



NORTHERN CALIFORNIA EMS, INC.

457 Knollcrest Drive, Suite 120, Redding, CA 96002
Phone: (530) 229-3979 Fax: (530) 229-3984

EMT RECERT

APPLY ONLINE !

GO TO WWW.NORCALEMS.ORG

APPLICATION FOR RE-CERTIFICATION EMERGENCY MEDICAL TECHNICIAN

ATTENTION: EFFECTIVE 07/01/2010 ALL EMT APPLICANTS ARE REQUIRED TO COMPLETE A CRIMINAL STATE AND FEDERAL BACKGROUND CHECK AS A CONDITION OF CERTIFICATION. YOU MUST INCLUDE A COPY OF YOUR PROCESSED LIVSCAN FORM WITH THIS APPLICATION, INCLUDING COPIES OF ALL 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 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 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

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 ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMT CERTIFICATION IN THE STATE OF CALIFORNIA. I UNDERSTAND ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION, AND I HEREBY GIVE MY EXPRESS PERMISSION FOR THIS CERTIFYING ENTITY TO CONTACT ANY PERSON OR AGENCY FOR INFORMATION RELATED TO MY ROLE AND FUNCTION AS AN EMT IN CALIFORNIA.

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. PHOTOCOPIING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:

- A COPY OF YOUR PROCESSED LIVE SCAN FORM
- A LEGIBLE COPY OF YOUR EMT CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD— AHA HEALTHCARE PROVIDER, CPR-PRO, ASHI
- PROOF OF 24 HOURS OF APPROVED CONTINUING EDUCATION OR COURSE COMPLETION RECORD FROM AN APPROVED EMT REFRESHER COURSE - USE A CE LOG SHEET IF RENEWAL IS BASED ON CE'S - ACTUAL CE CERTIFICATES NOT REQUIRED BUT MUST BE KEPT BY YOU FOR FOUR YEARS.
- A COMPLETED SKILLS COMPETENCY VERIFICATION FORM
- RECERTIFICATION FEE BREAKDOWN:
 - A: \$45.00 IF YOUR EMT CERTIFICATION IS EXPIRED OR YOUR CARD WAS ISSUED BY ANOTHER CALIFORNIA EMS AGENCY
 - B: \$28.00 IF YOUR EMT CERTIFICATION CARD IS CURRENT
 - C: \$75.00 EMS AUTHORITY EMT 2010 REGISTRY ADMINISTRATIVE FEES (THIS FEE IS REQUIRED BY ALL WHO MUST OBTAIN A LIVESCAN)
 - D: \$37.00 EMS AUTHORITY EMT 2010 REGISTRY ADMINISTRATIVE FEES (THIS FEE IS REQUIRED BY ALL APPLICANTS WHO HAVE RECENTLY UNDERGONE A DOJ/FBI WITH SUBSEQUENT ARREST CRIMINAL BACKGROUND CHECK WITH THEIR CURRENT EMS EMPLOYER AND WHO'S EMPLOYERS HAVE PREVIOUSLY SUBMITTED A REQUEST FOR GRANDFATHERING OF CRIMINAL BACKGROUND CHECK DUE BY 06/25/2010. IF YOU ARE NOT SURE, PLEASE CHECK WITH YOUR EMS EMPLOYER. NOTE: ONLY A FEW EMS EMPLOYERS HAVE SUBMITTED REQUESTS FOR GRANDFATHERING.
- IF YOU ARE RECERTIFYING WITH: AN EXPIRED EMT CERTIFICATION CARD OR YOUR CARD WAS ISSUED BY ANOTHER CALIFORNIA EMS AGENCY YOUR FEES TOTAL: A & C FOR A TOTAL OF \$120.00 OR
- IF YOU ARE RECERTIFYING WITH: A CURRENT CERTIFICATION CARD YOUR FEES TOTAL: B & C FOR A TOTAL OF \$103.00

INCLUDE ONE CHECK OR MONEY ORDER MADE PAYABLE TO NOR CAL EMS OR
IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING INFORMATION:

_____ CARDHOLDERS NAME	_____ CARD NUMBER	_____ VISA OR MC	_____ EXPIRATION DATE
_____ CHARGE AMOUNT	_____ BILLING ADDRESS	_____ CITY, STATE, ZIP	_____ EMAIL ADDRESS

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 • 457 KNOLLCREST DRIVE, SUITE 120 • REDDING, CA 96002-0121

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).



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

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.

