



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 ____
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:			
		SEX <input type="checkbox"/> M <input type="checkbox"/> F	

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:

FORMS/APP-FR-RECERT.02-01-10

SECTION 3 AUTHORIZATION TO VERIFY ELIGIBILITY

