



NORTHERN CALIFORNIA EMS, INC.

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

EMT-II INITIAL

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APPLICATION FOR CERTIFICATION EMERGENCY MEDICAL TECHNICIAN II

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: _____ 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 EMT II TRAINING PROGRAM YOU COMPLETED: (IE. BASE HOSPITAL, OR OTHER APPROVED TRAINING PROGRAM): _____	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 THAT I AM ELIGIBLE FOR CERTIFICATION/RE-CERTIFICATION AS AN EMT-2 IN ACCORDANCE WITH TITLE 22, DIVISION 9, CHAPTER 3, SECTION 100123 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 DECLARE THAT I HAVE SUCCESSFULLY PASSED THE OFFICIAL STATE APPROVED EMT-2 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-2 CERTIFICATION. I HEREBY AUTHORIZE NOR CAL EMS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION, TO INCLUDE, BUT NOT LIMITED TO, CRIMINAL BACKGROUND INVESTIGATIONS.

APPLICANT SIGNATURE

DATE

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

RECOMMENDATION FOR EMT-2 INITIAL CERTIFICATION

WE RECOMMEND THE INDIVIDUAL NAMED ON THIS APPLICATION FOR CERTIFICATION AS AN EMT-2 WITHIN THE NOR CAL EMS REGION CONTINGENT UPON THE CANDIDATES SUCCESSFUL COMPLETION OF THE EMT-2 WRITTEN EXAM. THIS CANDIDATE HAS MET THE CRITERIA AS OUTLINED IN THE NOR CAL EMS POLICY AND PROCEDURE MANUAL FOR INITIAL CERTIFICATION OR CHALLENGE CERTIFICATION.

SIGNATURE BASE HOSPITAL MEDICAL DIRECTOR

SIGNATURE PREHOSPITAL CARE COORDINATOR

NAME OF EMT-II SERVICE PROVIDER

SIGNATURE EMT-II PROVIDER MANAGEMENT

SIGNATURE EMT-2 CANDIDATE

SIGNATURE INSTRUCTOR EMT-2 COURSE

DATE FORM COMPLETED

APPLICATION CONTINUED

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. 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:

- INCLUDE A COPY OF YOUR COURSE COMPLETION CERTIFICATE FROM AN APPROVED EMT-II PROGRAM
- PROVIDE PROOF OF AFFILIATION WITH AN APPROVED EMT-II SERVICE PROVIDER
- PROVIDE PROOF OF SUCCESSFUL COMPLETION OF AN EMT-II FIELD INTERNSHIP
- INCLUDE A COPY OF CURRENT EMT-I CERTIFICATION CARD
- INCLUDE A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- INCLUDE A LEGIBLE COPY OF YOUR CURRENT CPR CARD:
ACCEPTED CPR: RED CROSS-CPR PRO; AHA-HEALTHCARE PROVIDER; ASHI; NSC
- INCLUDE CERTIFICATION FEE: **\$50.00**

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).

EMERGENCY MEDICAL TECHNICIAN–II CERTIFICATION

PURPOSE: To define the requirements for individuals applying for initial certification as an Emergency Medical Technician-II (EMT-II).

AUTHORITY: California Administrative Code, Title 22, Division 9, Chapter 3.

PROCEDURE: An individual applying for certification as an EMT-II must apply for certification within six (6) months of the course completion date. **Incomplete applications will not be processed and will be returned; only legible photocopies will be accepted.** The following criteria must be met and documentation submitted with the application:

1. Be eighteen (18) years of age or older.
2. Provide proof of affiliation with a Nor-Cal EMS-approved ALS provider or by a prehospital provider agency that has formally requested ALS authorization by Nor-Cal EMS.
3. Possess a current healthcare provider CPR Certification.
4. Possess a current EMT-I certificate in the State of California or have possessed a valid EMT-I certificate within the last twelve (12) months.
5. Successfully complete an approved EMT-II training program.
6. Successfully complete Standard Policy Orientation and Policy Review of Trauma Systems (SPORTS) session.
7. Pass the Nor-Cal EMS written exam with a minimum score of 80%. If the applicant is unsuccessful on the initial examination, refer to the Testing Section of this policy
8. Apply for certification within six (6) months of the course completion. An individual who possesses a current EMT-II certificate or Paramedic license or has possessed a valid certificate/license in one or more counties in California, will be eligible for certification upon fulfilling the requirements of 2, 3, 6, and 7 and meeting the following requirements:
 - a) Provide proof that his/her training included the required course content in accordance with the State of California current guidelines.
 - b) Successfully complete training and testing in all Nor-Cal EMS Undefined Scope of Practice policies.
9. A completed EMT-II Application.
10. Fee as set by Nor-Cal EMS. All fees are non-refundable and non-transferable.
11. Photo ID (driver's license, California ID card or military ID).

TESTING PROCEDURES: Testing and/or retesting must be completed within six (6) months of course completion. An individual will be allowed to take the authorization exam three (3) times:

1. First Attempt: No waiting period.
2. Second Attempt: May be scheduled after a two (2) week waiting period from the initial examination.
3. Third Attempt: Remedial training through their training program relating to EMS protocols, policies/procedures must be completed prior to scheduling a third attempt for testing.
4. The individual must successfully complete an approved EMT-II course in order to re-enter the authorization process if one of the following occurs:
 - a) Failure to pass the written exam on the third attempt.
 - b) Failure to complete the authorization process within six (6) months. This time frame may be extended upon receipt of a request from the **employer**, in writing, outlining extenuating circumstances, i.e., illness, pregnancy, military duty, etc.

CERTIFICATION: The initial expiration date will be two (2) years from the course completion date.

