



Emergency Medical Responder Application

Applicant Information		
Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip Code:

Certificate	
Leave Blank if Initial Certification to be issued by Unit/Program	Unit/Program Designator
	Four Digit Number

Type		
1. <input type="checkbox"/> Initial Certification		
a. <input type="checkbox"/> EMR Course	Unit/Training Institute:	Date:
b. <input type="checkbox"/> PSFA Bridge to EMR		
2. <input type="checkbox"/> Recertification		
a. <input type="checkbox"/> EMR Refresher Course	Unit/Training Institute:	Date:
b. <input type="checkbox"/> Continuing Education (CE)	Attach CE log	
ATTACHMENTS		
<input type="checkbox"/> Copy of Cardiopulmonary Resuscitation Card	<input type="checkbox"/> EMS Exam Skills/Competency Verification	<input type="checkbox"/> CE Log/Course Completion Record Attached
Current Employer		
<input type="checkbox"/> CAL FIRE	Unit/Program:	
<input type="checkbox"/> Other(s):		
Oath		
I certify under penalty of perjury that the information contained on this form is accurate. I understand that my signature on this application authorizes CAL FIRE to verify all information contained on this application.		
Applicant Signature:		Date:

Office use only

<input type="checkbox"/> All mandatory documentation attached		
Certification Number (see above)	New <input type="checkbox"/> Assign from Unit database	Existing <input type="checkbox"/>
Notes:		
Signature of Unit/Program Training Officer:		Date:



Emergency Medical Responder Application

Instructions

1. Applicant Information

- Enter your full legal name as appears in employment documentation
- The mailing address should be your current home address or P.O. Box
- Applicant date of birth

2. Certification

- Initial certification numbers are assigned by the Unit/Program Training Officer
- The first portion of the certification number is the three letter designator of the original certifying Unit/Program
- The second portion of the certification number is a four digit number that is assigned by the Unit/Program

3. Type

- Initial applicants must attach documentation of successful course completion
 - Enter the Unit/Program designator or name of training institute conducting training course
 - Enter the date the course was successfully completed
- Recertification applicants shall mark the appropriate box designating method of recertification
 - Applicants recertifying through refresher course shall attach documentation of successful course and skills completion
 - Applicants recertifying through Continuing Education Units shall attach the CE log and documentation of successful skills completion

4. Attachments

- Copy of current CPR/AED certification
- Copy of Skills Exam/Competency Verification
- Copy of Continuing Education Log/Course Completion Record
- Copy of current EMS certification card, if applicable

5. Current Employer

- If current CAL FIRE employee, mark the box next to CAL FIRE and enter the Unit/Program of employ
- If a seasonal employee, write "SEASONAL" in the space marked "other". If employed for another agency/business using your EMR Certification, please enter on the spaces marked "other"

Date and sign the Emergency Medical Responder Application