



APPLICATION FOR RECERTIFICATION - AEMT (ADVANCED EMERGENCY MEDICAL TECHNICIAN)

ATTENTION: EFFECTIVE 07/01/2010 ALL AEMT APPLICANTS ARE REQUIRED TO COMPLETE A CRIMINAL STATE AND FEDERAL BACKGROUND CHECK AS A CONDITION OF CERTIFICATION. YOU MUST INCLUDE A COPY OF PROCESSED LIVESCAN FORM WITH THIS APPLICATION. ONLY NOR CAL EMS SPECIFIC LIVESCAN FORMS ARE ACCEPTED. INCLUDE COPIES OF ALL SUPPORTING DOCUMENTATION AS LISTED IN THE REQUIRED DOCUMENTS CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

INSTRUCTIONS: *PRINT CLEARLY USING CAPITAL LETTERS!* ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED. INCOMPLETE OR ILLEGIBLE 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. LIST NAME OF AEMT PROVIDER AFFILIATION HERE:				

SECTION 2 RECERTIFICATION INFORMATION – WRITTEN EXAM IS REQUIRED FOR RECERTIFICATION

<u>CERTIFICATION INFORMATION</u>		<u>TESTING INFORMATION</u>	
10. AEMT CERTIFICATION NUMBER: _____		12. DATE OF YOUR AEMT RECERTIFICATION EXAM: _____	
11. AEMT CERTIFICATION EXPIRATION DATE: _____		13. LOCATION OF CERTIFICATION EXAM: _____	

PAGE 1 OF 3

APPLICATION CONTINUED NEXT PAGE

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

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

14. 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

15. HAVE YOU HAD ANY DISCIPLINARY ACTION(S) TAKEN BY OR CURRENTLY PENDING BY ANOTHER EMS AGENCY, AGAINST ANY CERTIFICATION/LICENSE THAT YOU CURRENTLY 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 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 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 AEMT IN CALIFORNIA.

SIGNATURE OF APPLICANT

DATE

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

RECOMMENDATION FOR EMT-II RECERTIFICATION

WE RECOMMEND THE INDIVIDUAL NAMED ON THIS APPLICATION FOR RECERTIFICATION AS AN EMT-II WITHIN THE NOR CAL EMS REGION CONTINGENT UPON THE CANDIDATES SUCCESSFUL COMPLETION OF THE EMT-II WRITTEN EXAM. THIS CANDIDATE HAS MET THE CRITERIA AS OUTLINED IN THE NOR CAL EMS POLICY AND PROCEDURE MANUAL FOR AEMT RECERTIFICATION.

SIGNATURE BASE HOSPITAL MEDICAL DIRECTOR

SIGNATURE PREHOSPITAL CARE COORDINATOR

NAME OF EMT-II SERVICE PROVIDER

SIGNATURE EMT-II PROVIDER MANAGEMENT

SIGNATURE EMT-II APPLICANT

DATE FORM COMPLETED

SECTION 5 REQUIREMENTS

TO AVOID A DELAY IN PROCESSING OF YOUR CERTIFICATION, THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION. PHOTOCOPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A COPY OF YOUR PROCESSED LIVE SCAN FORM – YOU MUST USE ONLY A NOR CAL EMS SPECIFIC LIVESCAN FORM (SEPARATE FEES APPLY AND MUST BE PAID TO THE LIVESCAN OPERATOR)
- A LEGIBLE COPY OF YOUR AEMT CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD– AHA HEALTHCARE PROVIDER, CPR-PRO, ASHI
- INCLUDE A COPY OF AEMT CONTINUING EDUCATION LOG SHEET TO INCLUDE 48 HOURS OF CEU’S.
- INCLUDE THE AEMT SKILLS EVALUATION SHEET
- RECERTIFICATION FEE BREAKDOWN:
 - A: \$50.00 IF YOUR AEMT CERTIFICATION IS EXPIRED OR
 - B: \$35.00 IF YOUR AEMT CERTIFICATION IS CURRENT PLUS
 - C: \$75.00 EMS AUTHORITY EMT 2010 REGISTRY ADMINISTRATIVE FEES (THIS FEE IS REQUIRED BY ALL WHO MUST OBTAIN A LIVESCAN)
- IF YOU ARE RECERTIFYING WITH: AN EXPIRED AEMT CERTIFICATION YOUR FEES ARE: A & C FOR A TOTAL OF \$125.00 OR
- IF YOU ARE RECERTIFYING WITH: A CURRENT AEMT CERTIFICATION YOUR FEES ARE: B & C FOR A TOTAL OF \$110.00

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

CARDHOLDERS NAME AS IT APPEARS ON CARD	CARD NUMBER	VISA OR MC	EXPIRES
CHARGE AMOUNT	BILLING ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

NOR-CAL EMS • CERTIFICATION DEPARTMENT • 457 KNOLLCREST DR, 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

State of California
Advanced EMT (AEMT) Skills Competency Verification Form
EMSA-AEMT SCVF (01/07)



1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Injection (IM or SQ);	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Peripheral IV	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. IV Push Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Inhaled Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Blood Glucose Determination	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Perilaryngeal Airway Adjunct	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

INSTRUCTIONS FOR COMPLETION OF ADVANCED EMT (AEMT) SKILLS COMPETENCY VERIFICATION FORM

A completed AEMT Skills Verification Form is required to accompany an AEMT recertification application for those individuals who are either maintaining AEMT certification without a lapse or to renew an AEMT certification with a lapse in certification less than twenty-four (24) months.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the AEMT certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the AEMT certification number from the current or lapsed AEMT certificate of the AEMT certificate holder who is demonstrating competency.

1c. Signature

Signature of the AEMT certificate holder who is demonstrating competency. By signing this section the AEMT is verifying that the information contained on this form is accurate and that the AEMT certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority

Provide the name of the AEMT certifying authority to which the individual will be applying for AEMT recertification.

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the AEMT Skills Competency Verification Form (EMSA-AEMT SCVF (01/07)) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (AEMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date - Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for AEMT recertification for a maximum of two years from the date of verification.

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