



**CALIFORNIA EMS AUTHORITY**  
 PARAMEDIC LICENSURE PROGRAM  
 10901 Gold Center Drive, Ste.400  
 Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875

STATE USE ONLY		
PRWORA	_____	
BG Check-DOJ	___	FBI ___
SID	_____	
Verified State	_____	
License Type	_____	
Exp. Date	_____	
NREMT-P	_____	
NREMT Exam Results	_____	
Dates	W	P
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SLMS	_____	
Processed By	_____	

**STATE OF CALIFORNIA EMT-PARAMEDIC APPLICATION**  
**LAPSED LICENSE REINSTATEMENT LAPSED ONE YEAR OR MORE**

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.** Required to include copies of all CE course completion certificates for all CE's listed. **Over two years lapsed** must include copies cards for ACLS, PALS, PHTLS, CPR. **All incomplete applications will be returned.**
3. Proof of passing the NREMT written and practical exams within the last 2 years or a copy of current NREMT Paramedic card.
4. Submit a copy of Request for Live Scan Service Applicant Submission form after you have had your fingerprints done.
5. **If you are over two years lapsed we have purged your file.** Please include the following: IS-01 form, required documents on IS-01 form and copy of original Paramedic Course Completion certificate.
6. 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 \_\_\_\_\_ 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.  
 \_\_\_\_\_

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

**STATEMENT OF CONTINUING EDUCATION  
72 HOURS REQUIRED FOR LAPSED OF MORE THAN ONE YEAR**

**Instructor Based CE**

(i.e., classroom setting or may include on-line CE courses if an instructor is available). At least **50%** of the CE hours must be taken in this format and cover the topics listed in the US DOT National Standard Paramedic Curriculum.

**Courses 20 hours or more are required to have beginning and ending dates.**

DATE MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME (Not Instructor Name)	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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Total				

**Other Approved Acceptable CE**

May include CE course, class or activity instructor; EMT, AEMT or paramedic program instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of a paramedic but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.

DATE MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME (Not Instructor Name)	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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Total				

CE courses must be issued two years from the mail in date of your application.

For the complete regulations related to continuing education, please refer to Title 22, Division 9, Chapter 11, EMS Continuing Education, Article 2, of the California Code of Regulations. The regulations can be found on the EMS Authority's website at <http://www.emsa.ca.gov/laws/default.asp#regs>

A list of approved CE Providers can also be found on the EMS Authority's website: <http://www.cecbems.org> or <http://www2.emsa.ca.gov/ShowTraining/ContinuingEducation/GroupByContinuingEducationTable.aspx>

Check the status of your application at [www.centralregistry.ca.gov](http://www.centralregistry.ca.gov)



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)

**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:

\_\_\_\_\_

**Card Type:**

Visa

Mastercard

Debit

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