



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

**EMT
 RECERT**
 (SEE NOTE UNDER
 SECTION 4
 REGARDING
 LIVESCAN
 SUBMISSION)

**APPLICATION FOR RE-CERTIFICATION
 EMERGENCY MEDICAL TECHNICIAN**

RENEWAL APPLICATIONS ARE DUE 30 DAYS PRIOR TO YOUR EXPIRATION DATE!! PRINT CLEARLY USING CAPITAL LETTERS! Only legible completed applications will accepted. All sections of this form must be completed. 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: ____/____/____	
2. MAILING ADDRESS		7. HOME PHONE NUMBER: () _____	
3. CITY	STATE, ZIP	COUNTY OF RESIDENCE	8. DATE OF BIRTH: ____/____/____
			AGE
4. EMAIL ADDRESS:		9. DRIVERS LICENSE NUMBER: _____ 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 RECERTIFICATION - CALIFORNIA CERTIFIED EMT ONLY

10. NAME OF AGENCY WHICH ISSUED YOUR EMT CERTIFICATION CARD: (EXAMPLE: NOR-CAL EMS, NORTH COAST EMS; SSV-EMS; OR OTHER CALIFORNIA EMS AGENCY) _____ 11. YOUR CALIFORNIA REGISTRY NO: _____ 12. EFFECTIVE DATE: _____ 13. EXPIRATION DATE: _____	14. RECERTIFICATION IS BASED ON COMPLETION OF ONE OF THE FOLLOWING: CHECK ONE : _____ APPROVED CONTINUING EDUCATION USE THE CONTINUING EDUCATION LOG SHEET TO LIST 24 HOURS OF APPROVED CONTINUING EDUCATION. ONLY CONTINUING EDUCATION FROM APPROVED CE PROVIDERS WILL BE ACCEPTED. _____ APPROVED EMT REFRESHER CLASS NAME OF TRAINING PROGRAM: _____ LOCATION OF TRAINING: _____ INSTRUCTOR NAME: _____ DATE OF COURSE COMPLETION: _____
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APPLICATION CONTINUED

NOR CAL EMS OFFICE USE ONLY

CORI STATUS:	RECERT CURRENT / RECERT LAPSED	REGISTRY #:
DATE LIVESCAN:	AMOUNT:	EFFECTIVE:
TRACK CORI:	CK /MO #:	EXPIRES:
CENTRAL REG:	IGS:	
CERT 97:	DATE APPROVED:	

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

15. 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:

- A CURRENT DMV PRINTOUT
 - FINAL COURT DISPOSITION DOCUMENTS
 - A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
 - DOCUMENTATION FOR THE FELONY OR MISDEMEANOR HAS BEEN PREVIOUSLY SUBMITTED TO NOR CAL EMS .
- APPROXIMATE DATE DOCUMENTATION SUBMITTED: _____

16. 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
 - DOCUMENTATION FOR THE DISCIPLINARY ACTION HAS BEEN PREVIOUSLY SUBMITTED TO NOR CAL EMS .
- APPROXIMATE DATE DOCUMENTATION SUBMITTED: _____

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 EMT IN CALIFORNIA.

SIGNATURE OF APPLICANT

DATE

SECTION 4 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 FOR COMPLETION. PHOTOCOPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A LEGIBLE COPY OF YOUR EMT CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD— AHA HEALTHCARE PROVIDER, CPR-PRO, ASHI
- PROOF OF 24 HOURS OF APPROVED CONTINUING EDUCATION OR COURSE COMPLETION RECORD FROM AN APPROVED EMT REFRESHER COURSE - USE A CE LOG SHEET IF RENEWAL IS BASED ON CES - **ACTUAL CE CERTIFICATES ARE NOT REQUIRED BUT MUST BE KEPT BY YOU FOR FOUR YEARS.**
- A COMPLETED SKILLS COMPETENCY VERIFICATION FORM TO INCLUDE ALL SIGNATURES

NOR CAL EMS RECERTIFICATION FEE BREAKDOWN:

A: \$45.00 IF YOUR EMT CERTIFICATION IS EXPIRED OR YOUR CARD WAS ISSUED BY ANOTHER CALIFORNIA EMS AGENCY

OR

B: \$28.00 IF YOUR EMT CERTIFICATION CARD IS CURRENT WHEN RECEIVED BY THIS OFFICE

PLUS EMS AUTHORITY CENTRAL REGISTRY FEES:

C: \$37.00 THIS ADMINISTRATIVE FEE IS REQUIRED BY ALL APPLICANTS WHO HAVE PREVIOUSLY SUBMITTED PROOF OF LIVESCAN TO THIS AGENCY.

OR

PLEASE NOTE YOU DO NOT NEED TO SUBMIT A LIVESCAN IF YOU HAVE PREVIOUSLY SUBMITTED ONE TO THIS AGENCY.

D: \$75.00 THIS ADMINISTRATIVE FEE IS REQUIRED BY APPLICANTS WHO HAVE NEVER SUBMITTED PROOF OF LIVESCAN TO THIS AGENCY OR CERTIFICATION HAS LAPSED ONE YEAR OR GREATER. MUST ATTACH PROOF OF LIVESCAN. REQUEST FOR LIVESCAN FORMS ARE DOWNLOADABLE FROM THE NOR CAL EMS WEBSITE. IF YOU ARE NOT SURE IF YOU ARE REQUIRED TO SUBMIT A LIVESCAN, CONTACT THIS OFFICE.

