



Emergency Medical Technician Certification/Recertification Application

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|---|--|
| 1 | APPLICATION TYPE: |
| <input type="checkbox"/> Initial | <input type="checkbox"/> Recertification |
| <input type="checkbox"/> by Refresher Course, or <input type="checkbox"/> by Continuing Education | |

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|---|---|
| 2 | ATTACHMENTS |
| <input type="checkbox"/> Course Completion Record | <input type="checkbox"/> Cardiopulmonary Resuscitation Card |
| <input type="checkbox"/> Continuing Education Log | <input type="checkbox"/> Emergency Medical Services Certification Card |
| <input type="checkbox"/> Skills Exam/Competency Verification Form | <input type="checkbox"/> National Registry Emergency Medical Technician Certificate |
| <input type="checkbox"/> Request for Live Scan Service | |

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| 3 | CENTRAL REGISTRY INFORMATION |
| Applicant Information | |
| Last Name | First Name |
| Middle Name | |
| Mailing Address | |
| Residence Address | |
| City | State |
| Zip Code | |
| Is this a change of address? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Telephone Number (Day) | Telephone Number (Night) |
| Email Home | |
| Email Work | |
| Date of Birth | Last Four Digits of Social Security Number |
| Certification Information | |
| Current or Expired Certification Number | Current Certifying Entity |
| Current Certificate Status (Select One) | |
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> EXPIRED |
| <input type="checkbox"/> SUSPENDED | <input type="checkbox"/> PROBATION |
| <input type="checkbox"/> DENIED | <input type="checkbox"/> REVOKED |
| Expiration Date | Expiration Date |
| Effective | Expiration |
| Effective | Expiration |
| Action Date | Action Date |
| Employment Information | |
| If employed by an Emergency Medical Services provider other than CAL FIRE, please list the name and address of each provider | |
| Name | Name |
| Street Address | |
| City | State |
| Zip Code | |
| CAL FIRE Affiliation: | <input type="checkbox"/> Permanent |
| | <input type="checkbox"/> Limited Term |
| | <input type="checkbox"/> Seasonal/Temporary |
| | <input type="checkbox"/> Volunteer/Paid Call |
| | <input type="checkbox"/> Other: |
| State Service Classification/Title: | Three Letter Designator of Current Unit: |

| | | | |
|--|--------------------|---------------------------------|--------------------------------|
| 4 | DECLARATION | | |
| 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)? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are there any criminal charges currently pending against you? <small>If you answered yes to either of the above questions, 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.</small> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever had a certification, accreditation, or professional healing arts license denied, revoked, suspended, or placed on probation, or are you under investigation at this time? <small>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.</small> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>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. 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 (Title 22). Additionally, by signing this application I do authorize the release of all prior California EMT application and/or certification action documentation for use of verification by CAL FIRE.</i> | | | |
| Signature of Applicant: | | Date: | |



Emergency Medical Technician Certification/Recertification Application

INSTRUCTIONS

SECTION 1: Application Type

- **Initial** - New Emergency Medical Technician (EMT), not previously certified
- **Recertification by Refresher Course** - Existing EMT recertifying through EMT refresher course
- **Recertification by Continuing Education (CE)** - Existing EMT recertifying through CEs

SECTION 2: Attachments

- **Continuing Education Log** – Emergency Medical Services Continuing Education Log (EMS-703) or equivalent, required if recertifying via CEs
- **Skills Exam/Competency Verification** - Emergency Medical Services Skills Exam/Competency Verification (EMS-702) or equivalent, required for all certification and recertification applications
- **Request for Live Scan Service** – Request for Live Scan Service INstructions and Live Scan Form-DOJ BCII 8016 (EMS-704). Application cannot be processed without a copy of the completed Live Scan form
- **Cardiopulmonary Resuscitation (CPR) Card** - Attach copy of CPR card (front and back) on page three of this form. Card must be current and issued by a Public Safety and/or American Heart Association Healthcare Provider
- **California EMT Certification Card** - Attach copy of California issued EMT Certificate card (front and back) on page three of this form
- **National Registry of Emergency Medical Technicians (NREMT) Card and/or Certificate** - Attach to page three of this form. Required for all initial EMT certifications and recertification expired over 12 months

SECTION 3: Central Registry Information

- Complete fields as requested.

SECTION 4: Declarations

- Check appropriate boxes to all questions regarding criminal and/or certification disciplinary action.
- Read admonishment, sign and date application

Application will be returned if all fields not completed, attachments sent and application signed



Attachment Sheet

COPY OF **CPR** CARD

FRONT

BACK

COPY OF **EMS** CARD

FRONT

BACK
(If applicable)

COPY OF **NREMT** CARD OR ATTACH NREMT CERTIFICATE

FRONT

BACK
(If applicable)