



Emergency Medical Services Agency

1340 Arnold Drive, Suite 126
Martinez, CA 94553
(925) 646-4690 Fax: (925) 646-4379

DOJ:
NREMT:
Issue Date:
Fee Paid?: Y N NA
Cert #:

EMT-1 CERTIFICATION / RE-CERTIFICATION

Name _____			
Other names known by _____			
Mailing address _____	City _____	State _____	Zip _____
Date of birth ____/____/____	California Drivers License # _____	Social Security # ____/____/____	
Email _____			

EMT school attended _____	Course completion date ____/____/____
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Check one	<input type="checkbox"/> Basic (Initial course)	<input type="checkbox"/> Refresher	<input type="checkbox"/> Continuing Education
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Do you currently have a valid California Ambulance Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary
Are you employed as an EMT-I? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer's name _____

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(You must answer this question or your application will be returned.)</i> If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.
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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) or records sealed under Penal Code Section 1203.4? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any criminal charges currently pending against you? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(You must answer these questions or our application will be returned.)</i> If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.

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 Emergency Medical Technician certification by Contra Costa County. I understand all information on this application is subject to verification, and I hereby give my express permission for the Contra Costa EMS Agency to contact any employer, agency or any other person for information related to my role and function as an Emergency Medical Technician in California.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PHONE NUMBER: Home (____) _____ - _____ Cell (____) _____ - _____

ATTACHMENTS	
<u>INITIAL CERTIFICATION</u> ___ Copy of EMT Course Completion Card/Certificate ___ Copy of National Registry of EMT certification card ___ Second copy – Requesting Agency of the Request for Live Scan Service form (after live scan complete) ___ Copy of current Basic Life Support CPR card (front/back), including AED training ___ Check or money order (no cash) payable to: Contra Costa County Health Services/EMS (fee is non-refundable) ___ Current photo ID	<u>RE-CERTIFICATION (RENEWAL)</u> ___ Copy of current EMT Card ___ Copy of completion of either required continuing education hours or a 24-hour refresher course ___ Skill competency verification form ___ Copy of current Basic Life Support CPR card (front/back) including AED training ___ Check or money order (no cash) payable to: Contra Costa County Health Services/EMS (fee is non-refundable) ___ Current photo ID

All required items MUST be attached for processing. All information on this application is subject to verification.