

# Coastal Valleys EMS Agency



**APPLYING TO:**

**Mendocino County Office**  
1120 South Dora St.  
Ukiah, CA 95482  
707-472-2785 Office  
707-472-2788 FAX

**Napa County Office**  
2344 Old Sonoma Rd., Bldg. G  
Napa, CA 94559  
707-253-4341 Office  
707-259-8112 FAX

**Sonoma County Office**  
475 Aviation Blvd., Suite 200  
Santa Rosa, CA 95403  
707-565-6501 Office  
707-565-6510 FAX

**APPLICATION FOR EMT-1 Certification; PARAMEDIC Accreditation  
(COMPLETE BOTH SIDES)**

**PLEASE CHECK:**

Initial Application

PARAMEDIC

\*\*\* PAY APPLICABLE FEES \$ \_\_\_\_\_

Renewal Application

EMT

**NAME** \_\_\_\_\_  
Last First M.I. Date of Birth

**MAILING ADDRESS** \_\_\_\_\_  
Street/P.O.Box #

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE #**(\_\_\_\_\_) \_\_\_\_\_ **WORK PHONE #**(\_\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ **OTHER CONTACT #**(\_\_\_\_\_) \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **DRIVERS LICENSE #** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
STATE

**ORIGINAL TRAINING INSTITUTION** \_\_\_\_\_ **CURRENT EMS EMPLOYER:** \_\_\_\_\_

**(EMT-I) PRIOR CERTIFICATION#** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_ **STATE** \_\_\_\_\_ **EMS AGENCY** \_\_\_\_\_

**(PARAMEDIC) CURRENT AND PAST DATES OF ACCREDITATION/AUTHORIZATION - PLEASE INDICATE COUNTY, STATE & LICENSE #**

1. \_\_\_\_\_

**EMT-1 REQUIREMENTS**

Copy of current CPR certificate.  Copy of Photo ID  Copy of prior EMT-1 Certification Card (Re-certification or Reciprocity applications only).

Proof of 24 hrs. APPROVED C.E. (showing EMS CE Provider number and taken within current EMT cycle).

**IF CARD HAS LAPSED: 6 months or more but under 12 months, 36 hrs. Total CE required;**

**IF CARD HAS LAPSED: 12 months or more but less than 24 months, 48 hrs. Total CE required \*PLUS National Registry Written & Skills Exam\***

**IF CARD HAS LAPSED: more than 24 months, complete entire EMT-course and pass the certifying exam.**

Copy of Course Completion Certificate (Initial applicants)

Provide proof of passing California EMS Authority approved EMT-B examination, e.g. National Registry (Initial applicants)

STATE EMSA EMT-1 SKILLS COMPETENCY VERIFICATION FORM (renewal applicants)

**Additional requirements:**

• **Persons applying for initial certification must apply within 24 months of EMT-I course completion.** If you do not apply within the deadline, you will be required to complete another course in order to be eligible for county certification.

• All applicants must be at least 18 years of age before certification can be completed.

**FOR OFFICE USE ONLY**

Local Certification #/State# \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_

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 applied for any prehospital certification in any county or state and been denied?

yes     no    if yes, explain

\_\_\_\_\_  
(attach additional documentation if necessary)

Have you ever been made a ward of the court, placed on probation, parole, fined (excluding minor traffic violations), convicted, 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)

Have you ever been the subject of a formal prehospital care certification/licensure disciplinary action or proceeding?

yes     no    if yes, explain

\_\_\_\_\_  
(attach additional documentation if necessary)

Do you have any pending criminal actions, civil actions, and/or EMS fact finding or certification/licensure?

yes     no    if yes, explain

\_\_\_\_\_  
(attach additional documentation if necessary)

I certify that all information on this application is true and correct to the best of my knowledge and belief. I understand that all information on this application is subject to verification. I hereby give my express permission for the EMS Agency to contact my employer, previous employer(s), perspective employer, and certifying agency (ies) for information related to my position and/or certification. I further authorize the release of information by my employer and/or certifying agency, which is relevant to my role and function as an EMT, Paramedic or MICN in California. 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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_