



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"/> Course Completion	
<input type="checkbox"/> NREMT #:	_____	
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: _____	
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.
	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 .
	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>Include payment in the amount of \$250.00 with your application.</p> <p>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.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at www.emsa.ca.gov/licensure_forms_and_applications. Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.34

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: _____
Cty, 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



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STATE USE ONLY

Receipt Number:

CREDIT CARD AUTHORIZATION FORM

Applicant Name: _____ **P-Number** _____
 (If applicable)

Card Type:

Visa

Mastercard

Debit

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:

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