



Emergency Medical Services Authority
 10901 Gold Center Drive, Ste. 400
 Rancho Cordova, CA. 95670-6073
 (916) 322-4336 Fax (916) 324-2875

Submitted by:

Local EMS Agency

Signature Date

PARAMEDIC ACCREDITATION REPORT

| Applicant's Name on State Paramedic Licensure Card | License Number | Effective Date of Accreditation | Expiration Date of Accreditation |
|--|----------------|---------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Do not enter accreditation information if the Paramedic is currently accredited in your county or is not applying for accreditation.