



EMERGENCY MEDICAL TECHNICIAN-BASIC ❖ GROUND OR AIR AMBULANCE ATTENDANT
 CERTIFICATION ❖ LICENSING APPLICATION

**PLEASE NOTE: APPLICATION FOR CERTIFICATION MUST BE COMPLETED WITHIN TWO (2) YEARS OF THE DATE ON THE COURSE
 COMPLETION RECORD. APPLICATION FEES ARE NON-REFUNDABLE.**

EMT-Basic Certification EMT-Basic Recertification Ground Ambulance Attendant License Air Ambulance Attendant License

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS, CITY, STATE, ZIP CODE		
TELEPHONE NUMBER ()	DATE OF BIRTH	LAST FOUR DIGITS OF SSN
OTHER NAMES RECORDS MAY BE UNDER		

Have you ever been denied certification for EMT / EMT-P, or had an EMT/ EMT-P certification suspended or revoked, or are you under investigation by this or any other agency? Yes No
 If you answered "Yes" please explain below (attach additional sheets if needed):

CRIMINAL RECORD: Are you currently under investigation or have you ever been arrested and/or convicted of an infraction, misdemeanor, or felony in California or 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) or have records sealed (e.g., under Penal Code 1203.4)?
 Yes No If YES, explain each incident fully in the space below (attach additional sheets if needed):

I have read and understand the above statement and have disclosed any and all criminal convictions.

_____ _____
 Applicant's Signature Date

IF PAYMENT IS BY CREDIT/DEBIT CARD: Card Type VISA MasterCard Amount \$ _____
 Credit/Debit Card # _____ Exp. Date (mo/year): _____

	<u>EMT</u>	<u>EMT-Recert</u>	<u>Amb. Atttdt.</u>		<u>Receipt #</u>
Course Certificate or 24 hrs CEU	<input type="checkbox"/>	<input type="checkbox"/>		Fee Paid	
NREMT Exam Date	<input type="checkbox"/>	<input type="checkbox"/>		Cert. Fee	_____
Skills Verification Sheet		<input type="checkbox"/>		AA License	_____
EMT Cert. Expiration Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
EMT-P Exp. Date			<input type="checkbox"/>		_____
DOJ Clearance Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of Payment	Check/MO VISA/MC
Cert/License Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IRP Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMT Cert Mailed	_____
Negative Action Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amb. Atttdt Mailed	_____
Eligibility Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Exam. Report			<input type="checkbox"/>		
Remarks:	_____				

Certification/License Issued: _____ ID # _____ EMT Expiration Date: _____
 Licensing Clerk: _____ Amb. Attendant Exp. Date _____

STATEMENT OF ELIGIBILITY FOR EMT-BASIC AND/OR AMBULANCE ATTENDANT

AUTHORITY: The Medical Director of the local EMS Agency may deny, suspend, revoke or place on probation any license or certificate issued under the provisions of the Health and Safety Code, Division 2.5, or the Orange County Ordinance 3517. Activities that may result in such action, include:

1. Fraud in the procurement of any certificate under the law.
2. Gross negligence, repeated negligent acts, incompetence.
3. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
4. Conviction of any crime which is substantially related to the qualifications, functions, duties of prehospital personnel.
5. A requirement under Section 290 of the Penal Code to register as a sex offender, or for any offense involving force, duress, threat, or intimidation.
6. A conviction during the preceding seven (7) years of any offense punishable as a felony and involving force, violence, threat, intimidation, or theft in either degree or currently on parole or probation for such offenses or crimes.
7. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division of the regulations promulgated by the EMS Authority pertaining to prehospital personnel.
8. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
9. Addiction to the excessive use of, or misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
10. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
11. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I hereby acknowledge that I have read and understood the listing above, setting forth enumerated conditions and actions which may cause a certificate for EMT-I or Ambulance Attendant to be denied or cause the Medical Director of the local EMS Agency to otherwise take action against any certificate issued by a local agency.

I understand that certification/licensure is subject to immediate denial if a Statewide criminal background check conducted by law enforcement shows any convictions which preclude an individual from working in the prehospital care system.

I understand that certification/licensure is subject to immediate denial or revocation if the applicant knowingly falsifies or fails to disclose a material fact in his or her application (Health and Safety Code 1798.200 and Ordinance 3517).

Applicant's Signature

Date