



## EMT CERTIFICATION/RECERTIFICATION APPLICATION

ALL REQUIRED DOCUMENTS MUST BE ATTACHED WHEN APPLICATION IS TURNED IN

### CHECK ONE-

#### ☐ **Initial Certification**

1. Copy of a current driver's license or a government issued identification card
2. Copy of current National Registry Certification (NREMT card **AND** certificate)
3. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
4. Copy of your EMT training program course completion certificate
5. A live scan criminal background check, completed no longer than 60 days prior to the date the certification application is submitted. The El Dorado County EMS Agency Live Scan form must be used, and a copy of the completed form (once the live scan has been performed and signed by the technician) must be provided to the El Dorado County EMS Agency.  
<https://www.edcgov.us/government/ems/forms/documents/LifeScanApplication012914.pdf>
6. Non-refundable application fee. Checks are NOT accepted. To determine the application fee and acceptable payment methods, refer to:  
[https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule\\_%20071718.pdf](https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule_%20071718.pdf)

#### ☐ **Recertification**

Current Certification issued by: ☐ **El Dorado County EMS Agency** ☐ **Other:** \_\_\_\_\_

1. Copy of a current driver's license or a government issued identification card
2. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
3. Completed EMT skills competency verification form
4. \*\*Effective 7/1/2019 copy of Certificate of Training or CE Certificate for Naloxone, Epinephrine and Glucometer training
5. Documentation of **twenty-four (24)\* hours** of continuing education (MUST be CE Certificates), obtained during the current certification period. If expired, CE must be dated within 24 months prior to applying for reinstatement.
6. Complete a Department of Justice and FBI Live Scan background check and attach form, ***if not previously on file with the agency***
7. Non-refundable application fee. Checks are NOT accepted. To determine the application fee and acceptable payment methods, refer to:  
[https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule\\_%20071718.pdf](https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule_%20071718.pdf)

☐ **Reciprocity Certification**

1. Copy of a current driver's license or a government issued identification card
2. Copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level
3. Copy of current National Registry Certification (NREMT card **AND** certificate)
4. Copy of your out-of-state EMT card
5. A live scan criminal background check, completed no longer than 60 days prior to the date the certification application is submitted. The El Dorado County EMS Agency Live Scan form must be used, and a copy of the completed form (once the live scan has been performed and signed by the technician) must be provided to the El Dorado County EMS Agency.  
<https://www.edcgov.us/government/ems/forms/documents/LifeScanApplication012914.pdf>
6. Non-refundable application fee. Checks are NOT accepted. To determine the application fee and acceptable payment methods, refer to:  
[https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule\\_%20071718.pdf](https://www.edcgov.us/Government/EMS/Documents/EMS%20Agency%20Fee%20Schedule_%20071718.pdf)

SSN#: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #:( ) \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ / \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age Range:**

- ☐ 18-20 ☐ 41-45  
☐ 21-25 ☐ 46-50  
☐ 26-30 ☐ 51-55  
☐ 31-35 ☐ 56-60  
☐ 36-40 ☐ Older

**Gender:**

- ☐ Male  
☐ Female

**Race/Ethnicity:**

- ☐ American Indian/Alaska Native  
☐ Asian  
☐ Hispanic Latino  
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black/African American  
☐ White  
☐ Choose to not identify

**INITIAL CERTIFICATION ONLY:**

COURSE LOCATION: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ COURSE COMPLETION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

In what setting will you be using your certification? (please check one)

- ☐ Ambulance ☐ Paid Firefighter ☐ Volunteer Firefighter ☐ Industrial Clinic  
☐ General Info ☐ Seeking Employment with Ambulance Company ☐ Seeking Employment with Fire  
☐ Other

**CONTINUING EDUCATION:**

Course Completion Certificates must be attached or application will not be accepted.

24 Hours of continuing education (MUST be CE Certificates, cannot be a list of courses/hours completed) is required for recertification applicants, and must be obtained during the current certification period. Additional requirements for lapsed certifications.

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 \_\_\_ No \_\_\_

Are there any criminal charges currently pending against you? Yes \_\_\_ No \_\_\_

(You must answer these questions or your application will be returned.) 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.

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 \_\_\_ No \_\_\_

(You must answer this question or your application will be returned.) 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.

The Medical Director shall deny or revoke an EMT certificate if any of the following apply to the applicant:

- has committed any sexually related offense specified under Section 290 of the Penal Code
- been convicted of murder, attempted murder, or murder for hire
- been convicted of two or more felonies
- is on parole or probation for any felony
- been convicted and released from incarceration during the preceding fifteen years of the crime of \_\_\_\_\_

manslaughter or involuntary manslaughter

- f. been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
- g. been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs
- h. been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
- i. been convicted within the preceding five years of any theft related misdemeanor

has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

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 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 the El Dorado County EMS Agency to contact any employer, agency, or any other person for information related to my role and function as an EMT in the state of California.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>CENTRAL REGISTRY NUMBER:</b>	<b>ISSUE DATE:</b> / /	<b>EXP DATE:</b> / /
<b>PAYMENT AMOUNT:</b>	<b>PAYMENT DATE:</b> / /	
<b>DATE PAID:</b> / /	<b>CASH</b> <input type="checkbox"/>	<b>CREDIT/DEBIT</b> <input type="checkbox"/>

**STATE CARD**

<b>PICKUP</b> <input type="checkbox"/>	<b>DATE:</b> / /	<b>MAILED</b> <input type="checkbox"/>	<b>DATE:</b> / /
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# EL DORADO COUNTY EMS AGENCY

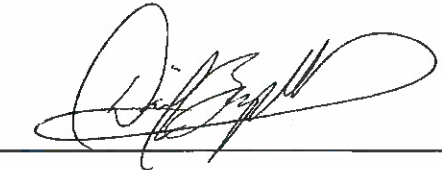
## Personnel POLICIES

Effective: July 1, 2019

Reviewed: N/A

Revised: N/A

Scope: EMR Personnel



EMS Agency Medical Director

## EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION PROCESS

1. Go to

[https://www.edcgov.us/Government/EMS/Pages/accreditation\\_and\\_certification\\_applications.aspx](https://www.edcgov.us/Government/EMS/Pages/accreditation_and_certification_applications.aspx) and click on EMT Certification.

- Print application and bring in completed copy.

2. The following are required for initial EMT Certification, Bring Copies:

- Be at least (18) years of age or older
- Current U.S. State-issued Driver's License or photo ID.
- Current CPR certification – Health Care Provider or equivalent level.
- Current or expired EMT certification card.
- Submit proof of required continuing Education (CE) from a California or CAPCE approved EMS CE provider (CE documentation form):
  - EMT-Recertification – Minimum of 24 hours of CE or completion of an approved 24 hour EMT refresher course.
  - Renewal of a lapsed certification may require additional CE's
    - Lapsed 0-6 months - 24 CE's
    - Lapsed 6-12 months – 36 CE's
    - Lapsed 12+ months – 48CE's NREMT card, plus a new Live Scan
- A completed EMT skill Verification Form (Version 1-2017)(Only original ink version; paper, pdf, or picture only).
- You can pay on-line using the link in the EMS Menu "Pay EMS Fees by Credit Card" or in person with a credit/debit card.

3. Required documents can be submitted by any of the following methods:

- Legible copies can be mailed or delivered in person to:
  - El Dorado County Emergency Medical Services Agency  
2900 Fair Lane Ct.  
Placerville CA, 95667
  - Certification Hours:
    - Tuesday 8:00am-4:00pm
    - Thursday 8:00am-4:00pm
    - Lunch 12:00pm-1:00pm