



Santa Cruz County Emergency Medical Services

1080 Emeline Avenue, Santa Cruz, CA 95060
(831) 454-4120 FAX: (831) 454-4488 TDD/TTY: CALL 711

APPLICATION FOR EMT

PLEASE SCHEDULE AN APPOINTMENT TO CERTIFY/RE CERTIFY

- Initial Certification
- Renewal Certification (Recertification)

EMS Office Use Only			
Date Entered:		LiveScan (DOJ/FBI) date:	
EMT Cert Number:		Central Registry Entry date:	
Effective Date:		Paid:	
Expiration Date:			

You must provide the following information complete your application.

Initial Certification.

- Complete EMT Application (All pages completed and signed)
- EMT Course Completion Certificate from your EMT training program
- Driver's license or State Issued Photo ID
- Copy of current AHA or ARC CPR/AED card
- National Registry Certificate & NREMT Card
- Completed Live Scan (BCII 8016)
- Application Fee:**
 - CASH/Cashier's Check or Money Order for \$100 - Payable to:
Santa Cruz County Treasurer
 - Cashier's Check of Money Order for \$75 - Payable to:
EMT Certification Fund

Renewal Certification.

- Complete EMT Application (All pages completed and signed)
- Copy of refresher course completion record or copies of continuing Education Certificates with CA CEU provider number totaling 24 hours
- Copy of current AHA ARC CPR/AED card
- Completed Skills Verification Form
- Copy of current EMT card
- Driver's License or State Issued Photo ID
- Request for Live Scan Service (BCII 8016) - Unless Previously submitted to this County
- Application fee:**
 - CASH/Cashier's Check or Money Order for \$100 - Payable to:
Santa Cruz County Treasurer
 - Cashier's Check or Money Order for \$37 - Payable to:
EMT Certification Fund

Applicant Information. Please complete all required information below (highlighted). Missing information may delay your certification/recertification.

First Name:		Phone Number:	
Last Name:		Mobile Number:	
Middle Int:		Email Address:	
DOB:		SSN:	
Race:			

If printed application, check list below.

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | |

Mailing Address:	
City:	
State:	
Zip Code:	

Home Address:	
City:	
State:	
Zip Code:	

Same as Mailing Address

Are you currently employed by an EMS provider? If yes, please list below. YES NO

Primary EMS Employer: _____

Secondary EMS Employer: _____

Please Read Carefully.

1. Have you ever been convicted of any felony or misdemeanor offense? (This would include 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?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are there any criminal charges currently pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever had an EMT certification, license or credential suspended, denied, revoked or placed on probation, or are you under investigation at this time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. If yes to any of the above, attach a detailed statement describing the crime(s), date, location, court, sentence served and parole if any. Please describe any and all certification/licensure actions.	

I declare, 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.

SIGNATURE OF APPLICANT: _____

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