



**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)**





CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
 10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875 / FAX (916) 324-2875  
 paramedic@emsa.ca.gov

**STATE USE ONLY**

Receipt Number:  
 \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

**Applicant Name:** \_\_\_\_\_ **P-Number** \_\_\_\_\_  
 (If applicable)

**Card Type:**

Visa

Mastercard

Debit

**Name:** \_\_\_\_\_  
 (As name appears on card)

**Credit Card Number:** \_\_\_\_\_  
 \*Only Visa and Mastercard credit cards are accepted

**Expiration Date (MM/YY):** \_\_\_\_\_

**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.**