INCLUDE ONE CHECK OR MONEY ORDER FOR BOTH FEES, MADE PAYABLE TO NOR CAL EMS. IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING:

_____	_____	_____	_____	_____
CARDHOLDERS NAME	CARD NUMBER	VISA OR MC	3 DIGIT CVV CODE	EXPIRES (MONTH / YR)
_____	_____	_____	_____	_____
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

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).

303 – Emergency Medical Technician Recertification

PURPOSE:

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

PROCEDURE:

An individual applying for recertification as an EMT in the Nor-Cal EMS region SHALL apply at least thirty (30) days prior to the current expiration date of the EMT Certification to avoid incurring a financial penalty and lapse of certification. Incomplete applications will not be processed and will be returned; only legible photocopies will be accepted. **Effective July 1, 2010 all applicants are required to complete a criminal state and federal background check as a condition of certification.** The following criteria must be met and documentation submitted with the application:

1. Current California EMT certificate.
2. Valid picture ID (driver's license, California ID card or military ID).
3. Provide proof of successful completion of Live Scan, unless previously completed Live Scan with prior EMT Certification. 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 Refresher Course or twenty-four (24) hours of approved continuing education every two years. Either may be completed anytime throughout the current certification cycle.
 - a. Continuing Education: A minimum of twenty-four (24) hours of classroom and/or laboratory instruction in basic life support knowledge and skills. Only continuing education certificates issued by an approved prehospital continuing education provider will be accepted. Continuing Education Log, (Form 303A) shall be used to record and submit verification of continuing education.
 - b. EMT Refresher Course: A minimum of at least twenty-four (24) hours of classroom and laboratory instruction, not including testing. The refresher course will include a skills competency examination to test the knowledge of topics and skills. Applicant must provide a certificate of completion.
6. Skills Competency Verification (Form 303B). Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, RN, PA, or physician and who shall be designated by an EMS approved training program (EMT training program, paramedic training program or continuing education provider) or training officer at an EMS service provider.
7. Complete an application for EMT Re-certification, available on our website: www.norcalems.org
8. Submit fees as set by Nor-Cal EMS and the Emergency Medical Services Authority. All fees are non-refundable and non-transferable. Additional fees will be required for lapsed certification.
9. Documented attendance in Incident Command System 100 level or equivalent. All prehospital personnel are also required to have refresher training every two (2) years.
10. The applicant is responsible for maintaining currency on NorCal EMS policies and protocols. These are available for review on our website: www.norcalems.org

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.

RECERTIFICATION AFTER LAPSE OF CERTIFICATION:

1. If the EMT certification expires prior to recertification, the following additional requirements must be completed:
 - a. 0 to 6 months since lapse:
 - No additional requirements
 - b. 6 to 12 months since lapse:
 - 12 hours of additional continuing education for a total of 36 hours C.E.
 - Skills verification form
 - c. 12 to 24 months since lapse:
 - 24 hours of additional continuing education for a total of 48 hours C.E.
 - Successful completion of the National Registry EMT written and skills certification exam.
 - d. Greater than 24 months or more since lapse:
 - Complete an entire EMT Basic course

Note:

Incomplete applications will not be processed and will be returned. Only legible photocopies will be accepted.

303B – EMT Skills Competency Verification Form

POLICY:

An EMT Skills Verification Form is required to accompany an EMT for certification, recertification or challenge application.

INSTRUCTIONS:

1. **Name of Certificate Holder:** Provide the complete name, last name first, of the EMT certificate holder who is demonstrating skills competency.
2. **Certificate Number:** Provide the EMT certification number from the current or lapsed EMT certificate of the EMT certificate holder who is demonstrating competency.
3. **Signature:** Signature of the EMT certificate holder who is demonstrating competency. By signing this section of the EMT is verifying that the information contained on this form is accurate and that the EMT certificate holder has demonstrated competency in the skills listed to a qualified individual.
4. **Certifying Authority:** Provide the name of the EMT certifying authority (Nor-Cal EMS) for which the individual will be certifying through.

VERIFICATION OF COMPETENCY:

1. 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 EMT Skills Competency Verification Form, see Appendix B, for that skill.
2. Affiliation – Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by a qualified individual designated by an EMS service provider. EMS service providers include, but are not 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.

Name as shown on EMT Certificate	Certificate Number	Signature:
Certifying Authority	Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Patient examination, trauma patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Automated external defibrillation	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at www.emsa.ca.gov/licensure_forms_and_applications. Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999]



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A0536

ORI (Code assigned by DOJ)

EMT-Norcal

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

Emerg Med Tech Lic/Cert

Authorized Applicant Type

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

City

CA

State

95670-6073

ZIP Code

02531

Mail Code (five-digit code assigned by DOJ)

Adam Morrill

Contact Name (mandatory for all school submissions)

(916) 322-4336

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

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

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number

APPLICANT MUST PAY

(Agency Billing Number)

Misc. Number

(Other Identification Number)

City

State

ZIP Code

Your Number: 64-

OCA Number (Re-enter your Social Security Number without dashes again here)

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

City

CA

State

95670-6073

ZIP Code

02531

Mail Code (five digit code assigned by DOJ)

(916) 322-4336

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed