



**APPLICATION FOR CERTIFICATION
EMERGENCY MEDICAL TECHNICIAN BASIC**

ATTENTION: EFFECTIVE 07/01/2010 ALL EMT APPLICANTS ARE REQUIRED TO COMPLETE A CRIMINAL STATE AND FEDERAL BACKGROUND CHECK AS A CONDITION OF CERTIFICATION. A REQUEST FOR LIVE SCAN SERVICE MUST ACCOMPANY THIS APPLICATION INCLUDING ALL OTHER 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: DL# _____ EXP: _____		
5. IF YOU ARE A MEMBER OF A FIRE DEPT., AMBULANCE CO., OR ANY OTHER EMS PROVIDER, LIST NAME OF AGENCY HERE:				

SECTION 2 INITIAL CERTIFICATION

10. NAME OF THE EMT BASIC TRAINING PROGRAM YOU COMPLETED: (IE. COMMUNITY COLLEGE OR OTHER APPROVED TRAINING PROGRAM): _____	13. DATE OF COURSE COMPLETION: _____
11. LOCATION OF CLASS: _____	14. DATE OF NREMT CERTIFICATION EXAM: _____
12. INSTRUCTOR: _____	15. EXPIRATION DATE OF NREMT CERTIFICATION: _____

APPLICATION CONTINUED NEXT PAGE

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 EMT CERTIFICATION IN THE STATE OF CALIFORNIA. I UNDERSTAND ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND I HEREBY AUTHORIZE NOR CAL EMS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION, TO INCLUDE, BUT NOT BE LIMITED TO CRIMINAL BACKGROUND INVESTIGATIONS.

SIGNATURE OF APPLICANT

DATE

SECTION 4 ADDITIONAL REQUIREMENTS

TO AVOID A DELAY IN PROCESSING OF YOUR CERTIFICATION, THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU FOR COMPLETION. PHOTOCOPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE. PHOTOCOPY ALL DOCUMENTS AND STAPLE TO THIS SIDE OF YOUR APPLICATION. ALLOW TWO WEEKS PROCESSING TIME.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A COPY OF YOUR PROCESSED REQUEST FOR LIVE SCAN SERVICE
- A COPY OF YOUR NATIONAL REGISTRY EMT-B CERTIFICATION CARD
- A COPY OF THE OFFICIAL EMT-B CERTIFICATE ISSUED BY THE NATIONAL REGISTRY
- A COPY OF YOUR COURSE COMPLETION CERTIFICATE FROM AN APPROVED EMT-1 PROGRAM
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD: RED CROSS-CPR PRO; AHA-HEALTHCARE PROVIDER; ASHI; NSC
- TOTAL FEES DUE: \$120.00

BREAKDOWN OF FEES:

\$75.00 FOR EMERGENCY MEDICAL SERVICES AUTHORITY EMT REGISTRY ADMINISTRATION FEES;

\$45.00 EMT CERTIFICATION FEE

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

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 TRANSFERABLE AND SUBJECT TO CHANGE
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF).**



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

10901 Gold Center Drive, Suite 400
Street Address or P.O. Box

Rancho Cordova CA 95670-6073
City State ZIP Code

02531
Mail Code (five-digit code assigned by DOJ)

Shona Merl
Contact Name (mandatory for all school submissions)

(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

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

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

Driver's License Number _____

Billing Number APPLICANT MUST PAY
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

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

10901 Gold Center Drive, Suite 400
Street Address or P.O. Box

Rancho Cordova CA 95670-6073
City State ZIP Code

02531
Mail Code (five digit code assigned by DOJ)

+1 (916) 431-3692
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

301 – Emergency Medical Technician Initial Certification

PURPOSE:

To define the requirements for individuals who are applying for certification as an Emergency Medical Technician (EMT) in the Nor-Cal EMS Region.

PROCEDURE:

An individual applying for certification as an EMT must apply for certification within two years of the course completion date. **Effective July 1, 2010 all applicants are required to complete a criminal state and federal background check as a condition of certification.** Incomplete applications will not be processed and will be returned; only legible photocopies will be accepted. The following criteria shall be met and documentation submitted with the application:

1. Be eighteen (18) years of age or older.
2. Valid picture ID (driver's license, California ID card or military ID).
3. Proof of successful completion of Live Scan. Applicant must use Nor-Cal EMS Live Scan form available on our website: www.norcalems.org
4. Current healthcare provider CPR Certification, (AHA or equivalent).
5. Successfully complete an approved EMT training program.
6. Successful completion of National Registry testing, including certification.
7. Complete an application for initial EMT certification within two years of course completion.
8. Submit fees as set by Nor-Cal EMS and the Emergency Medical Services Authority. These fees are non-refundable and non-transferable.

CERTIFICATION:

1. Nor-Cal EMS shall issue a temporary certificate, valid for forty-five (45) calendar days and valid statewide from the date of issue, to eligible applicants who successfully complete the application requirements.
2. A wallet size EMT card shall be issued by the California State EMS Authority, valid statewide for up to two (2) years from the date of issue, to eligible applicants who successfully complete the application requirements.
3. The EMT shall be responsible for notifying Nor-Cal EMS of his/her proper and current mailing address or name change in writing within thirty (30) calendar days of any and all changes.
4. The effective date of certification shall be the date the individual satisfactorily completes all certification requirements and has applied for certification.