



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

STATE USE ONLY

P.M.: _____ Rec: _____ By: _____

R#: _____ \$ _____

I.D. Doc Course Completion

NREMT #: _____

CORI: DOJ FBI

SID# _____

SLMS Hit: Y N

Disclosure: Y N

Issued by: _____ Date: _____

LICENSE #: _____

STATE OF CALIFORNIA
INITIAL IN-STATE PARAMEDIC LICENSE APPLICATION

This application is for applicants who have successfully completed an approved paramedic training program in the state of California.

Please type or print Clearly. The non-refundable fee in the amount of \$250 may be paid by credit card (complete credit card authorization form), check, or money order made payable to EMS PERSONNEL FUND.

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ DRIVER'S LICENSE: _____ STATE: _____

DATE OF BIRTH (MM/DD/YYYY): _____ SOCIAL SECURITY NUMBER (SSN) or TAXPAYER ID NUMBER (TIN): _____ Required, per Health & Safety Code 797.172(c)

RESIDENTIAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____ EMAIL ADDRESS: _____ Do not send EMSA correspondence via email

MAILING ADDRESS (EMSA will send official correspondence to this address)
Same as residential. If not, complete the below:

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TRAINING PROGRAM AND EMT CERTIFICATION

PARAMEDIC TRAINING COURSE(attach copy): _____ EMT CARD NUMBER, if certified in California (attach copy): _____

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)

PARAMEDIC WRITTEN EXAM DATE: _____ PARAMEDIC PRACTICAL EXAM DATE: _____ REGISTRATION CARD NUMBER (attach copy): _____

LIVE SCAN FINGERPRINT SUBMISSION

LIVE SCAN DATE (attach copy of form): _____

EMPLOYER INFORMATION (If none, enter none)

EMPLOYER NAME: _____ EMPLOYER PHONE NUMBER: _____

EMPLOYER ADDRESS: _____

QUESTIONNAIRE

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) or records sealed under Penal Code Section 1203.4? YES NO
2. Are any criminal charges currently pending against you? YES NO
3. Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, fined, placed on probation, or are you currently under investigation at this time? YES NO

If you marked YES to any of these questions, attach a detailed statement describing the accusation, charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status, etc. Refer to instructions for more details.

SIGNATURE

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 person or agency for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT _____ DATE _____

Initial In-State Paramedic License Application

✓	INSTRUCTIONS
	Complete the Initial In-State Paramedic License Application. Do not leave any sections blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	<p>Attach a copy of one of the following official identification documents:</p> <ul style="list-style-type: none"> - Valid U.S. State Dept. of Motor Vehicles Real ID, Driver's License, or ID card - Valid government or country issued photo ID - Passport: U.S. or unexpired, valid foreign passport with valid U.S. visa and approved U.S. Department of Homeland Security Lawful Record of Admission - Birth Certificate: Certified U.S. or U.S. Territory - Government Issued Military ID with Date of Birth - U.S. Lawful Permanent Resident card - U.S. Lawful Resident Alien card
	Attach copy of paramedic course completion certificate.
	<p>Attach copy of either a current National EMT- P Registry (NREMT) card or proof of passing the NREMT written and practical exams within the last two (2) years. Exam results are available on the NREMT website at www.NREMT.org.</p> <p><u>Acceptable documents (other than NREMT card) are as follows:</u></p> <ul style="list-style-type: none"> • Copy of congratulations letter. • Copy of written and practical exam results. • Copy of NREMT certificate. • NREMT website printout with your name and the NREMT registry number.
	<p>Attach a copy of the completed Live Scan Service, Form BCII 8016. A list of Live Scan locations is available on the Department of Justice (DOJ) website at https://oag.ca.gov/fingerprints/locations.</p>
	<p>If you answered YES to any questions in the Questionnaire section, attach a detailed statement describing the charge(s)/conviction(s) case number, 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.</p>
	<p>Include payment in the amount of \$250.00 with your application. This non-refundable application fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to <u>EMS PERSONNEL FUND.</u></p>
	<p>Mail the application, payment, and required documents to the following address:</p> <p style="text-align: center;">California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670</p>

For additional information:

- View our Frequently Asked Questions (FAQ's) and Informational Videos at <http://www.emsa.ca.gov/Paramedic> or
- Send inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov or
- Contact the Paramedic Licensure Unit by phone at (916) 323-9875.

INSTRUCTIONS

All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.

ORI

The ORI number for the EMS Authority is **A0536**.

Job Title or Type of License, Certification or Permit:

Paramedic

Mail Code

The five digit mail code assigned by DOJ is **02531**.

Name of Applicant

Indicate complete name. Last Name, First Name and Middle Initial.

Date of Birth

Indicate month-day-year of birth.

Height

Indicate your height in feet and inches.

Eye Color

Indicate eye color.

Place of Birth

Indicate the state or country of birth.

Driver's License No.

Indicate your California Driver's License Number.

Type of Application

License

Agency Address Set Contributing Agency

Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Contact Telephone Number

(916) 323-9875

Alias

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Sex

Check either Male or Female.

Weight

Indicate your weight in pounds.

Hair Color

Indicate hair color.

SOC

Indicate your Social Security Number.

Level of Service

Check the FBI and DOJ boxes.

Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0536 Type of Application: EMT/PARAMEDIC/MOB INT NURSE

Job Title or Type of License, Certification or Permit: Paramedic

Agency Address Set Contributing Agency:

Emergency Medical Services Authority 02531
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste.400
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Rancho Cordova, CA. 95670-6073
City State Zip Code () Contact Telephone No.

Name of Applicant: _____
(please print) Last First M

Alias: _____ Driver's License No. _____
Last First

Date of Birth _____ Sex: Male Female Misc No. BIL -

Height: _____ Weight: _____ Misc No. _____

Eye Color: _____ Hair Color: _____ Home Address: _____

Place of Birth: _____
Street or PO Box

SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

Paramedic Licensee: YOU MUST have BOTH DOJ & FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () Agency Telephone No. (Optional) _____

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____