOURS OF CEU’S.
- INCLUDE THE AEMT SKILLS EVALUATION SHEET

CHECK ONE:

RECERTIFICATION FEE BREAKDOWN

- CURRENT AEMT CERTIFICATION: \$72.00 (\$35.00 NOR-CAL EMS FEE + \$37.00 EMS AUTHORITY ADMIN FEE)
- EXPIRED AEMT CERTIFICATION: \$87.00 (\$50.00 NOR-CAL EMS FEE + \$37.00 EMS AUTHORITY ADMIN FEE)

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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).

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

CARDHOLDERS NAME AS IT APPEARS ON CARD	CARD NUMBER	VISA OR MC	EXPIRES
CHARGE AMOUNT	BILLING ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

NOR-CAL EMS • CERTIFICATION DEPARTMENT • 930 EXECUTIVE WAY, SUITE 250 • REDDING, CA 96002



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0536

ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert

Authorized Applicant Type

EMT - Nor Cal EMS

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

Contributing Agency Information:

Emergency Medical Services Authority

Agency Authorized to Receive Criminal Record Information

02531

Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400

Street Address or P.O. Box

Shona Merl

Contact Name (mandatory for all school submissions)

Rancho Cordova

City

CA 95670-6073

State ZIP Code

(916) 431-3692

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number **APPLICANT MUST PAY**

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

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):

EMSA

Employer Name

02531

Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400

Street Address or P.O. Box

Rancho Cordova

City

CA 95670-6073

State ZIP Code

+1 (916) 431-3692

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

103B – Advanced Emergency Medical Technician Skills Competency Verification Form

**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.
Skill	Verification of Competency	
1. Injection (IM or SQ);	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Peripheral IV	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. IV Push Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Inhaled Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Blood Glucose Determination	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Perilaryngeal Airway Adjunct	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.

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This document was supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



**103A - Advanced Emergency Medical Technician
Continuing Education Log**

DATE	COURSE TITLE	CE PROVIDER NAME and NUMBER	CE HOURS
Minimum of thirty-six (36) hours of approved prehospital continuing education.			
Total number of hours			

➤ **Field Care Audits** – Attendance at six (6) in a two year certification cycle. List dates below:

_____	_____	_____	_____	_____	_____
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Submit documentation of the following:

- **Current CPR Certification, AHA Healthcare Provider or equivalent.**
- **Current ACLS and PALS (or PEPP) certification cards.**
- **ICS 100 competency training or equivalent, (minimum ICS 100)**
- **Hazardous Materials (Minimum awareness level, higher level recommended)**
- **These records are subject to audit by Nor-Cal EMS. You are required to maintain your original continuing education records for four (4) years.**
- If you need additional space, please attach a separate sheet of paper.

Print Name: _____ Certification #: _____

Signature: _____ Date: ____/____/____