



NORTHERN CALIFORNIA EMS, INC.  
 930 Executive Way, Suite 150, Redding, CA 96002-0635  
 Phone: (530) 229-3979 Fax: (530) 229-3984

# EMR Application

Need It Fast? Apply Online at:  
[www.norcalems.org](http://www.norcalems.org)  
 Revision 10/1/2020

**Check One:**     INITIAL CERTIFICATION     RE-CERTIFICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ DL# & State: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 EMR Certification #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Currently employed as an EMR?:  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**

Check-off (*copy the front and back of all cards*)

- Copy of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Copy of EMR Course Completion Certificate
- Pay Application Fee
- For clarification, refer to [Policy 01-0201](#)
- Request for LiveScan

**It is now mandatory for all new Emergency Medical Responders to have a Nor-Cal EMS LiveScan background check.**

**REQUIRED ITEMS FOR RE-CERTIFICATION**

Check-off (*copy the front and back of all cards*)

- Copy of current Government issued photo ID
- Copy of EMR Card
- Copy of CA EMR Skills Competency Verification Form ([Policy 01-0202](#))
- Copy of Continuing Education Log ([Policy 01-0203](#)) to include 12 hours of CEs or a 12-hour EMR Refresher Course Certificate of Completion.
- Lapse 6 months or more – see [Policy 01-0201](#) for additional CE/Educational requirements
- Pay Application Fee

- 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
- 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
- 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


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 EMR certification. 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 EMR.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

INITIAL CERTIFICATION PAYMENT (CHECK ONE)	IS YOUR AUTHORIZATION:	RECERTIFICATION PAYMENT (CHECK ONE)
<input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$35 <input type="checkbox"/> PAYING BY CREDIT CARD \$37 (INCLUDES \$2 PROCESSING FEE)	<input type="checkbox"/> CURRENT <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$28 <input type="checkbox"/> PAYING BY CREDIT CARD \$30 (INCLUDES \$2 PROCESSING FEE)	<input type="checkbox"/> EXPIRED <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$35 <input type="checkbox"/> PAYING BY CREDIT CARD \$37 (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
<b>NOR-CAL EMS USE</b> FEES PAID: CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/>		DATE RECEIVED: DATE PROCESSED: EFF DATE: _____ EXP DATE: _____		

	01-0202	<b>Emergency Medical Responder (EMR) Skills Verification Form</b>
Nor-Cal EMS Policy & Procedure Manual		BLS 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.

<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/ Nasopharyngeal Airway</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Bleeding/Hemorrhage Control</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 (including traction)</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



01-0203

**Emergency Medical Responder (EMR)  
Continuing Education Log**

Nor-Cal EMS Policy & Procedure Manual

BLS 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.

**Requirement**

12 hours of CEs or a 12-hour EMR Refresher Course Certificate of Completion.

These records are subject to audit by Nor-Cal EMS. You are required to maintain your original continuing education records for four (4) years.

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

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

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