



NORTHERN CALIFORNIA EMS, INC.
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FIRST RESP INITIAL

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APPLICATION FOR INITIAL CERTIFICATION FIRST RESPONDER

INSTRUCTIONS: PRINT CLEARLY USING CAPITAL LETTERS! ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED. INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED AND MAY 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 TRAINING PROGRAM: _____	13. DATE OF COURSE COMPLETION: _____
11. LOCATION OF CLASS: _____	14. DATE OF NOR-CAL EMS CERTIFICATION EXAM: _____
12. INSTRUCTOR: _____	

APPLICATION CONTINUED

NOR CAL EMS OFFICE USE ONLY

1 ST	SCORE:	INI _____ RECRT _____	CERT NO:
2 ND	SCORE:	DATE PROCESSED:	EFF:
3 RD	SCORE:		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 DECLARE UNDER PENALTY OF PERJURY THAT I AM ELIGIBLE FOR CERTIFICATION IN THE CATEGORY SO SPECIFIED BY THIS APPLICATION. I AM IN ACCORDANCE WITH THE APPROPRIATE SECTIONS 10000 THROUGH 100165 OF TITLE 22, DIVISION 9, CHAPTERS 1 THROUGH 4, OF THE CALIFORNIA ADMINISTRATIVE CODE. I AM NOT PRECLUDED FROM CERTIFICATION FOR REASONS DEFINED IN SECTION 1798.200 OF THE CALIFORNIA HEALTH AND SAFETY CODE. I AM ELIGIBLE FOR AN AMBULANCE ATTENDANT'S LICENSE AND I AM IN ACCORDANCE WITH TITLE 13, SECTION 1101 OF THE CALIFORNIA ADMINISTRATIVE CODE. I ALSO DECLARE THAT I HAVE SUCCESSFULLY PASSED THE FINAL/CERTIFYING EXAMINATION AFTER SUCCESSFUL COMPLETION OF ALL MODULES OF THE COURSE. I UNDERSTAND THAT ANY FRAUDULENT ENTRY OF THIS APPLICATION MAY BE CONSIDERED CAUSE FOR DENIAL OR SUBSEQUENT REVOCATION OF MY CERTIFICATION AND I HEREBY AUTHORIZE NOR-CAL EMS TO VERIFY ANY AND ALL OF THE ABOVE INFORMATION.

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. 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. APPLICANTS MUST INCLUDE ALL OF THE FOLLOWING DOCUMENTATION:

- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD
- CERTIFICATION FEES: \$35.00

**INCLUDE CHECK OR MONEY ORDER. MAKE CHECK 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
457 KNOLLCREST DRIVE, SUITE 120
REDDING, CA 96002-0121**

RETURN CHECK CHARGE

A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS (NSF). IF YOUR CHECK IS RETURNED FOR NSF, YOUR CERTIFICATION WILL BE CONSIDERED NULL AND VOID BY THIS AGENCY UNTIL ALL FEES ARE PAID IN FULL AND RECEIVED BY THIS OFFICE VIA MONEY ORDER OR CASHIERS CHECK. EMPLOYERS WILL BE NOTIFIED OF INVALID CERTIFICATION STATUS.