

EMS

FRESNO
KINGS
MADERA
TULARE

APPLICATION FOR CERTIFICATION

| | | | | |
|---|------------------------------------|------------------------------------|------------------------------|-------------|
| STATUS APPLYING FOR: | CERTIFICATION APPLYING FOR: | | | |
| APPLICATION INFORMATION | | | | |
| Last Name: | First Name: | Middle Initial: | | |
| Address: | Apt: | City: | State: | Zip: |
| Phone: | DOB: | Social Security #: | CA Drivers License #: | |
| Employer: | | | | |
| CURRENT LICENSES AND CERTIFICATIONS | | | | |
| Current Expiration Date: | State License Number: | Local Certification Number: | | |
| READ CAREFULLY BEFORE SIGNING: | | | | |
| <p>My signature certifies that all information on this application is true, including that regarding my education and experience. My signature further acknowledges that I have read the statements contained on the reverse side of this application and certify that these statements are correct. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of rights to certification, local accreditation, or ambulance authorization by the County of Fresno, Kings, Madera, or Tulare.</p> | | | | |
| Date Signed by Applicant: | Signature _____ | | | |
| | | | | Form ID#: |

Do Not Write Below Line – Office Use Only

Required Documents for EMT/Dispatcher Certification:

- National Registry Card (EMT only)
- Current CPR Card
- 24/36/48 hours of EMS Approved CE
- EMT Competency Verification Form (EMT only)
- Driver's License
- EMD/EMT (Dispatcher only)
- Live Scan Date: _____

Required Documents for EMT-P/MICN Certification:

- Current Paramedic/RN Licensure Card
- Driver's License
- Current CPR Card
- Current ACLS Card
- Current BTLS/PHTLS Card (EMT-P only)
- 24/36/48 hours of EMS Approved CE (MICN only)

Application Fee Cash Check Credit Card / \$127 \$82 \$63 \$48 \$39 \$ _____

Issued Date: _____ Exp. Date: _____

Certification/Accreditation #: _____

California Registry No: _____

This application has been reviewed and approved.

By: _____

| | |
|--------------------------------------|------------------------|
| Paramedic Interim Dates Only: | |
| 60 Days | |
| Issued Date: _____ | Expiration Date: _____ |
| 30 Days | |
| Issued Date: _____ | Expiration Date: _____ |
| Solo Date: _____ | |

CENTRAL CALIFORNIA EMS AGENCY APPLICATION AFFIDAVIT

Answer All Question, Sign and Date Affidavit:

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 Section 1203.4?

Are there any criminal charges currently pending against you?

If you answered yes to either of these questions, 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.

Check here if previously disclosed and on file with Central California EMS Agency.

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 enclose with this application a written explanation that describes the action, any corrective action, any remediation as a result of the action, and the name and address of the certifying or licensing authority involved.

Check here if previously disclosed and on file with Central California EMS Agency.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
(b) Gross negligence.
(c) Repeated negligent acts.
(d) Incompetence.
(e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
(f) Conviction of any crime which is substantially related to the qualifications, functions and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
(g) Violation or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to prehospital personnel.
(h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
(i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
(j) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
(k) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the Central California EMS Agency process this application and authorize them to use this information in performing a background investigation.

Name: Date:

Signature: E-Mail: