



CALIFORNIA EMS AUTHORITY
 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 License Renewal Application

Instructions:

- Fill out a complete application;** sign and date the application in ink; only original signatures accepted.
- Complete the Statement of Continuing Education (CE) on the second page of this form. **CE must be from an approved EMS CE provider. All incomplete applications will be returned for completion and may be subject to item 4.**
- Please return a payment of **\$200** Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND. DO NOT SEND CASH.**
- Completed applications must be postmarked or hand delivered to the EMS Authority at least 30 days before the expiration date of current license.** Applications postmarked or hand delivered less than 30 days before the expiration date of the current license will be assessed a **\$50 late fee** and will not be processed until the fee is paid. If you are submitting your application less than 30 days before the expiration date of your current license, please include payment amount of **\$250** instead of \$200.

| | | | | | | | | | | | | | |
|---|--|-------|----------------|-----|--|-------------------|--|-------|--|-----------|--|----|--|
| Last Name | | | First Name | | | Middle Initial | | | | | | | |
| Paramedic License Number | | | Effective Date | | | Expiration Date | | | | | | | |
| | | | | | | Last 4 of SSN | | | | | | | |
| Mailing Address | | | | | | Residence Address | | | | | | | |
| Address | | | | | | Address | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | | | |
| If employed by an EMS Provider(s) please list the name and address of each provider | | | | | | | | | | | | | |
| Name | | | | | | Name | | | | | | | |
| Address | | | | | | Address | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | | | |
| 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 which has been expunged (set aside) under Penal Code Section 1203.4? | | | | | | | | | | Yes No | | | |
| 2) Are there any criminal charges currently pending against you? | | | | | | | | Yes | | No | | | |
| If you answered yes to either of the questions above, attach a detailed statement describing the charge(s)/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. | | | | | | | | | | | | | |
| 3) Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, placed on probation, or are you under investigation at this time? | | | | | | | | | | Yes | | No | |
| If yes, <u>you must enclose</u> with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action. | | | | | | | | | | | | | |
| I hereby certify under <u>penalty of perjury</u> 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. | | | | | | | | | | | | | |
| Home Phone: | | | | | | Cell Phone: | | | | | | | |
| Work Phone: | | | | | | Email Address: | | | | | | | |
| Signature of Applicant: | | | | | | Date: | | | | | | | |



CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM

10901 Gold Center Dr. Ste. 400, Rancho Cordova, CA. 95670-6073
TELEPHONE (916) 323-9875 / FAX (916) 324-2875

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.