



NORTHERN CALIFORNIA EMS, INC.

43 Hilltop Drive, Redding, California 96003-2807
Phone (530) 229-3979 Fax (530) 229-3984

**EMT-1
INITIAL**

APPLICATION FOR INITIAL CERTIFICATION - EMERGENCY MEDICAL TECHNICIAN

INSTRUCTIONS: PRINT CLEARLY USING CAPITAL LETTERS! ONLY LEGIBLE, COMPLETED APPLICATIONS WILL 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 ____
4. EMAIL ADDRESS:		9. DRIVERS LICENSE NUMBER: _____ EXP: _____	
5. IF YOU ARE A MEMBER OF A FIRE DEPT., AMBULANCE CO., OR ANY OTHER EMS PROVIDER, LIST NAME OF AGENCY HERE:			
		SEX <input type="checkbox"/> M <input type="checkbox"/> F	

SECTION 2 INITIAL CERTIFICATION

10. NAME OF THE EMT BASIC TRAINING PROGRAM YOU COMPLETED: (IE. COMMUNITY COLLEGE OR OTHER APPROVED TRAINING PROGRAM): _____	13. DATE OF COURSE COMPLETION: _____
11. LOCATION OF CLASS: _____	14. DATE OF NREMT CERTIFICATION EXAM: _____
12. INSTRUCTOR: _____	15. EXPIRATION DATE OF NREMT CERTIFICATION: _____

APPLICATION CONTINUED ON REVERSE

NOR CAL EMS OFFICE USE ONLY	PD _____	CERT NO:
	PROCESS DATE:	EFF:
		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

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM ELIGIBLE FOR CERTIFICATION/RE-CERTIFICATION AS AN EMT-1 IN ACCORDANCE WITH THE TITLE 22, DIVISION 9, CHAPTER 2, SECTION 100179 OF THE CALIFORNIA ADMINISTRATIVE CODE, AND NOR CAL EMS POLICIES. I AM NOT PRECLUDED FROM CERTIFICATION FOR THE REASONS LISTED IN SECTION 1798.200 OF THE CALIFORNIA HEALTH AND SAFETY CODE. I AM ELIGIBLE FOR AN AMBULANCE ATTENDANT ENDORSEMENT IN ACCORDANCE WITH TITLE 13, SECTION 1101 OF THE CALIFORNIA ADMINISTRATIVE CODE. I DECLARE THAT I HAVE SUCCESSFULLY PASSED THE OFFICIAL STATE APPROVED EMT CERTIFYING EXAMINATION AFTER SUCCESSFUL COMPLETION OF ALL MODULES OF THE COURSE. I UNDERSTAND THAT ANY FRAUDULENT ENTRY ON THIS APPLICATION SHALL BE CAUSE FOR DENIAL, SUSPENSION OR REVOCATION OF MY EMT-I CERTIFICATION. I HEREBY AUTHORIZE NOR CAL EMS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION, TO INCLUDE, BUT NOT LIMITED TO, CRIMINAL BACKGROUND INVESTIGATIONS.

SIGNATURE OF APPLICANT

DATE

SECTION 4 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 FOR COMPLETION. PHOTOCOPYING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE. PHOTOCOPY ALL DOCUMENTS AND STAPLE TO THIS SIDE OF YOUR APPLICATION. ALLOW TWO WEEKS PROCESSING TIME.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A COPY OF YOUR NATIONAL REGISTRY EMT-B CERTIFICATION CARD
- A COPY OF THE OFFICIAL EMT-B CERTIFICATE ISSUED BY THE NATIONAL REGISTRY
- A COPY OF YOUR COURSE COMPLETION CERTIFICATE FROM AN APPROVED EMT-1 PROGRAM
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD:
ACCEPTED CPR: RED CROSS-CPR PRO; AHA-HEALTHCARE PROVIDER; ASHI; NSC
- CERTIFICATION FEES: \$45.00

INCLUDE YOUR 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

FOR MORE INFORMATION PLEASE VISIT OUR WEBSITE AT: www.norcalems.org

SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

**NOR-CAL EMS
CERTIFICATION DEPARTMENT
43 HILLTOP DRIVE
REDDING, CA 96003-2807**

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