

EMERGENCY MEDICAL TECHNICIAN INITIAL AND RE-CERTIFICATION APPLICATION PACKET

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CAL FIRE EMS Program
4501 State Highway 104
Ione, CA 95640-9705



Emergency Medical Technician Certification/Recertification Application

1	APPLICATION TYPE
	Initial Change in Certifying Entity (<i>Initial</i>) Recertification

2	ATTACHMENTS
	Course Completion Record (if applicable) Cardiopulmonary Resuscitation Card
	Continuing Education Log Emergency Medical Technician Certificate (if applicable)
	Request for Live Scan Service Skills Exam/Competency Verification Form
	National Registry Emergency Medical Technician Certificate (if applicable)

3	CENTRAL REGISTRY INFORMATION						
Applicant Information							
Last Name			First Name			Middle Name	
Mailing Address				Residence Address			
City		State	Zip Code	City		State	Zip Code
Is this a change of address?		Yes No		Is this a change of address?		Yes No	
Telephone Number (Day)		Telephone Number (Night)		Email Home (Required)		Email Work (if applicable)	
Date of Birth			Last Four Digits of Social Security Number				
Certification Information							
Current or Expired Certification Number				Current Certifying Entity (Required)			
Current Certificate Status (Select One)							
ACTIVE	EXPIRED	SUSPENDED		PROBATION		DENIED	REVOKED
Expiration Date	Expiration Date	Effective	Expiration	Effective	Expiration	Action Date	Action Date
Employment Information							
If employed by an Emergency Medical Services provider other than CAL FIRE, please list the name and address of each provider							
Name				Name			
Street Address				Street Address			
City		State	Zip Code	City		State	Zip Code
CAL FIRE Affiliation:	Permanent	Limited Term	Seasonal/ Temporary	Volunteer/Paid Call	Other:		
State Service Classification/Title:			Three Letter Designator of Current Unit:				

4	DECLARATION	YES	NO
	Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside)? If you answered yes to either of the above questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and/or police reports. (See instructions)		
	Are there any criminal charges currently pending against you? If you answered yes to either of the above questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.		
	Have you ever had a certification, accreditation, or professional healing arts license denied, revoked, suspended, or placed on probation, or are you under investigation at this time? If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.		

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. 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 (Title 22). Additionally, by signing this application I do authorize the release of all prior California EMT application and/or certification action documentation for use of verification by CAL FIRE.

Signature of Applicant:	Date:
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Emergency Medical Technician Certification/Recertification Application

INSTRUCTIONS

SECTION 1: Application Type

- **Initial** - New Emergency Medical Technician (EMT), not previously certified
- **Recertification by Refresher Course** - Existing EMT recertifying through EMT refresher course
- **Recertification by Continuing Education (CE)** - Existing EMT recertifying through CE's

SECTION 2: Attachments

- **Continuing Education Log** – Emergency Medical Services Continuing Education Log (EMS 702) or equivalent required if recertifying via CE's. If attaching Target Solutions printout, top portion of form, must be completed and turned in with application
- **Skills Exam/Competency Verification** - Emergency Medical Technician Skills Competency Verification Form [EMSA SCV (08/10)] or equivalent, required for all certification and recertification applications
- **Request for Live Scan Service** – Request for Live Scan Service (DOJ BCII 8016). Application cannot be processed without a copy of the completed Live Scan form
- **Cardiopulmonary Resuscitation (CPR) Card** - Attach copy of CPR card (front and back) on page three of this form. Card must be current and issued by a Public Safety and/or American Heart Association Healthcare Provider
- **California EMT Certification Card** - Attach copy of California issued EMT Certificate card (front and back) on page three of this form
- **National Registry of Emergency Medical Technicians (NREMT) Card and/or Certificate** - Attach to page three of this form. Required for all initial EMT certifications and recertification expired over 12 months

SECTION 3: Central Registry Information

- Complete fields as requested.

SECTION 4: Declarations

- Check appropriate boxes to all questions regarding criminal and/or certification disciplinary action.
Note: Should there be any prior arrests and/or convictions, please submit the following with the application packet:
A short narrative by the applicant explaining what occurred (offense, county where arrest occurred, relevant documentation) and whether probation issued by the court was completed successfully, **AND** a letter from the certifying entity (LEMSA) identifying no action was taken, or a letter from the certifying entity (LEMSA) identifying action was taken, and the follow up letter stating that the terms of the probation were met and the applicant is released from probation and in good standing.
- Read admonishment, sign and date application

When completed, please forward to: CAL FIRE EMS Program
4501 State Highway 104
Ione, CA 95640

Applications may be scanned and emailed also. Contact the EMS Program at (209)-274-5599 for the correct EMS Program staff contact.

