



NORTHERN CALIFORNIA EMS, INC.

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

PARAMEDIC

Revised January 11, 2021

Check One: **INITIAL ACCREDITATION** **RE-ACCREDITATION**

Name: _____ SSN: _____
Email Address: _____ DOB: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ DL: _____ State: _____
Home #: _____ Work #: _____ Cell#: _____
Nor-Cal EMS Provider Employer: _____

REQUIRED ITEMS FOR INITIAL ACCREDITATION

- Copy of current California State Paramedic license License # _____ / Exp. Date _____
- Copy of current Government issued photo ID
- Copy of current CPR Card (AHA or equivalent)
- Completed Initial Paramedic Accreditation Form **02-0201B** be submitted within 45 days of receiving Paramedic test packet and test date
- Pay Application Fee

REQUIRED ITEMS FOR RE-ACCREDITATION

- Copy of current California State Paramedic license License # _____ / Exp. Date _____
 - Copy of current Government issued photo ID
 - Copy of **02-0202** Paramedic Skills Competency Verification Form
 - Copy of **02-0203** Paramedic Continuing Education Form
 - Pay Application Fee
- If lapsed, see **02-0201** Paramedic Accreditation Re-accreditation Policy

COMPLETE THE FOLLOWING:

1. Have you been convicted of a felony or misdemeanor, or do you have any criminal charges pending? **Yes** **No**
2. Have you had any disciplinary action(s) taken or have any currently pending by another EMS Agency or the EMS against any certification/license that you hold or have held? **Yes** **No**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

INITIAL PAYMENT INFORMATION:	RE-ACCREDITATION PAYMENT INFORMATION	
<input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$100 <input type="checkbox"/> PAYING BY CREDIT CARD \$102 (INCLUDES \$2.00 PROCESSING FEE)	IS YOUR AUTHORIZATION CURRENT? <input type="checkbox"/> No FEE FOR APPLICATIONS SUBMITTED PRIOR TO EXPIRATION DATE	HAS YOUR AUTHORIZATION LAPSED? <input type="checkbox"/> LAPSED FEE FOR APPLICATIONS SUBMITTED AFTER THE EXPIRATION DATE: <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$45 <input type="checkbox"/> PAYING BY CREDIT CARD \$47 (INCLUDES \$2.00 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
_____	_____	_____	_____	_____	_____
PHONE NUMBER	EMAIL ADDRESS				
_____	_____				

NOR-CAL EMS USE	FEES PAID:	DATE RECEIVED:
		DATE PROCESSED:
	CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/>	EFF DATE: _____ EXP DATE: _____

Policies and Forms Associated with this Application. Please review the policies listed below and complete all forms required. You may find these forms by clicking on the link to our Policies and Protocols below.

<https://norcalems.org/policies-protocols/>

- #02-0201 Paramedic/Accreditation Re-Accreditation
- #02-0201B Initial Paramedic Accreditation Form
- #02-0202 Paramedic MICN Skills Competency Verification
- #02-0203 Paramedic Continuing Education Form