



# EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400 RANCHO CORDOVA, CA 95670

(916) 322-4336 FAX (916) 324-2875

## DETAILED DISCLOSURE STATEMENT FORM

If you answered YES to any of the below questions, you are required to complete the following information and attach any applicable court documents and arrest or incident reports. Please attach additional sheets if necessary. Once complete, submit form via email to [paramedic@emsa.ca.gov](mailto:paramedic@emsa.ca.gov) or if available, upload on your eGov account.

1. Have you 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) or records sealed under Penal Code Section 1203.4 that you have not previously disclosed?

2. Are any criminal charges currently pending against you that have not been previously disclosed?

Date of Arrest/Incident: \_\_\_\_\_ Law Enforcement Report/Incident No.: \_\_\_\_\_

Arresting/Responding Law Enforcement Agency Name: \_\_\_\_\_

Arresting/Responding Law Enforcement Agency Location:

\_\_\_\_\_  
Street City State Zip

Detailed Statement Regarding the Arrest/Incident:

Court Location: \_\_\_\_\_ Report/Case Number: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Pending Charge(s)/Conviction(s): \_\_\_\_\_ (Misdemeanor/Felony)

Sentence Served (Jail/prison, fine(s), Probation/Parole, etc.): \_\_\_\_\_

3. Is your healthcare certification, accreditation, or license currently under investigation or have they been denied, suspended, revoked, fined, or placed on probation that you have not previously disclosed?

**Explanation that describes the action, any corrective action, and/or remediation as a result of the action:**

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

**PRINT NAME:** \_\_\_\_\_ **PARAMEDIC # (if applicable):** \_\_\_\_\_