



CALIFORNIA EMS AUTHORITY
 PARAMEDIC LICENSURE PROGRAM
 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 APPLICATION
 LAPSED LICENSE REINSTATEMENT LESS THAN ONE YEAR**

Name: _____ License: _____
 Address: _____ Effective: _____
 Expire: _____

Instructions

1. Complete the Required Information; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the reverse side of this form. **CE must be from an EMS approved CE provider.**
3. Required to include copies of all CE course completion certificates for all CE's listed (cards are not an acceptable form of CE course completion). **All incomplete applications will be returned.**
4. Please return payment of **\$250**. Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND. DO NOT SEND CASH.**

REQUIRED INFORMATION - PLEASE PRINT OR TYPE

Residence Address If Other Than Mailing Address Listed Above _____
 _____ Is this a change of your mailing address? Yes _____ No _____

Date of Birth _____ Last 4 of Social Security Number _____

County(ies) or region(s) in which you were previously accredited: _____

If employed by an EMS provider(s), please list the name and address of each provider.

Have you lived in California continuously for the past seven (7) years? YES _____ NO _____

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 that 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 these questions, 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, you must enclose 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 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.

SIGNATURE OF APPLICANT _____ DATE _____

PHONE NUMBER Home (_____) _____ - _____ Work (_____) _____ - _____

E-MAIL ADDRESS _____ Cell (_____) _____ - _____

Please add my email address to the EMSA
 Email Newsletter

(OVER)



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paramedic@emsa.ca.gov

STATE USE ONLY

Receipt Number: _____

Card Type

Visa

Mastercard

Debit

CREDIT CARD AUTHORIZATION FORM

Name: _____ Date of Birth or P-Number: _____
(As name appears on card)

Credit Card Number: _____ Expiration Date (MM/YY): _____
*Only Visa and Mastercard credit cards are accepted

CVC2 Code (Security Code): _____ Billing Zip Code: _____

Payment Amount: _____

Signature of Cardholder: _____

To receive a receipt of payment, please provide your email address:

**Do not add application information to this form.
It will be shredded.**

Revised: 09/05/18

Created: 04/14/16