



NORTHERN CALIFORNIA EMS, INC.

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Phone: (530) 229-3979 Fax: (530) 229-3984

AEMT

Application

Need It Fast? Apply Online at:

www.norcalems.org

Revision 10/01/2020

Check One: INITIAL CERTIFICATION RE-CERTIFICATION

Name: _____ SSN: _____

Mailing Address: _____ DOB: _____

City: _____ State: _____ Zip Code: _____ County: _____ DL#: _____ State: _____

Home #: _____ Work #: _____ Cell #: _____

AEMT Certification #: _____ Effective Date: _____ Expiration Date: _____

Email Address: _____

Currently employed as an AEMT?: Yes No If yes, Provider's Name: _____

Gender (select one): Male ___ Female ___ Choose Not to Identify ___

Race/Ethnicity (select one): American Indian/Alaska Native ___ Asian ___ Hispanic/Latino ___
Native Hawaiian/other Pacific Islander ___ Black/African American ___ White ___
Choose Not to Identify ___

REQUIRED ITEMS FOR INITIAL CERTIFICATION

- Copy of valid EMT certification card issued in California (if applicable)
- Copy of current AEMT certification card if issued out of state (if applicable)
- Copy of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Copy of National Registry AEMT certification card
- Copy of processed Nor-Cal EMS DOJ Live Scan Service Form
- Copy of AEMT Course Completion Certificate (if applicable)
- Pay Application Fee

REQUIRED ITEMS FOR RE-CERTIFICATION*

- Copy of current Government issued photo ID
- Copy of CA AEMT Skills Competency Verification Form (Form - [Policy 02-0102](#))
- Copy of Continuing Education Log to include 36 hours of CEs (Form - [Policy 02-0103](#))*
- Pay Application Fee
- If lapsed, see [Policy 02-0101](#) for additional requirements


1. Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action. YES NO
2. Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed under Penal Code § 1203.4? If yes, you must attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports. YES NO
3. Are there any criminal charge(s) currently pending against you? If yes, you must attach a detailed statement describing the charge(s), date, location, and court, if any. You must also attach any applicable court documents and police reports. YES NO
4. Have you applied for EMT certification with any other California certifying entity or Local EMS Agency (LEMSA) within the previous 12 months? YES NO

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 Advanced 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 Advanced EMT in the State of California.

SIGNATURE OF APPLICANT: _____ DATE: _____

INITIAL CERTIFICATION PAYMENT (CHECK ONE)	RECERTIFICATION PAYMENT (CHECK ONE)	
<input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$120.00 <input type="checkbox"/> PAYING BY CREDIT CARD \$122.00 (INCLUDES \$2 PROCESSING FEE)	IS YOUR AUTHORIZATION: <input type="checkbox"/> CURRENT <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$65.00 <input type="checkbox"/> PAYING BY CREDIT CARD \$67.00 (INCLUDES \$2 PROCESSING FEE)	<input type="checkbox"/> EXPIRED <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$82.00 <input type="checkbox"/> PAYING BY CREDIT CARD \$84.00 (INCLUDES \$2 PROCESSING FEE)
<i>All fees are non-refundable, non transferrable and subject to change. A \$35.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS.</i>		

INCLUDE ONE CHECK OR MONEY ORDER MADE PAYABLE TO NOR-CAL EMS OR IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING INFORMATION:					
CARDHOLDERS NAME	CARD NUMBER	VISA OR MC	3 DIGIT CVV CODE	EXPIRES (MM / YY)	
CARDHOLDERS SIGNATURE	CHARGE AMOUNT	BILLING ADDRESS		CITY	STATE ZIP
NOR-CAL EMS USE	FEES PAID:		DATE RECEIVED:		
	CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/>		DATE PROCESSED:		
			EFF DATE: _____ EXP DATE: _____		

	02-0102	Advanced Emergency Medical Technician Skills Competency Verification Form
Nor-Cal EMS Policy & Procedure Manual	ALS Certifications	
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.



**State of California
Advanced EMT (AEMT) Skills Competency Verification Form
EMSA-AEMT SCVF (01/07 Revised 2010))**

1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Injection (IM or SQ);	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Peripheral IV	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. IV Push Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Inhaled Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Blood Glucose Determination	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Perilaryngeal Airway Adjunct	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

INSTRUCTIONS FOR COMPLETION OF ADVANCED EMT (AEMT) SKILLS COMPETENCY VERIFICATION FORM

A completed AEMT Skills Verification Form is required to accompany an AEMT recertification application for those individuals who are either maintaining AEMT certification without a lapse or to renew an AEMT certification with a lapse in certification less than twenty-four (24) months.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the AEMT certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the AEMT certification number from the current or lapsed AEMT certificate of the AEMT certificate holder who is demonstrating competency.

1c. Signature

Signature of the AEMT certificate holder who is demonstrating competency. By signing this section the AEMT is verifying that the information contained on this form is accurate and that the AEMT certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority

Provide the name of the AEMT certifying authority to which the individual will be applying for AEMT recertification.

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. 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 AEMT Skills Competency Verification Form (EMSA-AEMT SCVF (01/07)) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (AEMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be 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.

Verification of skills competency shall be valid to apply for AEMT recertification for a maximum of two years from the date of verification.

Disclaimer

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