



CALIFORNIA EMS AUTHORITY
 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 License Renewal Application

Instructions:

- Fill out a complete application;** sign and date the application in ink; only original signatures accepted.
- Complete the Statement of Continuing Education (CE) on the second page of this form. **CE must be from an approved EMS CE provider. All incomplete applications will be returned for completion and may be subject to item 4.**
- Please return a payment of **\$200** Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND. DO NOT SEND CASH.**
- Completed applications must be postmarked or hand delivered to the EMS Authority at least 30 days before the expiration date of current license.** Applications postmarked or hand delivered less than 30 days before the expiration date of the current license will be assessed a **\$50 late fee** and will not be processed until the fee is paid. If you are submitting your application less than 30 days before the expiration date of your current license, please include payment amount of **\$250** instead of \$200.

Last Name			First Name			Middle Initial							
Paramedic License Number			Effective Date			Expiration Date							
						Last 4 of SSN							
Mailing Address						Residence Address							
Address						Address							
City		State		Zip		City		State		Zip			
If employed by an EMS Provider(s) please list the name and address of each provider													
Name						Name							
Address						Address							
City		State		Zip		City		State		Zip			
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 which 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 the questions above, 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.													
Home Phone:						Cell Phone:							
Work Phone:						Email Address:							
Signature of Applicant:						Date:							



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@ems.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.**