



**CALIFORNIA EMS AUTHORITY**  
 PARAMEDIC LICENSURE PROGRAM  
 10901 Gold Center Drive, Ste.400 Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875

| STATE USE ONLY |       |
|----------------|-------|
| CE             | _____ |
| CPD            | _____ |
| PBGC           | _____ |
| REVIEWED BY    | _____ |
| DATE           | _____ |

**STATE OF CALIFORNIA EMT-PARAMEDIC APPLICATION  
 LAPSED LICENSE REINSTATEMENT LESS THAN ONE YEAR**

Name: \_\_\_\_\_ Paramedic License Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ License Effective Date: \_\_\_\_\_  
 (Street # / Name) (City) (State) (Zip Code)  
 License Expiration Date: \_\_\_\_\_

**Instructions**

1. Complete the Required Information; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the reverse side of this form. **CE must be from an EMS approved CE provider.**
3. Required to include copies of all CE course completion certificates for all CE's listed (cards are not an acceptable form of CE course completion). **All incomplete applications will be returned.**
4. Please return payment of **\$250**. Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND. DO NOT SEND CASH.**

**REQUIRED INFORMATION - PLEASE PRINT OR TYPE**

Residence Address (If different than listed above): \_\_\_\_\_

Is this a change of your mailing address since your last renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

County(ies) or region(s) in which you were previously accredited: \_\_\_\_\_

If employed by an EMS provider(s), please list the name and address of each provider:  
 \_\_\_\_\_

Have you lived in California continuously for the past seven (7) years? YES \_\_\_\_\_ NO \_\_\_\_\_

|  |                |
|--|----------------|
| 1) 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 that has been expunged (set aside) under Penal Code Section 1203.4?  | YES ___ NO ___ |
| 2) Are there any criminal charges currently pending against you?<br><small>If you answered yes to either of these questions, <b>attach a detailed statement</b> describing the charge/conviction(s), date, location, court, sentence served, parole or probation if any. You may attach applicable certified court documents and police reports to help expedite the review of your application.</small> | YES ___ NO ___ |
| 2) Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, placed on probation, or are you under investigation at this time?<br><small>If yes, <b>enclose</b> with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.</small>  | YES ___ NO ___ |

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 paramedic licensure 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 EMS Authority to contact any employer, agency or any other person for information related to my role and function as a paramedic in California.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER:** Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please add my email address to the EMSA Email Newsletter

(OVER)





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Credit Card Authorization Form

Name: \_\_\_\_\_ License Number: P: \_\_\_\_\_  
(As name appears on card)

Payment Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC2 Code (security code): \_\_\_\_\_

Zip Code: \_\_\_\_\_

| <u>Card Type</u>         |            |
|--------------------------|------------|
| <input type="checkbox"/> | Visa       |
| <input type="checkbox"/> | Mastercard |
| <input type="checkbox"/> | Debit      |

Signature of Card Holder: \_\_\_\_\_

If you would like a receipt of payment e-mailed to you, please provide your e-mail address:

\_\_\_\_\_

Do not add application information to this form.  
It will be shredded.