



Sierra-Sacramento Valley EMS Agency
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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, business/agency checks, 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\$75 per initial EMT or Advanced EMT certificate or per an applicant whose criminal background check from the DOJ is no longer active.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 (If not S-SV):

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

EMS employer name:

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor offense in California or any other state/place, including a plea of nolo contendere/no contest and, including any conviction which has been expunged under Penal Code Section 1203.4?

Yes No

Are you currently under criminal investigation or 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. (You 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

Have you applied for EMT certification with any other California certifying entity or Local EMS Agency (LEMSA) within the previous 12 months? 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. (You may attach court documents)

ADDITION EMT RECERTIFICATION TRAINING REQUIREMENT

Pursuant to California Code Of Regulations (Title 22, Division 9, Chapter 2, Section 100080, Item 6): All individuals renewing their EMT certification for the first time on or after July 1, 2019 shall provide confirmation of successful completion of training on the use of naloxone, auto-injector epinephrine and glucometers.

Have you completed the required training on the use of naloxone, auto-injector epinephrine and glucometers?

Yes

No

ATTESTATIONS/SIGNATURE

By signing my name in the signature box and entering today's date, I hereby certify under penalty of perjury that all information on my 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 the S-SV EMS Agency to contact any person or agency for information related to my role and function as an EMT in California. I hereby authorize the S-SV EMS Agency to obtain applicable law enforcement records pertaining to my criminal activity as it relates to my role and function as an EMT in California. I understand that I may be required to provide copies of legal records related to my past criminal activity (if applicable), and the processing of my application may be delayed until these documents are provided to the satisfaction of the S-SV EMS Agency. I understand that I am solely responsible for notifying the S-SV EMS Agency in writing, within thirty (30) calendar days, of any and all changes of my mailing address.

Signature: _____

Date: _____

Required Supporting Documents

Initial

1. Photo ID (Government Issued)
2. Valid CPR Card
3. Valid NREMT card
4. Course Completion Certificate
5. Complete Live Scan form

Recertification

1. Photo ID (Government Issued)
2. Valid CPR Card
3. Completed Skills Verification Form (901-A; Revised 01/2017)
4. 24 Hours of EMS Continuing Education
5. Current California EMT card (not required but preferred)

*If expired more than 6 months, please contact S-SV for recertification information.

*If transferring from a different LEMSA, please complete all Initial Requirements plus submit Skills verification and CEs.