



Mountain-Valley

Emergency Medical Services Agency

PARAMEDIC RE-ACCREDITATION APPLICANT CHECKLIST

- ____ 1. Submit completed application with the following attached:
- ___ Copy (front and back) of signed current State EMT-P License
 - ___ Copy of photograph for ID purposes (i.e., drivers license).
 - ___ If applicable - Payment of \$50.00 Accreditation Application Fee.

Submit required documentation to:

Mountain-Valley EMS Agency
1101 Standiford Ave., Ste. D-1
Modesto, CA 95350