



S-SV EMS Emergency Medical Responder (EMR) Certification Process

- Complete and sign the attached one-page application form.
- **All applicants**, attach copies/provide the following:
 - Current U.S. state-issued Drivers License or photo ID.
 - Current CPR certification - Health Care Provider or equivalent level.
 - A \$28.00 money order payable to **Sierra-Sacramento Valley EMS Agency**. You may also pay \$31.00 (includes a \$3.00 electronic processing fee) online (www.ssvems.com), or in person, with a debit/credit card. This is a non-refundable processing fee.
- **Initial certification applicants only**, also attach copies of and/or complete the following:
 - An EMR course completion record issued within the past twelve (12) months.
 - A Live Scan criminal background check by the State of California Department of Justice for the S-SV EMS Agency. Attach a copy of the completed DOJ Live Scan Form.
- **Re-certification applicants only**, also attach copies of and/or complete the following:
 - Current or expired EMR certification card.
 - Submit proof of at least 12 hours of EMS continuing education from and approved EMS continuing education provider or completion of a 12 hour EMR refresher course. Renewal of a lapsed certification may required additional CE's.
 - A completed EMR Skills Verification Form.
- Mail, email, or deliver your application to:

Sierra-Sacramento Valley EMS Agency
5995 Pacific Street
Rocklin, CA 95677

certification@ssvems.com

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Sierra-Sacramento Valley EMS Agency
5995 Pacific Street Rocklin CA 95677
Office 916-625-1702 916-625-1730 fax
Website: www.ssvems.com



Initial/Recertification Fee \$28.00
(Plus an additional \$3.00 electronic processing fee if paying by debit/credit card)

We accept money orders, debit cards & credit cards ONLY.

EMR CERTIFICATION APPLICANT INFORMATION – PRINT ONLY		
Initial Certification	Recertification	
Full Name:		
Address:		
City:	State:	Zip Code:
Phone #	Email:	
Birthdate:	SS#	
Date EMR Class Completed:		
EMS Employer (if applicable):		
BACKGROUND INFORMATION/SIGNATURE		
<p>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) under Penal Code Section 1230.4? Yes_____ No_____</p> <p>Are there any criminal charges currently pending against you? Yes_____ No_____</p> <p>If you answered yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, and/or remediation as a result of the action. (may attach court documents)</p>		
<p>Have you ever had certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? Yes_____ No_____</p> <p>If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or mediation as a result of the action. (may attach court documents)</p>		
SIGNATURES		
<p>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 S-SV EMS EMR certification. 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 EMR in the S-SV EMS region.</p>		
Signature:	Date:	
FOR SSV USE ONLY		
Date App Received:		
<input type="checkbox"/> Fees Paid	<input type="checkbox"/> Current U.S. State-Issued DL or photo ID	
<input type="checkbox"/> CPR Card	<input type="checkbox"/> Skills Verification (re-certification only) <input type="checkbox"/> N/A	
<input type="checkbox"/> Course Completion (initial only) <input type="checkbox"/> N/A	<input type="checkbox"/> CA DOJ Live Scan (initial only) <input type="checkbox"/> N/A	
Date Issued:	Date Expires:	

