



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#:	\$ _____	
<input type="checkbox"/> I.D. Doc	<input type="checkbox"/> 40 ALS	
NREMT-P # or Proof: _____		
<input type="checkbox"/> Verification State: _____		
CORI: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI		
SID# _____		
SLMS Hit: <input type="checkbox"/> Y <input type="checkbox"/> N		
Disclosure: <input type="checkbox"/> Y <input type="checkbox"/> N		
Issued by: _____ Date: _____		
<b>LICENSE #:</b> _____		

**STATE OF CALIFORNIA  
 INITIAL OUT-OF-STATE PARAMEDIC LICENSE APPLICATION**

*This application is for applicants whose paramedic training was outside the state of California or who are currently licensed as a paramedic outside the state of California.*

**Please type or print clearly.** The **non-refundable** fee in the amount of **\$300** 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 1797.172(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:
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**OUT-OF-STATE LICENSES/CERTIFICATES**

STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE (MM/DD/YYYY):
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ADDITIONAL LICENSES/CERTIFICATES (State of Issue, #, and Expiration Date):

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)**

PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	REGISTRATION CARD NUMBER (attach copy):
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**FINGERPRINT CARD or LIVE SCAN (See Instructions for details)**

FINGERPRINT CARD, CA DOJ SUBMISSION DATE:	LIVESCAN DATE (attach copy of form):
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**QUESTIONNAIRE (Answers are required or your application will be returned.)**

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, **enclose a detailed statement** describing the accusation, charge(s)/conviction(s), case numbers, dates, location, court, sentence served, parole, probation status. Refer to instructions for further information.

**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 Out-of-State Paramedic License Application

✓	INSTRUCTIONS
	<p><b>Complete the Initial Out-of-State Paramedic License Application. Do not leave any section blank. Incomplete applications will be returned.</b></p>
	<p><b>Sign and date the application. Only original signatures are accepted.</b></p>
	<p><b>Attach a copy of one of the following official identification documents:</b></p> <ul style="list-style-type: none"> <li>- Valid U.S. State Dept. of Motor Vehicles Real ID, Driver's License, or ID card</li> <li>- Valid government or country issued photo ID</li> <li>- 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</li> <li>- Birth Certificate: Certified U.S. or U.S. Territory</li> <li>- Government Issued Military ID with Date of Birth</li> <li>- U.S. Lawful Permanent Resident card</li> <li>- U.S. Lawful Resident Alien card</li> </ul>
	<p><b>Attach copy of paramedic course completion certificate or documentation showing proof paramedic training comparable to the 2009 Dept. of Traffic Safety National Highway Traffic Safety Admin. National EMS Education curriculum.</b></p>
	<p><b>Attach a copy of either a current National EMT- P Registry (NREMT) card <u>or</u> proof of passing the NREMT paramedic level national certification (or Assessment) written *exam and the practical exam within the last two (2) years.</b> Exam results are available on the NREMT website at <a href="http://www.NREMT.org">www.NREMT.org</a>.</p> <p><b><u>Acceptable documents (other than NREMT card) are as follows:</u></b></p> <ul style="list-style-type: none"> <li>• Copy of written and practical exam results.</li> <li>• NREMT website printout with your name &amp; the NREMT registry number.</li> </ul> <p>*If NREMT requires a Letter of Support to take the NREMT national certification written (cognitive) exam or State approval to take the Assessment written exam, contact the State in which you were licensed or received training to provide the letter. As a last resort, the CA EMS Authority may be able to assist upon reviewing your received license application, payment, and fingerprint record results.</p>
	<p><b>Attach documentation of 40 ALS patient contacts experienced during field internship or employment.</b> If submitting employment experience, a letter on official letterhead by an applicant's employer, training program director, or medical director is required.</p>
	<p><b>If residing or visiting in California, attach a copy of a completed Live Scan Service, form #BCII 8016. All other applicants submit a completed Fingerprint Card, FD-258, to the California Department of Justice (DOJ).</b> A list of Live Scan locations is available on the DOJ website at <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a>.</p>
	<p><b>If you are or were <u>certified/licensed in another state</u>, complete the top portion of the Request for Verification of License/Certification Status, form #VL-01 <b>then</b> send a copy to each state in which you are, or were, certified/licensed with instructions for them to complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority.</b></p>
	<p><b>If you answered <b>YES</b> 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 status <b>or</b> an applicable EMSA case number.</b></p>
	<p><b>Include payment in the amount of \$300.00 with your application.</b> This <b>non-refundable</b> application fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to <b><u>EMS PERSONNEL FUND.</u></b></p>
	<p><b>Mail the application, payment, and required documents to the following address:</b></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 webpage at <http://www.emsa.ca.gov/Paramedic> or send your inquiries to the Emergency Medical Services Authority at [paramedic@emsa.ca.gov](mailto:paramedic@emsa.ca.gov).