

Your  
Logo  
Here

**Certifying Entity Name**

Address  
Address  
City, State Zip  
Phone

Certifying Entity Use Only	
Live Scan	_____
App Cmpt	_____
Fees	_____
NREMT	_____
Reviewed	_____

**Emergency Medical Technician Certificate Renewal Application**

**Instructions:**

1. Complete at least the information in shaded areas; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the second page of this form
3. Please return a **\$\$\$\$ cashier's check** or **money order** made payable to **EMS Authority, EMS PERSONNEL FUND** with this application to the address shown above. **DO NOT SEND CASH. Write your EMT Certificate Number on the check.**
4. **Any other instructions**

Last Name _____			First Name _____			Middle Initial _____							
Certificate Number _____			Expiration Date _____			Social Security Number _____							
Date of Birth _____			Previous Certificate Number (If applicable) _____			Previous Certifying Entity (If applicable) _____							
<b>Mailing Address if Different than that above</b>						<b>Residence Address if Different than Mailing Address</b>							
Is this a change of Address? Yes <input type="checkbox"/> No <input type="checkbox"/>						Is this a change of Address? Yes <input type="checkbox"/> No <input type="checkbox"/>							
_____ _____						_____ _____							
City _____			State _____		Zip _____	City _____			State _____		Zip _____		
E-mail (Mailing) _____						E-mail if different than Mailing E-mail _____							
<b>If employed by an EMS Provider(s) please list the name and address of each provider</b>													
_____ _____						_____ _____							
City _____			State _____		Zip _____	City _____			State _____		Zip _____		
<b>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?</b>													
										Yes _____		No _____	
<b>Are there any criminal charges currently pending against you?</b>													
										Yes _____		No _____	
If you answered yes to either of these questions, 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.													
<b>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?</b>													
										Yes _____		No _____	
If yes, <b>you must enclose</b> 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 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 this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.													
<b>Signature of Applicant:</b> _____						<b>Date:</b> _____							
<b>Phone Number Home</b> _____						<b>Work:</b> _____							

