



NORTHERN CALIFORNIA EMS, INC.

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

EMT-1 RECERT

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APPLICATION FOR RE-CERTIFICATION EMERGENCY MEDICAL TECHNICIAN BASIC

INSTRUCTIONS: PRINT CLEARLY USING CAPITAL LETTERS! Only legible completed applications will accepted. All sections of this form must be completed. 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. IF YOU ARE A MEMBER OF A FIRE DEPT., AMBULANCE CO., OR ANY OTHER EMS PROVIDER, LIST NAME OF AGENCY HERE:				

SECTION 2 RECERTIFICATION - CALIFORNIA CERTIFIED EMT 1 ONLY

10. NAME OF AGENCY WHICH ISSUED YOUR EMT CERTIFICATION CARD: (IE: NREMT, CSFM, NOR-CAL EMS, NORTH COAST EMS; SIERRA SACRAMENTO EMS; ECT.) _____	14. RECERTIFICATION IS BASED ON COMPLETION OF ONE OF THE FOLLOWING: CHECK ONE : <input type="checkbox"/> APPROVED CONTINUING EDUCATION USE THE CONTINUING EDUCATION LOG SHEET TO LIST 24 HOURS OF APPROVED CONTINUING EDUCATION. ONLY CONTINUING EDUCATION FROM APPROVED CE PROVIDERS WILL BE ACCEPTED. <input type="checkbox"/> APPROVED EMT REFRESHER CLASS NAME OF TRAINING PROGRAM: _____ LOCATION OF TRAINING: _____ INSTRUCTOR NAME: _____ DATE OF COURSE COMPLETION: _____
11. CERTIFICATION NO: _____	
12. ISSUE DATE: _____	
13. EXPIRATION DATE: _____	

APPLICATION CONTINUED ON REVERSE

NOR CAL EMS OFFICE USE ONLY	INI _____ RECRT _____ RECIPRO _____	CERT NO:
		EFF:
		EXP:

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

15. 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

16. 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 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 NOR CAL EMS 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-1 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. ALLOW TWO WEEKS PROCESSING TIME.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A LEGIBLE COPY OF YOUR EMT CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD— SEE WEBSITE FOR ACCEPTED CPR PROGRAMS
- PROOF OF 24 HOURS OF APPROVED CONTINUING EDUCATION OR COURSE COMPLETION RECORD FROM AN APPROVED EMT REFRESHER COURSE - USE CE LOG SHEET IF RENEWAL IS BASED ON CONTINUING EDUCATION
- A COMPLETED SKILLS COMPETENCY VERIFICATION FORM
- RECERTIFICATION FEES:
 - EXPIRED EMT CERTIFICATION OR OTHER CALIFORNIA EMS AGENCY EMT CERTIFICATION.....\$45.00
 - CURRENT NORCAL EMS EMT CERTIFICATION.....\$28.00

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 OR TO APPLY ONLINE 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 TRANSFERRABLE AND SUBJECT TO CHANGE
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF).

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

POLICY: An EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I Certification with a lapse in certification less than one year.

AUTHORITY: California Administrative Code, Title 22, Division 9, Chapter 2.

INSTRUCTIONS:

1. **Name of Certificate Holder:** Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.
2. **Certificate Number:** Provide the MET-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.
3. **Signature:** Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section of the EMT-I is verifying that the information contained on this form is accurate and that the EMT-I certificate holder has demonstrated competency in the skills listed to a qualified individual.
4. **Certifying Authority:** Provide the name of the EMT-I certifying authority (Nor-Cal EMS) for which the individual will be certifying through.

VERIFICATION OF COMPETENCY:

1. 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 EMT-I Skills Competency Verification Form, see Appendix B, for that skill.
2. Affiliation – Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by a qualified individual designated by an EMS service provider. EMS service providers include, but are not 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.





Name as shown on EMT-I Certificate	Certificate Number	Signature
Certifying Authority	Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Patient examination, trauma patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Automated external defibrillation	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number



EMERGENCY MEDICAL TECHNICIAN-I RECERTIFICATION

PURPOSE: To define the requirements for individuals applying for recertification as an Emergency Medical Technician-I (EMT-I).

AUTHORITY: California Administrative Code, Title 22, Division 9, Chapter 2, Article 5.

PROCEDURE:

1. An individual applying for recertification as an EMT-I in the Nor-Cal EMS region ***SHALL*** apply at least ***thirty (30) days prior to current expiration date*** of the EMT-I Certification ***to avoid incurring a financial penalty. Incomplete applications will not be processed and will be returned, only legible photocopies will be accepted.***
2. The following criteria must be met and documentation submitted with the application:
 - a) Current California EMT-I certificate.
 - b) Current healthcare provider CPR Certification.
 - c) Continuing Education Log (Appendix A) every two (2) years and may be obtained at any time throughout the current certification period. ***All CEs or courses shall be obtained from an approved Prehospital Continuing Education Provider.***
 - Continuing Education: A minimum of twenty-four (24) hours of classroom and/or laboratory instruction in basic life support knowledge and skills.
 - EMT-I Refresher Course: A minimum of at least twenty-four (24) hours of classroom and laboratory instruction, not including testing. The refresher course will include a skills competency examination to test the knowledge of topics and skills.
 - d) Skills Competency Verification Form (Appendix B). Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT-I, EMT-II, Paramedic, RN, PA, or physician and who shall be designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education provider) or training officer at an EMS service provider.
 - e) Completed EMT-I Application.
 - f) Fees as set by Nor-Cal EMS. All fees are non-refundable and non-transferable. Additional fees will be required for lapsed certification.
 - g) Valid picture ID (driver's license, California ID card or military ID).
3. Meet Nor-Cal EMS requirements for updates in policy, procedure, protocol and local optional scope of practice. Prehospital employers are to ensure that prehospital personnel complete the following:
 - a) Documented attendance at or viewing of the current Nor-Cal EMS approved Standard Policy Orientation and Review of Trauma Systems (SPORTS) Session per certification period.
 - b) Documented attendance in Incident Command System 100 level or equivalent. All prehospital personnel are also required to have refresher training every two (2) years.

CERTIFICATION: The new expiration date of the EMT-I certification will be two (2) years from the current expiration date.

RECERTIFICATION AFTER LAPSE IN CERTIFICATION:

1. An individual whose EMT-I Certification has lapsed, must meet the following requirements in order to be eligible for recertification:
 - a) Lapse of less than six months: The individual shall comply with the requirements contained in item #2, under "Procedure."
 - b) Lapse of six months or more, but less than twelve months: The individual shall comply with the requirements contained in item #2, under "Procedure" and complete an additional twelve hours of continuing education for a total of 36 hours of training and pay the increased Nor-Cal EMS fee.



EMERGENCY MEDICAL TECHNICIAN-I RECERTIFICATION, cont.

- c) Lapse of twelve months or more, but less than 24 months: the individual shall comply with the requirements contained in item #2, complete an additional twenty-four hours of continuing education for a total of 48 hours of training, pass the written and skills certification exam and pay the increased Nor-Cal EMS fee.
- d) Lapse of greater than twenty-four months: The individual shall complete an approved EMT-I course and comply with the requirements of the **Emergency Medical Technician-I Certification Policy**.

CERTIFICATION: The effective date of certification shall be the date the individual satisfactorily completes all certification requirements and has applied for certification.

