



NORTHERN CALIFORNIA EMS, INC.
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FIRST RESP RECERT

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APPLICATION FOR RECERTIFICATION 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: ____ 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 – WRITTEN AND PRACTICAL EXAMS ARE 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. DATE OF FIRST RESPONDER SKILLS EXAM: _____
12. EXPIRATION DATE: _____	15. LOCATION OF EXAM: _____
	16. NAME OF 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

17. 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

18. 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/RECERTIFICATION AS A FIRST RESPONDER IN ACCORDANCE WITH THE TITLE 22, DIVISION 9, CHAPTER 2, SECTION 100179 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 AM ELIGIBLE FOR AN AMBULANCE ATTENDANT ENDORSEMENT IN ACCORDANCE WITH TITLE 13, SECTION 1101 OF THE CALIFORNIA ADMINISTRATIVE CODE. I DECLARE THAT I HAVE SUCCESSFULLY PASSED THE NOR CAL EMS FIRST RESPONDER 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 FIRST RESPONDER. I HEREBY AUTHORIZE NOR CAL EMS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION, TO INCLUDE, BUT NOT LIMITED TO, CRIMINAL BACKGROUND INVESTIGATIONS.

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. 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.

RECERTIFYING APPLICANTS INCLUDE ALL OF THE FOLLOWING DOCUMENTATION:

- A COPY OF YOUR FIRST RESPONDER CERTIFICATION CARD
- A LEGIBLE COPY OF YOUR CURRENT DRIVERS LICENSE
- A LEGIBLE COPY OF YOUR CURRENT CPR CARD
- RECERTIFICATION FEES:
 - EXPIRED FIRST RESPONDER CARD (ONE DAY OR MORE BEYOND EXPIRATION DATE).....\$35.00
 - CURRENT NOR CAL FIRST RESPONDER CARD.....\$28.00

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 CHARGES:

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 NULL AND VOID UNTIL ALL FEES ARE PAID IN FULL AND RECEIVED BY THIS OFFICE VIA MONEY ORDER, CASHIERS CHECK OR CASH. EMPLOYERS WILL BE NOTIFIED OF INVALID CERTIFICATION STATUS.