



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way, Suite 150, Redding, CA 96002-0635
Phone: (530) 229-3979 Fax: (530) 229-3984

PARAMEDIC

Revised May 13, 2020

Check One: **INITIAL ACCREDITATION** **RE-ACCREDITATION**

Name: _____ SSN: _____
Email Address: _____ DOB: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ DL: _____ State: _____
Home #: _____ Work #: _____ Cell#: _____
Nor-Cal EMS Provider Employer: _____

- REQUIRED ITEMS FOR INITIAL ACCREDITATION**
- Copy of current California State Paramedic license License # _____ / Exp. Date _____
 - Copy of current Government issued photo ID
 - Copy of current CPR Card (AHA or equivalent)
 - Completed Initial Paramedic Accreditation Form (Policy #02-0201B) to be submitted within 45 days of receiving Paramedic test packet and test date
 - Pay Application Fee

- REQUIRED ITEMS FOR RE-ACCREDITATION**
- Copy of current California State Paramedic license License # _____ / Exp. Date _____
 - Copy of current Government issued photo ID
 - Copy of Paramedic Skills Competency Verification Form (Form - Policy #02-0202)
 - Copy of completed Continuing Education Log (Form - Policy #02-0203)
 - Region III MCI Plan Training (See [MCI Training](#))
 - Pay Application Fee
If lapsed, see Policy #02-0201

COMPLETE THE FOLLOWING:

- Have you been convicted of a felony or misdemeanor, or do you have any criminal charges pending? **Yes** **No**
- Have you had any disciplinary action(s) taken or have any currently pending by another EMS Agency or the EMS against any certification/license that you hold or have held? **Yes** **No**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

INITIAL PAYMENT INFORMATION:	RE-ACCREDITATION PAYMENT INFORMATION:	
<input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER \$100 <input type="checkbox"/> PAYING BY CREDIT CARD \$102 (INCLUDES \$2.00 PROCESSING FEE)	IS YOUR AUTHORIZATION CURRENT? <input type="checkbox"/> No FEE FOR APPLICATIONS SUBMITTED PRIOR TO EXPIRATION DATE	HAS YOUR AUTHORIZATION LAPSED? <input type="checkbox"/> LAPSED FEE FOR APPLICATIONS SUBMITTED AFTER THE EXPIRATION DATE: <input type="checkbox"/> PAYING BY CHECK OR MONEY ORDER - \$45 <input type="checkbox"/> PAYING BY CREDIT CARD - \$47 (INCLUDES \$2.00 PROCESSING FEE)

All fees are non-refundable; non transferrable and subject to change. A \$35.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS.

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	3 DIGIT CVV CODE	EXPIRES (MM / YY)
CARDHOLDERS SIGNATURE	CHARGE AMOUNT	BILLING ADDRESS	CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS			

NOR-CAL EMS USE	FEES PAID:	DATE RECEIVED:
	CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/>	DATE PROCESSED:
		EFF. DATE: _____ EXP. DATE: _____

Policies and Forms Associated with this Application

Please review the policies listed below and complete all forms that are listed below:

- [#02-0201 Paramedic/Accreditation Re-Accreditation](#)
- [#02-0201B Initial Paramedic Accreditation Form](#)
- [#02-0202 Paramedic MICN Skills Competency Verification](#)
- [#02-0203 Paramedic Continuing Education Form](#)
- [#Region III MCI Plan Training](#)