



Emergency Medical Services Agency

1441 Schilling Place, South Building, Salinas, CA 93901 | PH: 831-755-5013 | FX: 831-755-8040



Emergency Medical Technician (EMT) Certification Application

Initial Certification

Renewal Certification

License Number: _____

Expiration Date: _____

For Official Use Only

Registry Number:		Effective Date:	
LiveScan (DOJ/FBI):		Expiration Date:	
NPDB:			
Central Registry Entry:		Money Order:	

Applicant Information

First Name:		Phone Number:	
Last Name:		Alt. Number:	
Middle Int:		Email Address:	
DOB:			
Race:		SSN and	
	<i>If printed application, see list below.</i>	EMT School/YR	

American Indian or Alaskan Native Asian Black or African American	Hispanic or Latino Native Hawaiian or Other Pacific Islander White	Decline to State
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Mailing Address:	
City:	
State:	
Zip Code:	
	Please note Certified Mail cannot be sent to a P.O. Box

Residence Address:	
City:	
State:	
Zip Code:	
	Same as Mailing Address

Address Change?	No Change	Yes, Mailing Address	Yes, Residence Address
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Are you currently employed by an EMS provider? If yes, please list below. YES NO

Primary EMS Employer	
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Secondary EMS Employer	
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Renewal Certification

- Complete Application (both pages completed and signed)
- Color copies of government issued Photo ID, CPR, and NREMT cards
- Course Completion Certificate from your EMT training program
- Completed LiveScan
- Cashier's Check or Money Order:
 - Payable: *California EMS Authority-EMS Personnel Fund*
 - Amount: \$75

- Complete Application (both pages completed and signed)
- Color copies of government issued Photo ID, CPR, and EMT cards
- 24hrs of EMS continued education documented or course completion certificate from EMT refresher course
- Completed Skills Verification from
- Completed LiveScan if transferring from another Certifying Entity
- Cashier's Check or Money Order:
 - Payable: *California EMS Authority-EMS Personnel Fund*
 - Amount: \$37
 - If transferring from another Certifying Entity: Amount \$75

Emergency Medical Technician (EMT) Certification Application

Renewal Certification

License Number: _____ Exp Date: _____

Please Read Carefully

<ul style="list-style-type: none"> 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) under Penal Code Section 1203.4? 	YES	NO
<ul style="list-style-type: none"> Are there any criminal charges currently pending against you? 	YES	NO
<ul style="list-style-type: none"> If you answered YES to either of these questions, PLEASE ATTACH a detailed written statement describing the crime(s), the date, location, court, sentence served, and probation or parole, if any. You must also attach any court documents and police records. 	YES	NO
<ul style="list-style-type: none"> Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation? 	YES	NO
<ul style="list-style-type: none"> Are you currently under formal investigation or disciplinary action? 	YES	NO
<ul style="list-style-type: none"> If you answered yes to either of these questions, PLEASE ENCLOSE with this application, a written explanation that describes the action, any corrective action, and/or remediation as a result of the action. 	YES	NO

Please List any EMS Agency or certifying entity to which you have applied for certification within the previous 12 months.	
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Acknowledgment

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 county of Monterey, California and potentially to EMT certification in California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Monterey County EMS Agency to contact any employer, agency or any other person for information related to my role and function as an EMT certified in Monterey County, California.

Signature: _____

Signed at	in	, California on
<i>(City)</i>	<i>(County)</i>	<i>(Date)</i>