Not		County of Orange	/ Health Care Agen	C)/					
County of Orange / Health Care Agency EMERGENCY MEDICAL SERVICES									
9 	405 W. Fifth Street, Suite 301A – Santa Ana, CA 92701								
	714-834-3500								
CILIFORNIT.									
CERTIFICATION, RECERTIFICATION, ACCREDITATION APPLICATION									
СА ЕМТ		CA EMT		OCEMS EMT					
Certification		Recertification	l	Accreditation					
Last Name		First Name		Middle Name					
Last Maine		Thomas		Middle Name					
Mailing address		City		State	Zip Code				
		Chy		Clair	p 0000				
Residential address if different		City		State	Zip Code				
()		,							
Telephone Number		Date of Birth		Social Sec	urity				
			_						
Your e-mail		Other names records i	may be under	Employ	yer				
Prior Certifying Entity (if applicat			D	ior Cortification #					
	Jie)		FI						
CERTIFICATION DISCLOSUF	RE:								
		inst an EMT, Advanced			ense or any denial of				
certification	n by a Local Emerg	ency Medical Services	Agency including activ	ve investigations, or					
Yes No In the case	of Paramedic lic	ensure denial by the Au	thority, including any	active investigations, o	r				
				active investigatione, e					
Yes No Against an	v EMS-related cert	ification or license of ar	other state or other is	suina entity includina :	active investigations, or				
				build official states and a second stat					
Yes No Against an	y health related lice	ense.							
	-								
If Yes, explain each incident fu	lly (space on back)							
CRIMINAL RECORD: Are you of									
California or any other state or p				and including any conv	viction which has been				
expunged (set aside) or have red	cords sealed (e.g.,	under Penal Code 1203	3.4)						
Yes No If Yes, exp	lain each incident f	ully (space on back)							
		· · · · · · ·							
I hereby certify under penalty of understand that any falsification	of perjury that all i	nformation on this app	lication is true and co	errect to the best of my	knowledge and belief, and I				
California. I understand all infor	mation on this appl	ication is subject to ver	ification, and I hereby	give my express perm	ission for this certifying entity				
to contact any person or agency	for information rela	ted to my role and fund	tion as an EMT in Cal	lifornia.					
	Applicant's Sig	nature			Date				
		FOR OFFICIAL							
	<u>EMT</u>		OCEMS. Accred.						
Course Completion Certificate	□			Fee Paid	Receipt #				
NREMT Exam Date		_	_	Initial EMT Fee					
EMT Cert. Expiration Date	□		□	□ Re-cert EMT Fee					
Skills Verification CPR Verification		□	п	EMT Accred.	□ 1-year □ 2-years				
Date of Livescan			⊔	□ State Fee					
Date of Livescall	⊔	⊔			Check/Mo				
				Method of Payment:	Credit card				
Accreditation #		Expiration Date:		EMT Cert Mailed					
CA Registry CERT #									
CA Registry CERT #: EMT Accred. Mailed									
Licensing Specialist				Licensing Clerk					

This sp	bace provided	I for any additic	onal information	you wish to	provide:
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licens	HORITY: The Medical Director of the local EMS Agency may deny, suspend, revoke or se or certificate issued under the provisions of the Health and Safety Code, Division 2.5 nance 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.	
	The commission of any fraudulent, dishonest, or corrupt act which is substantially related	ad to the qualifications
3.		ed to the qualifications,
	functions, and duties of prehospital personnel.	
4.	Conviction of any crime which is substantially related to the qualifications, functions, du	ities of prehospital
	personnel.	
5.	A requirement under Section 290 of the Penal Code to register as a sex offender, or fo	r any offense involving
	force, duress, threat, or intimidation.	
6.	A conviction during the preceding seven (7) years of any offense punishable as a felon	v and involving force.
0.	violence, threat, intimidation, or theft in either degree or currently on parole or probation	
	crimes.	
-		ation of an approximing
7.	Violating or attempting to violate directly or indirectly, or assisting in or abetting the viol	
	to violate, any provision of this division of the regulations promulgated by the EMS Aut	nority pertaining to
	prehospital personnel.	
8.	Violating or attempting to violate any federal or state statute or regulation which regulat	tes narcotics,
	dangerous drugs, or controlled substances.	
9.	Addiction to the excessive use of, or misuse of alcoholic beverages, narcotics, danger	ous drugs, or controlled
	substances.	
10.	Functioning outside the supervision of medical control in the field care system operatin	a at the local level
10.		g 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	
	prudent person would have reasonable cause to believe that the ability to perform the	duties normally
	expected may be impaired.	
I here	eby acknowledge that I have read and understood the listing above, setting forth enume	rated conditions and
actio	ns which may cause a certificate for EMT or Ambulance Accreditation to be denied or ca	ause the Medical
	ctor of the local EMS Agency to otherwise take action against any certificate issued by a	
	erstand that certification/licensure is subject to immediate denial if a statewide criminal b	0,
	lucted by law enforcement shows any convictions which preclude an individual from wor	
	system. I understand that certification/licensure is subject to immediate denial or revoca	
	ingly falsifies or fails to disclose a material fact in his or her application (Health and Safe	ety Code 1798.200 and
Ordir	nance 3517).	
	Applicant's Signature	Date