



NORTHERN CALIFORNIA EMS, INC.

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

EMT

Application

Need It Fast? Apply Online at:
www.norcalems.org
Revision 10/01/2020

Check One: INITIAL CERTIFICATION RENEWAL 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 EMT?: 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 of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Copy of processed Nor-Cal EMS DOJ Live Scan Service Form
- Copy of EMT Course Completion Certificate or copy of current State EMT Card
- Copy of NREMT Card
- Pay Application Fee

REQUIRED ITEMS FOR RE-CERTIFICATION

Check-off

- Copy of current Government issued photo ID
- Copy of current State EMT Card
- Copy of CA EMT Skills Competency Verification Form (01-0302)
- Copy of Continuing Education Log (01-0303) to include 24 hours of CEs or EMT Refresher Course Certificate of Completion.
- Lapse of 6 months or longer - see Policy 01-0301 for additional CE/Educational requirements
- Pay Application Fee

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 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 the State of California.

SIGNATURE OF APPLICANT: _____ DATE: _____

INITIAL CERTIFICATION PAYMENT (CHECK ONE)	RE-CERTIFICATION 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)
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.		

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:	



01-0302

EMT Skills Competency Verification Form

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

State of California EMT Skills Competency Verification Form EMSA – SCV (01/17) *NorCal EMS

See attached for instructions for completion



This section is to be filled out by the EMT whose skills are being verified:

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature of applicant
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This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers). By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifier's Information	
1. Trauma Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
2. Medical Assessment (*including Glucometer) (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
3. Airway (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
4. Oxygen Administration (*including CPAP) (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
9. Epinephrine(*autoinjector) & Naloxone (IN) Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



Instructions for Completion of EMT Skills Competency Verification Form

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.
4. Verification of Competency:

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- A. Sign the EMT Skills Competency Verification Form for that skill.
 - B. Print their name on the EMT Skills Competency Verification Form for that skill.
 - C. Enter the date that the individual demonstrated the competency of the skill.
 - D. Provide the name of the organization that has approved them to verify skills.
 - E. Provide their certification or license type and number.
5. In order to be an approved skills verifier, you must meet the following qualifications:
 - A. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
 - B. Be approved to verify by ONE of the following:
 - a. EMT training program.
 - b. AEMT training program.
 - c. Paramedic training program.
 - d. Continuing education providers.
 - e. EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).

