



NORTHERN CALIFORNIA EMS, INC.

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

EMT-II RECERT

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APPLICATION FOR RECERTIFICATION 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 ____
4. EMAIL ADDRESS:		9. DRIVERS LICENSE NUMBER: _____ EXP: _____	
5. NAME OF EMS SERVICE PROVIDER AFFILIATION: LIST NAME OF AGENCY HERE:			

SECTION 2 RECERTIFICATION – WRITTEN EXAM IS REQUIRED FOR RECERTIFICATION

10. NAME OF AGENCY WHICH ISSUED YOUR FIRST RESPONDER CERTIFICATION CARD: (IE: CDF; NOR-CAL EMS OR OTHER AGENCYC) _____	13. DATE OF NOR-CAL EMS CERTIFICATION EXAM: _____
11. CERTIFICATION NO: _____	14. LOCATION OF CERTIFICATION EXAM: _____
12. EXPIRATION DATE: _____	15. EXAM PROCTOR: _____

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

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-II IN ACCORDANCE WITH TITLE 22, DIVISION 9, CHAPTER 3, SECTION 100124 AND 100125 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-II 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-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 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

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.

APPLICANTIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- INCLUDE A COPY OF EMT-II CONTINUING EDUCATION LOG SHEET TO INCLUDE 48 HOURS OF CEU'S.
- INCLUDE THE EMT-II SKILLS EVALUATION SHEET (POLICY #103 APPENDIX B OF THE NORCALEMS POLICY AND PROCEDURE MANUAL)
- INCLUDE A COPY OF CURRENT EMT-II 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 RECERTIFICATION FEE: **\$35.00** WITH CURRENT CARD
\$50.00 WITH LAPSED CERTIFICATION

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 CONTINUING EDUCATION REQUIREMENTS

PURPOSE: To define the requirements for continuing education for Emergency Medical Technician-II (EMT-II) in the Nor-Cal EMS region.

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

PROCEDURE: In order to meet the requirements of the recertification policy, the EMT-II will participate in continuing education approved for prehospital providers.

1. EMT-II's are required to attend at least forty-eight (48) hours of continuing education for each certification period and must be documented on Appendix A. Continuing education will include, but not be limited to, participation in the following:
 - a) Organized field care audits of recorded or written patient care records. EMT-II must attend at least six (6) per year.
 - b) Periodic training sessions or structured clinical experience or a combination of EMT-I and EMT-II knowledge and skills, including CPR.
2. Advanced Cardiac Life Support (ACLS) *or attend mega code skills (1 per recertification period).*
3. EMT-II's must attend or view one Nor-Cal EMS-approved Standard Policy Orientation and Review of Trauma Systems (SPORTS) session per certification period.
4. Provide documentation for completion of ICS 100 at minimum or equivalent training, then maintain competency every two (2) years.
5. The EMT-II **SHALL** demonstrate skills proficiency monthly (or quarterly-see below), documented by the base hospital to which the EMT-II is assigned (see Appendix B)
 - a) The monthly skills demonstrations may be reduced to quarterly demonstrations, if the EMT-II has completed and/or obtain all of the following:
 - ∅ Two (2) complete years experience as an EMT-II.
 - ∅ Eighty (80) ALS runs.
 - ∅ A positive recommendation from the assigned Base Hospital Medical Director.
 - ∅ A positive recommendation from his/her employer.
 - ∅ Approval of the Nor-Cal EMS Medical Director.



EMT-II SKILLS EVALUATION

Name: _____	Certification #: _____
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Base Hospital: _____	Test Location if different than Base Hospital: _____
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Initial Y or N for each month that the skill was completed. For providers that are only required to perform quarterly skills initial four boxes.

SKILL	J	F	M	A	M	J	J	A	S	O	N	D
Patient assessment												
Report techniques												
Communications												
Proper technique for endotracheal intubation												
Intravenous infusions												
Preparation and administration of drugs in the EMT-II formulary												
Cardiac dysrhythmia recognition & Interpretation												
Defibrillation and cardioversion												
Review of selected basic life Support procedures												
Mega Code Skills												
Other – please describe:												
Other – please describe:												

PLN USE ONLY

I hereby certify that the above listed EMT-II has completed Monthly/Quarterly Skills evaluations in all the above listed categories as required. If the EMT-II is unsuccessful on any of the above skills, please outline remedial training that will be performed: _____

PLN's Signature: _____ Date: ____/____/____

- ∅ These records are subject to audit by Nor-Cal EMS. You are required to maintain your original CE records for four (4) years.
- ∅ If you need additional space, please attach a separate sheet of paper.

Print Name: _____ Certification #: _____

Signature: _____ Date: ____/____/____



EMERGENCY MEDICAL TECHNICIAN-II RECERTIFICATION

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

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

PROCEDURE:

1. The requirements listed must be completed and submitted to Nor-Cal EMS Certification Department **thirty (30) days prior to the expiration date** of the individual's current EMT-II 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) Possess a valid EMT-II certification.
 - b) 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.
 - c) Possess a current healthcare provider CPR Certification.
 - d) Must be currently certified by Nor-Cal EMS to be recertified in the Nor-Cal EMS region.
 - e) Possess a current Advanced Cardiac Life Support (ACLS) certification or complete mega code skills.
 - f) Pass a competency based written examination with a minimum score of 80%. If unsuccessful on the initial examination, refer to Testing Section of this policy.
 - g) Obtain continuing education hours in accordance with the **EMT-II Continuing Education** policy.
 - h) Submit a completed Nor-Cal EMS EMT-II Application.
 - i) Fee as set by Nor-Cal EMS. All fees are non-refundable and non-transferable.
 - j) Photo ID (California Drivers License 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:** Structured remedial training through their training program relating to EMT-II scope of practice **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:

1. Certification is valid for a two (2) year period.
2. EMT-II's who allow their certification to expire, cannot work as EMT-II's in the Nor-Cal EMS region. Any EMT-II found working with an expired certification will be subject to disciplinary action.
3. EMT-II's whose certification has lapsed to be eligible for certification renewal, the following requirements will apply:
 - a) For a lapse of less than six (6) months, the individual will meet all continuing education requirements and be required to pass a written and skills examination.
 - b) For a lapse of six (6) months or more, but less than twelve (12) months, the EMT-II will complete all continuing education requirements, an additional twelve (12) additional hours CE and pass a written and skills examination.
 - c) For a lapse of twelve (12) months or more, the EMT-II will complete all continuing education requirements, an additional Seventy-two (72) hours of CE and pass a written and skills examination.

