



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way Suite 150, Redding, CA96002-0635
Phone: (530) 229-3979 Fax: (530) 229-3984
Email: mail@norcalems.org Web: www.norcalems.org

Accreditation Application for Certified Flight Registered Nurse (CFRN)

This form must be completed and submitted with copies of:

1. Legible copy of your current RN License
2. Legible copy of your current CFRN Number
3. Legible copy of your current Drivers License
4. **\$40.00 Application Fee** (non-refundable and non-transferable)

SOCIAL SECURITY NUMBER (enter here):

Name:			RN License Number:		
Address:			Effective Date:		
City	State	Zip	Expiration Date		
Phone Number:		Cell Phone:	CFRN Number:		
Drivers License Number:			Effective Date:		
Email Address:			Expiration Date:		
Primary Employer:			<input type="checkbox"/> CFRN In Process		

COMPLETE THE FOLLOWING:

1. Have you been convicted of a felony or misdemeanor, or do you have any criminal charges pending? (If yes, please provide a **detailed** explanation on a separate sheet).
 Yes No
2. Have you had any disciplinary action(s) taken or have any currently pending by another EMS Authority or EMS Agency against any certification/license that you hold or have held? (If yes, please provide a **detailed** explanation on a separate sheet).
 Yes No
3. I declare that I am knowledgeable of Nor-Cal EMS Policies and Procedures and, in particular, the Destination Policy.
 Yes No

Signature:	Date:
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Mail to: Nor-Cal EMS
930 Executive Way, Suite #150 **INCLUDE A COPY OF THE ITEMS LISTED ABOVE**
Redding, CA 96002
Or email: mail@norcalems.org Or fax: 530-229-3984

NOR-CAL EMS USE ONLY	Date Received: _____	Initials: _____
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