

**Paramedic Licensure Unit
Request for Licensure/Certification Verification**

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

SECTION 1: APPLICANT to COMPLETE

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Street Number/Name) (City) (State) (Zip)

Street Address: _____
(If different than mailing address)

Phone #: _____ Email: _____

Certification/License Number: _____ State: _____

Expiration Date: _____ Social Security Number: _____

SECTION 2: VERIFYING STATE AGENCY to COMPLETE

This section to be completed by State of Certification/Licensure

1. **Is the above certificate/license valid?** Yes No
If "no", please provide an explanation:

2. **Has the above certificate/license ever been suspended or revoked?** Yes No
If "yes", please provide an explanation:

3. **Has the above person ever been convicted of a felony or misdemeanor?** Yes No
If "yes", please provide date(s) and location(s):

4. **Do you know of any reason licensure in California should be denied?** Yes No
If "yes", please provide an explanation:

Date: _____

Verifying Agency Representative Name & Title: _____

Verifying Agency Information: _____
(Department State & Name) (Phone Number)

Verifying Agency Representative Signature: _____

Paramedic Licensure Unit

(Continued On Back Page- Instructions)

Form # VL-01 04/2016

Request for Licensure/Certification Verification

Applicant Instructions

- 1) Complete the top portion of the *Request for Licensure/Certification Verification* form.
- 2) Send a copy of this form to each State in which you are, or were, certified/licensed.

State Agency Instructions

- 1) Complete the bottom portion of the *Request for Licensure/Certification Verification* form
- 2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

FOR ADDITIONAL INFORMATION:

- See our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <http://www.emsa.ca.gov/Paramedic>; or
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov; or
- Contact us by phone at (916) 323-9875