



NORTHERN CALIFORNIA EMS, INC.

457 Knollcrest Drive, Suite 120, Redding, CA 96002
Phone: (530) 229-3979 Fax: (530) 229-3984

**AEMT
INITIAL**

NEED IT FAST? APPLY ONLINE!
GO TO: WWW.NORCALEMS.ORG

**APPLICATION FOR CERTIFICATION
ADVANCED EMERGENCY MEDICAL TECHNICIAN**

INSTRUCTIONS: PRINT CLEARLY USING CAPITAL LETTERS! ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED.
INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY YOUR CERTIFICATION.

SECTION 1 GENERAL INFORMATION – MUST BE COMPLETED BY ALL APPLICANTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL		6. SOCIAL SECURITY NUMBER: ____ / ____ / ____		
2. MAILING ADDRESS:		7. HOME PHONE NUMBER: () _____		
3. CITY, STATE, ZIP	COUNTY OF RESIDENCE:	8. DATE OF BIRTH: ____ / ____ / ____	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
4. EMAIL ADDRESS:		9. DRIVERS LICENSE NUMBER: _____ EXP: _____		
5. NAME OF EMS SERVICE PROVIDER AFFILIATION: LIST NAME OF AGENCY HERE:				

SECTION 2 TRAINING INFORMATION

10. NAME OF AEMT TRAINING PROGRAM YOU COMPLETED: _____	13. DATE OF COURSE COMPLETION: _____
11. LOCATION OF CLASS: _____	14. DATE OF NOR-CAL EMS CERTIFICATION EXAM: _____
12. INSTRUCTOR: _____	15. DATE OF PRACTICAL SKILLS EXAM: _____

APPLICATION CONTINUED NEXT PAGE

NOR CAL EMS OFFICE USE ONLY	PD____ CK____ CC____	CERT NO:
		EFF:
	PROCESS DATE:	EXP:

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

16. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING?

_____ YES _____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE

17. HAVE YOU HAD ANY DISCIPLINARY ACTION(S) TAKEN OR CURRENTLY PENDING BY ANOTHER EMS AGENCY, AGAINST ANY CERTIFICATION/LICENSE THAT YOU HOLD OR HAVE HELD?

_____ YES _____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

**FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL DELAY PROCESSING YOUR REQUEST FOR CERTIFICATION.
AN ADMINISTRATIVE FEE OF \$75.00 WILL BE CHARGED TO APPLICANTS PLACED ON PROBATION DUE TO PRIOR FELONY
AND/OR MISDEMEANOR CONVICTIONS.**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA 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 AEMT 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 ADVANCED EMT IN CALIFORNIA.

APPLICANT SIGNATURE

DATE

SECTION 4 BASE HOSPITAL AUTHORIZATION (ALL SIGNATURES ARE REQUIRED IN THIS SECTION)

RECOMMENDATION FOR AEMT INITIAL CERTIFICATION

WE RECOMMEND THE INDIVIDUAL NAMED ON THIS APPLICATION FOR CERTIFICATION AS AN AEMT WITHIN THE NOR CAL EMS REGION CONTINGENT UPON THE CANDIDATES SUCCESSFUL COMPLETION A COMPETENCY BASED WRITTEN AND SKILLS ADVANCED EMT CERTIFYING EXAMINATION. THIS CANDIDATE HAS MET THE CRITERIA AS OUTLINED IN THE NOR CAL EMS POLICY AND PROCEDURE MANUAL FOR INITIAL CERTIFICATION.

SIGNATURE BASE HOSPITAL MEDICAL DIRECTOR

NAME OF APPROVED AEMT SERVICE PROVIDER
OR PREHOSPITAL CARE COORDINATOR

SIGNATURE AEMT PROVIDER MANAGEMENT

SIGNATURE AEMT CANDIDATE

DATE FORM COMPLETED

SECTION 5 ADDITIONAL REQUIREMENTS

TO AVOID A DELAY IN PROCESSING OF YOUR CERTIFICATION, THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. PHOTO COPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE. PHOTOCOPY ALL DOCUMENTS AND STAPLE TO THIS APPLICATION. ALLOW TWO-THREE WEEKS PROCESSING TIME.

