**Public Safety First Aid Application**

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|  | **Applicant Information** | | |  |
|  | Last Name: | First Name: | Middle Initial: |
|  | Mailing Address: | | |
|  | City: | State: | Zip Code: |
|  | | | | |

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| --- | --- | --- | --- | --- |
|  | | | | |
|  | **Issuance** | | |  |
|  | **Leave Blank if Initial Issuance**  to be issued by Unit/Program | Unit/Program Designator | Four Digit Number |
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|  | **Type** | | | | | | | |  |
|  | **1. Initial Issuance** | | | | | | | |
|  | a. PSFA Course (includes TCC, and Optional Skills) | | Unit/Training Institute: | | | | Date: | |
|  | **2. Renewal** | | | | | | | |
|  | a. PSFA Refresher Course | | Unit/Training Institute: | | | | Date: | |
|  | b. Continuing Education (CE) | | | Attach CE log | | | | |
|  | **ATTACHMENTS** | | | | | | | |
|  | Copy of Cardiopulmonary Resuscitation Card | EMS Exam Skills/Competency Verification | | | CE Log/Course Completion Record Attached | | | Copy of EMS Card |
|  | **Current Employer** | | | | | | | |
|  | *CAL FIRE* | | | Unit/Program: | | | | |
|  | Other(s): | | |  | | | | |
|  | **Oath** | | | | | | | |
|  | I certify under penalty of perjury that the information contained on this form is accurate. I understand that my signature on this application authorizes CAL FIRE to verify all information contained on this application. | | | | | | | |
|  | Applicant Signature: | | | | | Date: | | |
|  | | | | | | | | | |

Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| All mandatory documentation attached | | | |
| Certification Number (see above) | New Assign from Unit database | Existing | |
| Notes: | | | |
| Signature of Unit/ProgramTraining Officer: | | | Date: |

**Public Safety First Aid Application**

*Instructions*

1. **Applicant Information**

• Enter your full legal name as appears in employment documentation

• The mailing address should be your current home address or P.O. Box

• Applicant date of birth

1. **Issuance**

• Initial PSFA card numbers are assigned by the Unit/Program EMS Coordinator/Training Officer

• The first portion of the certification number is the three letter designator of the original certifying Unit/Program

• The second portion of the certification number is a four-digit number that is assigned by the Unit/Program

1. **Type**

* Initial applicants must attach documentation of successful course completion
  + Enter the Unit/Program designator or name of training institute conducting training course
  + Enter the date the course was successfully completed

• Renewal applicants shall mark the appropriate box designating method of renewal

* + Applicants recertifying through refresher course shall attach documentation of successful course and skills completion
  + Applicants renewing through Continuing Education Units shall attach the CE log and documentation of successful skills completion

1. **Attachments**

* Copy of current CPR/AED certification
* Copy of Skills Exam/Competency Verification
* Copy of Continuing Education Log/Course Completion Record
* Copy of current EMS card, if applicable

1. **Current Employer**

* If current CAL FIRE employee, mark the box next to CAL FIRE and enter the Unit/Program of employ
* If a seasonal employee, write “SEASONAL” in the space marked “other”. If employed for another agency/business using your PSFA Certification, please enter on the spaces marked “other”

***Date and sign the Public Safety First Aid Application***