COASTAL VALLEYS EMS AGENCY

EMT
APPLICATION FOR CERTIFICATION
(COMPLETE BOTH SIDES)

NAME_____   _____
       Last   First   Middle   Date of Birth

RESIDENCE ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

MAILING ADDRESS _____

CITY_____ STATE_____ ZIP CODE_____

HOME PHONE # (_____)_____ WORK PHONE # (_____)_____

EMAIL ADDRESS _____ CELL # (_____)_____

SOCIAL SECURITY #_____ DRIVER'S LICENSE #_____STATE (_____)

CURRENT EMPLOYER_____

EMT PRIOR CERTIFICATION: #_____ DATE ISSUED: _____ EXPIRATION DATE: _____

PRIOR CERT ISSUED BY: _____ STATE: _____

☐ **EMT INITAL CERTIFICATION REQUIREMENTS**

☐ Completed CVEMSA EMT Application
☐ Copy of current CPR certificate
☐ Copy of Photo ID showing applicant to be at least 18 years of age at time of application
☐ Completed CVEMSA Livescan form
☐ Copy of EMT Course Completion Certificate dated no more than 24 months prior to application date
☐ National Registry EMT Certification (8.5″ x 11″ document showing date of completion)
☐ Application Fee: payable by check, money order. Cash accepted by appointment. Do not send cash in the mail.

☐ **DUPLICATE CARD**

☐ **EMT RE-CERTIFICATION REQUIREMENTS**

☐ Completed CVEMSA EMT Application
☐ Copy of current CPR certificate
☐ Copy of Photo ID
☐ State Skills Verification Form
☐ Copy of Current EMT Certificate
☐ Proof of 24 hrs. Approved California EMS CE (showing EMS CE Provider or CAPCE number and taken within 24 months of application date).
    IF CARD HAS LAPSED 6 months or more but less than 12 months:
      36 hrs. CE required
    IF CARD HAS LAPSED 12 months or more but less than 24 months:
      48 hrs. CE and National Registry written and skills exam completion.
    IF CARD HAS LAPSED More than 24 months:
    Meet the requirements for initial certification.
☐ Application Fee: payable by check, money order. Cash accepted by appointment. Do not send cash in the mail.

FOR OFFICE USE ONLY

Registry number #	Issued	Expires	Receipt #	Amount Paid

CVEMSA APPLICATION   ***<u>CONTINUED ON REVERSE SIDE</u>**

I verify that I am not precluded from certification for any of the following reasons defined in the California Health & Safety Code, Section 1798.200:

(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) Violating 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.

Applicant's Signature_____Date_____

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

Have you ever been made a ward of the court, placed on probation, parole, convicted of any crime, placed on a criminal diversion, had a record expunged, or given a suspended sentence in any court? List any and all occurrences.
☐ yes   ☐ no   if yes, explain

(attach additional documentation if necessary)

Has any certification or licensure action been taken against your EMT, Advanced EMT, EMT-II certificate, Paramedic or any other health-related license?
☐ yes   ☐ no   if yes, explain

(attach additional documentation if necessary)

Have you ever been denied an EMS-related certification or license including EMT, Advanced EMT, EMT-II certificate or Paramedic license by a LEMSA, the State of California or any other State or issuing entity?
☐ yes   ☐ no   if yes, explain

(attach additional documentation if necessary)

Are you or your EMS-related license and /or certificate currently under active investigation by a LEMSA, the State of California or any other State? This applies to certificates and/or licenses issued by the State of California, any other State or other issuing entity.
☐ yes   ☐ no   if yes, explain

(attach additional documentation if necessary)

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 California.

I also authorize the EMS Agency to send periodic communications to my email address. I agree to report, submit documentation and cooperate with a CVEMSA investigation for any probation, parole, fines (excluding minor traffic violations), convictions, and placement on a criminal diversion or given a suspended sentence in any court to the Coastal Valleys EMS Agency while I maintain accreditation/certification, within thirty days of occurrence.

I also understand I am responsible for and agree to notify CVEMSA of my proper and current information, as stated on the other side, and I shall notify CVEMSA in writing within thirty (30) calendar days of any and all changes

Applicant's Signature_____Date_____

07/2017