APPLICANTS MUST PROVIDE AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION :

- ATTACH A COPY OF YOUR PROCESSED REQUEST FOR LIVE SCAN FORM
- ATTACH A COPY OF YOUR COURSE COMPLETION CERTIFICATE FROM A CALIFORNIA APPROVED AEMT PROGRAM OR A COPY OF YOUR CURRENT AND VALID OUT OF STATE OR NATIONAL REGISTRY EMT-INTERMEDIATE CERTIFICATION
- PROVIDE PROOF OF AFFILIATION WITH AN APPROVED NOR CAL EMS AEMT SERVICE PROVIDER (ATTACH LETTER OF AFFILIATION)
- PROVIDE PROOF OF SUCCESSFUL COMPLETION OF AN AEMT PRECERTIFICATION FIELD EVALUATION
- PROVIDE ONE OF THE FOLLOWING: A CURRENT EMT OR AEMT CERTIFICATION CARD ISSUED IN THE STATE OF CALIFORNIA; OR A CURRENT AND VALID PARAMEDIC LICENSE ISSUED IN THE STATE OF CALIFORNIA
- ATTACH A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- ATTACH A LEGIBLE COPY OF YOUR CURRENT CPR CARD:
ACCEPTED CPR: RED CROSS-CPR PRO; AHA-HEALTHCARE PROVIDER; ASHI; NSC
- TOTAL FEES DUE: **\$125.00** (BREAKDOWN OF FEES: **\$50.00** NOR CAL EMS CERTIFICATION FEE; **\$75.00** EMSA REGISTRY)

INCLUDE ONE CHECK OR MONEY ORDER MADE PAYABLE TO NOR CAL EMS OR
IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING INFORMATION:

_____	_____	_____
VISA OR MC	CARD NUMBER	EXPIRATION DATE
_____		_____
NAME AS IT APPEARS ON CARD		SIGNATURE
_____		_____
BILLING ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

FOR MORE INFORMATION OR TO *APPLY ONLINE* VISIT OUR WEBSITE AT: www.norcalems.org
SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

NOR-CAL EMS
CERTIFICATION DEPARTMENT
457 KNOLLCREST DRIVE, SUITE 120
REDDING, CA 96002-0121

ALL FEES ARE NON-REFUNDABLE, NON TRANSFERRABLE AND SUBJECT TO CHANGE
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF).



Nor-Cal EMS Guidelines for Completing REQUEST FOR LIVE SCAN SERVICE

Form Field	Comment / Instruction
OIR: (Originating Agency ID)	Pre-filled: A0536
Type of Application:	Pre-filled: Emerg Med Tech Lic/Cert
Type of License/Certification:	Pre-filled: AEMT-Norcal
Contributing Agency Information:	Pre-filled: Emergency Medical Services Authority
Mail Code:	Pre-filled: 02531
Street Address:	Pre-filled: 10901 Gold Center Drive, Suite 400
Contact Name:	Pre-filled: Adam Morrill
City, State, Zip Code:	Pre-filled: Rancho Cordova, CA 95670-6073
Contact Telephone Number:	Pre-filled: (916) 322-4336
Applicant Information:	FILL IN THIS SECTION COMPLETELY
Billing Number:	Pre-filled: APPLICANT MUST PAY
Your Number:	ENTER YOUR SOCIAL SECURITY NUMBER AGAIN (YES, HERE TOO)
Level of Service	Pre-filled: DOJ & FBI checked
Original ATI No.:	Leave blank (For use by Live Scan Operator)
Employer:	Pre-filled (Don't worry about this box)

Fill out the Live Scan Form. Take it to a live scan facility (e.g. Sheriff's Office or UPS Store). Only use the pre-filled out form provided by Nor-Cal EMS. Any incorrect information will delay the application process. Obtain two copies after live scan processing:

Copy 1: Submit to Nor-Cal EMS with your application for certification.

Copy 2: Retain for your records.



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

A0536
ORI (Code assigned by DOJ)
AEMT-Norcal

Emerg Med Tech Lic/Cert
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Emergency Medical Services Authority
Agency Authorized to Receive Criminal Record Information
10901 Gold Center Drive, Suite 400
Street Address or P.O. Box
Rancho Cordova CA 95670-6073
City State ZIP Code

02531
Mail Code (five-digit code assigned by DOJ)
Adam Morrill
Contact Name (mandatory for all school submissions)
(916) 322-4336
Contact Telephone Number

Applicant Information:

Last Name
Other Name (AKA or Alias) Last
Date of Birth Sex Male Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix
First Suffix
Driver's License Number
Billing Number APPLICANT MUST PAY
(Agency Billing Number)
Misc. Number
(Other Identification Number)
City State ZIP Code

Your Number: 64-
OCA Number (Re-enter your Social Security Number without dashes again here)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

EMSA
Employer Name
10901 Gold Center Drive, Suite 400
Street Address or P.O. Box
Rancho Cordova CA 95670-6073
City State ZIP Code

02531
Mail Code (five digit code assigned by DOJ)
(916) 322-4336
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator
Transmitting Agency LSID

Date
ATI Number Amount Collected/Billed