



# Mountain-Valley

Emergency Medical Services Agency

## APPLICATION FOR EMT-I CERTIFICATION

This form will not be accepted without the required attachments: Your signature, copies of your current CPR card, picture identification, National Registry Certification Card (applicants for Initial certification), Department of Justice Form (if not already on file with the Agency), continuing education records & skills verification form (recertification applicants), and payment of the application fee (payable to the Mountain-Valley EMS Agency).

(Check One)

- INITIAL CERTIFICATION - \$30.00
- RECERTIFICATION - \$45.00 (\$30.00 if submitted at least fifteen (15) days prior to date of expiration)
- RECIPROCITY - No Fee County/State of current EMT-I certification: \_\_\_\_\_

SSN#: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #:( ) \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE #:( ) \_\_\_\_\_ CELL PHONE #:( ) \_\_\_\_\_

PAGER #:( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ COURSE COMPLETION DATE: \_\_\_\_\_

In what setting will you be using your certification? (please check one)

- R1 Ambulance     R2 Paid Firefighter     R3 Volunteer Firefighter     R4 Industrial Clinic
- R5 General Info     R6 Seeking Employment with Ambulance     R7 Seeking Employment with Fire
- R9 Other \_\_\_\_\_

FOR OFFICE USE ONLY: CERT #: \_\_\_\_\_ CO.: \_\_\_\_\_ DATE: \_\_\_\_\_ EXP: \_\_\_\_\_

Paid: \_\_\_\_\_ Date: \_\_\_\_\_  Check#: \_\_\_\_\_  Cash     Money Order     PayPal

Signatures     Fee     ID     National Registry Card     CPR     CE     Skills Competency     DOJ

Date DOJ Cleared: \_\_\_\_\_

database: \_\_\_\_\_ card sent: \_\_\_\_\_ letter sent: \_\_\_\_\_

**CONTINUING EDUCATION:**

**Course Completion Certificates must be attached or application will be returned. 24 Hours of continuing education is required for recertification applicants. Additional requirements for lapsed certifications.**

**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) or records sealed under Penal Code Section 1203.4? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Are there any criminal charges currently pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_**

*(You must answer these questions or your application will be returned,) If yes, 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, suspended, revoked, or placed on probation, or are you under investigation at this time? Yes \_\_\_\_\_ No \_\_\_\_\_**

*(You must answer this question or your application will be returned,) 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.*

**EMT Certification may be denied, suspended, or revoked if any of the following are met:**

- a. has committed any sexually related offense specified under Section 290 of the Penal Code
- b. been convicted of murder, attempted murder, or murder for hire
- c. been convicted of two or more felonies
- d. is on parole or probation for any felony
- e. been convicted and released from incarceration during the preceding fifteen years of the crime of manslaughter or involuntary manslaughter
- f. been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
- g. been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs
- h. been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
- i. been convicted within the preceding five years of any theft related misdemeanor
- j. has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

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, and 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 the Mountain-Valley EMS Agency to contact any employer, agency, or any other person for information related to my role and function as an EMT in the state of California.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Submit application early to allow for the TEN (10) day processing time!\*\*\***