



**NORTHERN CALIFORNIA EMS, INC.**  
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# Emergency Medical Responder Recertification Application

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

- COMPLETE AN EMERGENCY MEDICAL RESPONDER RECERTIFICATION APPLICATION FORM.
- SUBMIT A CURRENT EMERGENCY MEDICAL RESPONDER CERTIFICATION CARD.
- SUBMIT A VALID GOVERNMENT ISSUED PICTURE IDENTIFICATION.
- SUBMIT A CURRENT HEALTHCARE PROVIDER CPR CERTIFICATION, (AHA OR EQUIVALENT).
- SUCCESSFULLY PASS A BIENNIAL SKILLS VERIFICATION TESTING ADMINISTERED BY A NOR-CAL EMS APPROVED INSTRUCTOR OR EQUIVALENT.
- SUBMIT POLICY #203 EMERGENCY MEDICAL RESPONDER SKILLS VERIFICATION LOG.
- SUBMIT POLICY #204 EMERGENCY MEDICAL RESPONDER CONTINUING EDUCATION LOG
- 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		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	SEX <input type="checkbox"/> M <input type="checkbox"/> F
IF YOU ARE A MEMBER OF A FIRE DEPT., AMBULANCE CO., OR ANY OTHER EMS PROVIDER, LIST NAME OF AGENCY HERE:		DRIVERS LICENSE NUMBER: DL #: _____ EXP: _____		

## SECTION 2 RECERTIFICATION

### NOR CAL EMS OFFICE USE ONLY

CERTIFICATION NUMBER _____	CURRENT <input type="checkbox"/> EXPIRED <input type="checkbox"/>
ISSUE DATE _____	DATE RECEIVED _____ CERT NBR _____
EXPIRATION DATE _____	DATE PROCESSED _____ EFF DATE _____
	FEES PAID _____ EXP DATE _____ (CHECK, CASH, VISA/MASTER)

### 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

CURRENT FEE: **\$28.00**  EXPIRED FEE: **\$35.00**

CHECK ONE

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

## 202 – Emergency Medical Responder Recertification

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### PROCEDURE:

An individual applying for recertification as an Emergency Medical Responder must apply at least thirty (30) days prior to the current expiration date, in order to avoid a financial penalty and a lapse in certification. 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 Emergency Medical Responder Recertification application form.
- Submit a current Emergency Medical Responder certification card.
- Submit a valid government issued picture identification.
- Submit a current healthcare provider CPR Certification, (AHA or equivalent).
- Successfully pass a biennial skills verification testing administered by a Nor-Cal EMS approved instructor or equivalent.
- Submit Policy #203 Emergency Medical Responder Skills Verification form
- Submit fees as set by Nor-Cal EMS. These fees are non-refundable.
- Continuing Education:
  - A minimum of twenty-four (24) hours of continuing education. Only continuing education certificates issued by an approved (State, Nor-Cal or other LEMSA) prehospital continuing education provider will be accepted. These records are subject to audit by Nor-Cal EMS. You are required to maintain your original continuing education records for four (4) years.
  - Emergency Medical Responder Continuing Education Log (Policy #204) shall be used to record and submit verification of continuing education credits.
  - Only continuing education that has been obtained within the current certification cycle will be accepted.
- Documented attendance in Incident Command System 100 (ICS 100) level or equivalent. All prehospital personnel are required to have refresher training every two (2) years.

### CERTIFICATION:

- Certification shall be valid for up to a two year period.
- If the Emergency Medical Responder certificate expires, and it has been less than six (6) months, the applicant must complete all of the criteria in the section above as well as paying an increased fee.
- If the Emergency Medical Responder certificate has expired, and it is greater than six (6) months, the applicant will be required to meet the requirements of Policy #201, Emergency Medical Responder Initial Certification policy. See Policy #201.



**203 – Emergency Medical Responder**

**Skills Verification Form**

<b>Name:</b> (Individual demonstrating skills)	<b>Certificate Number:</b>	<b>Signature:</b>
<b>Employer/Agency:</b>	<b>Date:</b>	I certify, under the penalty of perjury, that the information contained on this form is accurate.
<b>Skill</b>	<b>Verification of Competency by Qualified Individual</b> (For definition of qualified individual, see California Health & Safety Code: Title 22, Division 9, Chapter 2, Article 5, §100080 EMT Recertification (a)5)	
<b>1. Patient Assessment, (including vital signs)</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. CPR and AED</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. Oropharyngeal Airway</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Nasopharyngeal Airway</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Bag Valve Mask</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Oxygen and oxygen devices (i.e. mask, nasal cannula)</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>7. Suction techniques and suctioning equipment</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>8. Splints, soft and rigid</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>9. Spinal Immobilization</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>10. Obstetrical Emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number



204 – Emergency Medical Responder

Continuing Education Log

REQUIREMENTS:

1. MINIMUM 24 HOURS OF APPROVED CONTINUING EDUCATION

2. ICS 100 OR EQUIVALENT

(An interactive web-based course is available at [training.fema.gov](http://training.fema.gov) – IS-100B)

DATE	COURSE TITLE	CE PROVIDER NAME and NUMBER	CE HOURS
	ICS 100 or equivalent - required		
If you need additional space, please attach a separate sheet of paper			
<b>Total number of hours</b>			

Print Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_