



NORTHERN CALIFORNIA EMS, INC.

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EMT INITIAL

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APPLICATION FOR CERTIFICATION EMERGENCY MEDICAL TECHNICIAN BASIC

ATTENTION: EFFECTIVE 07/01/2010 ALL EMT APPLICANTS ARE REQUIRED TO COMPLETE A CRIMINAL STATE AND FEDERAL BACKGROUND CHECK AS A CONDITION OF CERTIFICATION. A REQUEST FOR LIVE SCAN SERVICE MUST ACCOMPANY THIS APPLICATION INCLUDING ALL OTHER 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 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: DL# _____ 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 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 NEXT PAGE

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



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: EMT-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)

Complete the Live Scan Form and 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. Have the live scan operator make two copies after 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)
EMT-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