



NORTHERN CALIFORNIA EMS, INC.
 930 Executive Way Suite 150, Redding, CA 96002-0635
 Phone: (530) 229-3979 Fax: (530) 229-3984
 Email: mail@norcalems.org Web: www.norcalems.org

Emergency Medical Responder Initial Certification Application

**DOCUMENTS REQUIRED FOR APPLICATION COMPLETION - ONLY LEGIBLE, COMPLETED
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

- COMPLETE AN APPLICATION FOR EMERGENCY MEDICAL RESPONDER INITIAL CERTIFICATION WITHIN TWELVE (12) MONTHS FROM THE DATE OF COURSE COMPLETION.
- BE EIGHTEEN (18) YEARS OF AGE OR OLDER.
- SUBMIT A VALID GOVERNMENT ISSUED PICTURE IDENTIFICATION.
- SUBMIT A CURRENT HEALTHCARE PROVIDER CPR CERTIFICATION, (AHA OR EQUIVALENT).
- SUCCESSFULLY COMPLETE AN APPROVED NOR-CAL EMS, STATE OR OTHER LEMSA EMERGENCY MEDICAL RESPONDER COURSE WHICH INCLUDES THE SKILLS EXAMINATION.
- SUBMIT COURSE COMPLETION CERTIFICATE.
- SUBMIT FEES AS SET BY NOR-CAL EMS. THESE FEES ARE NON-REFUNDABLE.

SECTION 1 GENERAL INFORMATION – MUST BE COMPLETED BY ALL APPLICANTS

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)		SOCIAL SECURITY NUMBER: ____ / ____ / _____	
MAILING ADDRESS, CITY, STATE, ZIP		HOME PHONE NUMBER: ____ - ____ - ____ CELL PHONE NUMBER: ____ - ____ - ____ WORK NUMBER: ____ - ____ - ____	
COUNTY OF RESIDENCE	EMAIL ADDRESS:	DATE OF BIRTH: ____ / ____ / ____	AGE ____
IF YOU ARE A MEMBER OF A FIRE DEPT., AMBULANCE CO., OR ANY OTHER EMS PROVIDER, LIST NAME OF AGENCY HERE:		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
		DRIVERS LICENSE NUMBER: DL #: _____ EXP: _____	

SECTION 2 INITIAL CERTIFICATION

NOR CAL EMS OFFICE USE ONLY

NAME OF TRAINING PROGRAM _____	DATE RECEIVED _____ CERT NBR _____
LOCATION OF CLASS _____	DATE PROCESSED _____ EFF DATE _____
INSTRUCTOR _____	FEES PAID _____ EXP DATE _____
DATE OF COURSE COMPLETION _____	(CHECK, CASH, VISA/MC)

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING?
(THIS INCLUDES ANY EXPUNGED CONVICTIONS) **YES** **NO**

IF YES TO THE ABOVE QUESTION, YOU MUST 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(S)
- AN ADMINISTRATIVE FEE OF \$75.00 WILL BE CHARGED TO APPLICANTS FOR INVESTIGATIVE WORK RESULTING IN PROBATION.

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, YOU MUST ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE(S)
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

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 EMERGENCY MEDICAL RESPONDER CERTIFICATION WITH NOR-CAL EMS. 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 EMERGENCY MEDICAL RESPONDER IN CALIFORNIA.

SIGNATURE OF APPLICANT

DATE

SECTION 4 PAYMENT METHOD

CERTIFICATION FEE: \$35.00

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

RETURN CHECK CHARGE

A \$35.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF)

VISA OR MC

CARD NUMBER

EXPIRATION DATE

3-DIGIT CODE

BILLING ZIP CODE

NAME AS IT APPEARS ON CARD (PRINT NAME)

SIGNATURE

EMAIL ADDRESS FOR RECEIPT

SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:
NOR-CAL EMS
930 EXECUTIVE WAY, SUITE 150
REDDING, CA 96002

201 – Emergency Medical Responder Initial Certification

PROCEDURE:

An individual applying for initial certification as an Emergency Medical Responder must apply for certification within twelve (12) months of the course completion date. Incomplete applications will not be processed until all required documents have been submitted. Incomplete applications will be maintained for up to 60 days from start of process to allow for submission of additional required documents. Only legible documents will be accepted. The following criteria must be met and documentation submitted with the application:

- Complete an application for Emergency Medical Responder Initial Certification within twelve (12) months from the date of course completion.
- Be eighteen (18) years of age or older.
- Submit a valid government issued picture identification.
- Submit a current healthcare provider CPR Certification, (AHA or equivalent).
- Successfully complete an approved Nor-Cal EMS, State or other LEMSA Emergency Medical Responder course which includes the skills examination.
- Submit course completion certificate.
- Submit fees as set by Nor-Cal EMS. These fees are non-refundable.

CERTIFICATION:

Certification is valid for up to two years from the date the applicant successfully completes the course.