Applicants should allow six weeks for all EMT application processing

Application will be returned if not completed, attachments sent and application signed



Attachment Sheet

COPY OF **CPR** CARD

FRONT

BACK

COPY OF **EMS** CARD

FRONT

BACK (If applicable)

COPY OF **NREMT** CARD OR ATTACH NREMT CERTIFICATE

FRONT

BACK (If applicable)



EMERGENCY MEDICAL SERVICES CONTINUING EDUCATION LOG

Upper Portion of form **MUST** be completed

Last Name:	First Name:	Middle Name:
Certificate Card Number:	Certificate Card Expiration Date:	
Applicant Signature:	Date:	

*	DATE	COURSE TITLE	CE PROVIDER AND NUMBER	CE HOURS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL NUMBER OF CE HOURS:				
NUMBER OF CE HOURS REQUIRED:				



Emergency Medical Services Continuing Education Log

INSTRUCTIONS

1. Applicant's full name as listed on current Emergency Medical Services (EMS) certification card, no nicknames
2. Applicant's current EMS certification card number
 - To utilize continuing education for Emergency Medical Responder (EMR) recertification, your Unit/Program Training Officer must track and issue EMR certification numbers
3. The expiration date of current EMS certification card
4. **Sign and date the log, verifying that all of the information is factual and correct**
5. List all continuing education (CE) certificates in the chronological order
 - All CE's must be within the last 2 years; anything older than two years is not valid to use towards the CE requirement
 - Missing or invalid CE information will not be credited
 - Each log entry must correspond to a CE certificate that is on file and available for audit
 - Failure to produce a CE certificate upon audit will result in delay of EMT card issuance
 - CEs shall be valid for a maximum of two years prior to the date of a completed EMT application for certificate/license renewal
6. **A Target Solutions report of training may be attached to this form in lieu of filling out each CE hour. Ensure top portion of form is completed, including signature, and attach with training report**
7. For further information on continuing education, refer to 7200 CAL FIRE Emergency Medical Services Handbook and Appendices

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

A completed 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.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the EMT-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.

1c. Signature

Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section 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.

1d. Certifying Authority

Provide the name of the EMT-I certifying authority for which the individual will be certifying through.

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. 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 (EMSA-SCV 07/03) for that skill.
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 an EMS approved training program (EMT-I training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be 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.

Verification of skills competency shall be valid to apply for EMT-I recertification for a maximum of two years from the date of verification.

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

This Chapter of Regulations was supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate		1b. Certificate Number
1c. Certifying Authority		
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. AED and CPR	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

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Request for Live Scan Service (Department of Justice BCII 8016) Instructions and Live Scan Form

FILL OUT THE CORRECT FORM

- Emergency Medical Technician (EMT) applicants applying for certification with an agency other than CAL FIRE should not use these instructions
- Applicants applying for CAL FIRE EMT certification must use the Department of Justice (DOJ) Request for Live Scan Service (DOJ BCII 8016) pre-filled with CAL FIRE Emergency Medical Services (EMS) Program (page 2)
- The Request for Live Scan Service (DOJ BCII 8016) must be completed by an EMT applicant for:
 - Initial EMT certification (or initial entry to the Central Registry)
 - An EMT applicant changing Certifying Entities
- Failure to use the prefilled BCII-8016 form will delay the application process and may necessitate another live scan

HOW TO FIND A LIVE SCAN SITE

- To find the closest live scan site visit the DOJ Live Scan Operator List website, or check with Unit/Program for approved list of live scan vendors.

<http://ag.ca.gov/fingerprints/publications/contact.php>

DOCUMENTS TO BRING TO LIVE SCAN SITE

Applicant must bring the following documents to the live scan site:

- Three copies of the completed, prefilled Request for Live Scan Service (DOJ BCII 8016)
 - Copy 1: Live Scan Operator
 - Copy 2: CAL FIRE EMS Program (attached to application for certification)
 - Copy 3: Retain for your records
- State or Federal issued photo identification (driver's license, passport or state issued identification card)
- Payment for live scan fingerprint rolling service only (cost of live scan varies with provider)

FORM FIELD	COMMENT	INSTRUCTION
ORI (<i>Code assigned by DOJ</i>):	Pre-filled	CA0340500
Authorized Applicant Type:	Pre-filled	"Emerg Med Tech Lic/Cert"
Type of Lic./Cert./Permit or Working Title:	Pre-filled	CAL FIRE EMT
Contributing Agency Information:	Pre-filled	CA Dept of Forestry and Fire Protection
Mail Code:	Pre-filled	15251
Street Address or P.O. Box:	Pre-filled	P.O. Box 944246
Contact Name:	Pre-filled	Noele Richmond
City, State, Zip Code:	Pre-filled	Sacramento, CA 94244-2460
Contact Telephone Number:	Pre-filled	209-274-2426
Applicant Information:	Enter the Requested Information (always include middle initial, and any alias or other names known by (maiden, etc.).	
Billing Number:	Pre-filled	145881
Misc. Number:	Enter your telephone number in this area	
Your Number (OCA Number)	Leave blank	Leave blank
Level of Service:	Pre-Filled	FBI & DOJ boxes are checked
Original ATI Number:	*Leave blank	*If applicant needs to resubmit, please write in ATI number from original live scan
Employer:	Pre-filled	This area MUST contain EMSA contact information to ensure the duplicate report delivery destination
Live Scan Transaction Completed by:	Leave blank	To be completed by live scan operator



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

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:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name
(AKA or Alias) Last

First

Suffix

Date of Birth Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed