



Public Health Division  
Emergency Medical Services

# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061

TELEPHONE: (831) 454-4120 FAX: (831) 454-4488 TDD: Call 711

### APPLICATION FOR EMTP ACCREDITATION

You must provide the following information or you will not be accredited

#### ACCREDITATION

FEES \$100.00

- Verification of Accreditation
- Original EMT-P Card
- Driver's license
- Application Fee (**EXACT CASH**)
- Current AHA or ARC CPR/AED
- Copies of ACLS, PHTLS or BLTS & PALS or PEPP cards
  - Copy of EMT-P Card
  - Application fee

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_
4. EMT-P certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_
5. Employer: \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

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6.  Yes  No Are you currently or have you been previously certified/licensed as an EMT-P in California or another state? If yes, list all certifying counties, dates of expiration, and types of certification:

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7.  Yes  No Have you ever had a certification, license or credential denied or revoked?  
8.  Yes  No Are you currently on probation as a result of a certification, license or credential disciplinary action? If yes to 6 or 7 above, please explain on a separate sheet of paper.

9.  Yes  No Have you ever been convicted of a felony or misdemeanor? (This would include all pleas of guilty and/or nolo contendere.) On a separate sheet of paper, for all convictions, please list offense, date and place of conviction, sentence and date of release from custody and/or probation/parole.

**PLEASE MAKE SURE TO SIGN THE BOTTOM PORTION OF THE BACK PAGE**

**DECLARATION OF COMPLIANCE  
WITH  
HEALTH AND SAFETY CODE 2.5, CHAPTER 7. PENALTIES**

**Section 1798.200.** (a) The medical director of the local EMS agency may, in accordance with regulations adopted by the authority, deny, suspend or revoke any EMT or EMTP certificate issued under this division, or may place any EMT or EMTP certificate holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).

(b) The authority may deny, suspend or revoke any EMT-P license issued under this division, or may place any EMTP license holder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).

(c) Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or license holder under this division.

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) 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 records shall be conclusive evidence of such conviction.
- (7) 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 adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) 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.
- (11) 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.

**READ CAREFULLY BEFORE SIGNING:**

I certify that all statements made in this application are true and complete. I understand this application will be used in determining my qualifications for accreditation. I authorize investigation of all matters contained in this application and approve the release of information from other sources as needed to the County of Santa Cruz.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Public Health**  
Prevent. Promote. Protect.

**Santa Cruz County**