



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



**Incomplete applications will be held for 60 days - The fee is NON-Refundable**

**Initial Certification: S-SV Fee \$28.00+EMSA Fee \$75.00 = \$103.00 (Add \$3.00 if paying on line)**

**Recertification: S-SV Fee \$28.00+EMSA Fee \$37.00 = \$65.00 (Add \$3.00 if paying on line)**

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

**If you are certifying with the S-SV EMS Agency for the first time, you are considered an 'Initial Certification' applicant. California Code of Regulations, Title 22, Division 9, Chapter 10, §100345, Fees states the following fees shall apply:**

*(a)(1) \$75 per initial EMT or Advanced EMT certificate or per an applicant whose criminal background check from the DOJ is no longer active. This also applies to those EMT/AEMT personnel who change certifying entities when they recertify.*

**EMT/AEMT CERTIFICATION APPLICANT INFORMATION – PRINT ONLY**

Full Name:

Date of Birth:

SSN:

Phone #:

Address:

City:

State:

Zip Code:

Email:

Work Phone:

**RE-CERTIFICATION/PREVIOUS CERTIFYING ENTITY INFORMATION**

Current Certification Number:

Expiration Date:

Previous Certifying Entity:

**EMPLOYMENT INFORMATION (IF APPLICABLE/EMPLOYED BY AN EMS PROVIDER)**

EMS employer name & address:

**BACKGROUND INFORMATION/SIGNATURE**

**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 1203.4? Yes\_\_\_\_\_ No\_\_\_\_\_**

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

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)

**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\_\_\_\_\_**

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)

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 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.

**Signature:**

**Date:**

