



Santa Cruz County

Emergency Medical Services

1800 Green Hills Rd., Suite 240, Scotts Valley, CA 95066
(831) 454-4120 TDD/TTY: CALL 711

APPLICATION FOR EMT LICENSE

PLEASE SCHEDULE AN APPOINTMENT TO CERTIFY/RE CERTIFY

	Initial Certification
	Renewal/Reinstate Certification
	Change Certifying County

EMS OFFICE USE ONLY	
Date Entered:	Live Scan (DOJ/FBI) Date:
EMT License:	Central Registry Date:
Effective Date:	Paid:
Expiration Date:	

APPLICANT INFORMATION

African American or Black	Caucasian or White	Choose Not to Identify
American Indian or Alaskan Native	Hispanic or Latino	
Asian	Hawaiian or Other Pacific Islander	

Address Change?	No Change	Mailing Address	Residence Address
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First Name:	Phone Number
Last Name:	Alternate Phone Number:
Middle Initial:	Email Address:
DOB:	SSN:
	Is Residence same as Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address:	Residence Address:
City:	City:
State:	State:
Zip:	Zip:
<i>Please note certified mail cannot be sent to a PO Box</i>	

Are you currently employed by an EMS provider?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Primary EMS Employer:	Secondary EMS Employer:
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PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

INITIAL CERTIFICATION:

1. Completed Application, signed and dated.
2. Copy of EMT Course Completion Certificate.
3. Copy of NREMT Certificate and Card.
4. Copy of CPR Card.
5. Copy of Driver's License or State Issued Photo ID.
6. Completed Live Scan.
7. County Fee of \$100, Cashier's Check or Money Order Only, Payable to Santa Cruz County Treasurer.
8. State Fee of \$75 Cashier's Check or Money Order Only, Payable to EMT Certification Fund.

RENEWAL OR REINSTATEMENT OF LAPSED EMT LICENSE LESS THAN 6 MONTHS:

1. Completed Application, signed and dated.
2. Copy of 24-Hour Refresher Course Certificate or Copy of CE Online Course Summary Page totaling 24 Hours.
3. Copy of Completed Skills Verification Form
4. Copy of CPR Card.
5. Copy of EMT Card.
6. Copy of Driver's License or State Issue Photo ID.
7. Completed Live Scan Only if Changing Certifying County.
8. County Fee of \$100, Cashier's Check or Money Order Only, Payable to Santa Cruz County Treasurer.
9. State Fee of \$37 Cashier's Check or Money Order Only, Payable to EMT Certification Fund.
10. If Changing Certifying County, the State Fee is \$75.

REINSTATEMENT OF LAPSED EMT LICENSE GREATER THAN 6 MONTHS BUT LESS THAN 12 MONTHS:

1. Completed Application, signed and dated
2. 36 CE Hours or 24-Hour Refresher Course plus 12 CE Hours. Copies of Course Completion Certificate and/or Copy of CE Online Course Summary Page Totaling 36 or 12 CE Hours.
3. Copy of Completed Skills Verification Form.
4. Copy of CPR Card.
5. Copy of EMT Card.
6. Copy of Driver's License or State Issued Photo ID.
7. Completed Live Scan Only if Changing Certifying County.
8. County Fee of \$100, Cashier's Check or Money Order Only, Payable to Santa Cruz County Treasurer.
9. State Fee of \$37 Cashier's Check or Money Order Only, Payable to EMT Certification Fund.
10. If Changing Certifying County, the State Fee is \$75.

REINSTATEMENT OF LAPSED EMT LICENSE GREATER THAN 12 MONTHS:

1. Completed Application, signed and dated.
2. 48 CE Hours or 24-Hour Refresher Course Plus 24 CE Hours. Copies of Course Completion Certificate and/or Copy of CE Online Course Summary Page Totaling 48 Hours or 24 Hours.
3. Copy of Completed Skills Verification Form.
4. Copy of NREMT Certificate and Card Dated Within 2 Years.
5. Copy of CPR Card.
6. Copy of EMT Card.
7. Copy of Driver's License or State Issues Photo Id.
8. Completed Live Scan.
9. County Fee of \$100, Cashier's Check or Money Order Only, Payable to Santa Cruz County Treasurer.
10. State Fee of \$75, Cashier's Check or Money Order Only, Payable to EMT Certification Fund.



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PLEASE READ CAREFULLY AND ANSWER TRUTHFULLY

	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 or nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any criminal charges currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered YES to either of the above 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 all court documents and police reports.		
Have you ever had a certification, accreditation or professional healing arts license denied, suspended, revoked or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently under formal investigation or disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered YES to any of these questions , please attach a written explanation that describes the action, any corrective action and/or remediation as a result of the action.		

ACKNOWLEDGMENT

I hereby certify under penalty of perjury that all information on the application is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification of the County of Santa Cruz, California and potentially to EMT certification in all of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the Santa Cruz County EMT Agency to contact any employer, agency or any other person for information related to my role and function as an EMT certified in Santa Cruz County, California.

Signature	Date

**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 certificate issued under this division, or may place any EMT 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 license issued under this division, or may place any EMT licenseholder 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 understand incomplete applications will not be processed.

I have read the Declaration of Compliance and answered all questions truthfully and that all of the information I provided on this application is true and complete. I further understand that if I violate any on the items listed in the statement, my certification may be revoked or suspended, or that I may be placed on probation. I hereby state that I am not precluded from certification for any reason. 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