

# CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY **PARAMEDIC LICENSURE PROGRAM**10901 Gold Center Drive, Ste. 400 Rancho Cordova, CA 95670-6073

Rancho Cordova, CA 95670-6073 TELEPHONE (916) 323-9875 / FAX (916) 324-2875

### Paramedic Licensure Unit Request for Licensure/Certification Verification

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

SECTION 1:	APPLICANT to COMPLETE	
Name:		
(Last)	(First)	(MI)
Mailing Address: (Street Number/Na	nme) (City)	(State) (Zip)
Street Address:		
Contification / Linear on Number	(If different than mailing address)	
Certification/License Number:	State:	
Expiration Date:	Social Security Number:	
SECTION 2: VERIFY	ING STATE AGENCY to COMPLETE	
	be completed by State of Certification	on/Licensure
1. Is the above certificate/lice If "no", please provide an	ense valid?	☐ Yes ☐ No
2. Has the above certificate/li  If "yes", please provide an	cense ever been suspended or revolence explanation:	<b>ked?</b> ☐ Yes ☐ No
3. Has the above person ever If "yes", please provide da	been convicted of a felony or misde te(s) and location(s):	emeanor?  Yes  No
4. Do you know of any reason If "yes", please provide an	n licensure in California should be de explanation:	enied? 🗌 Yes 🗌 No
Date:		
Verifying Agency Represent	tative Name & Title:	
Verifying Agency Informatio	n:	
	n:(Department State & Name)	(Phone Number)
Verifying Agency Represent	tative Signature:	

(Continued On Back Page-Instructions)

Form # VL-01 03/2019

## Paramedic Licensure Unit Request for Licensure/Certification Verification

#### **Applicant Instructions**

- 1) Complete the top portion of the Request for Licensure/Certification Verification form.
- 2) Send a copy of this form to each State in which you are, or were, certified/licensed.

### **State Agency Instructions**

- 1) Complete the bottom portion of the Request for Licensure/Certification Verification form
- 2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

#### **FOR ADDITIONAL INFORMATION:**

- See our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <a href="http://www.emsa.ca.gov/Paramedic">http://www.emsa.ca.gov/Paramedic</a>; or
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov; or
- Contact us by phone at (916) 323-9875