



CALIFORNIA EMERGENCY 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:
Audit:	<input type="checkbox"/> Y <input type="checkbox"/> N	
1 st R#:	\$	
2 nd R#:	\$	
<input type="checkbox"/>	NREMT-P # or Proof:	
<input type="checkbox"/>	72 CE's:	
CORI:	DOJ <input type="checkbox"/> FBI <input type="checkbox"/> SID#	
Disclosure:	<input type="checkbox"/> Y <input type="checkbox"/> N SLMS: <input type="checkbox"/> Y <input type="checkbox"/> N	
OVER 2 YRS.:		
<input type="checkbox"/>	ACLS	<input type="checkbox"/> PALS
<input type="checkbox"/>	CPR/BLS	<input type="checkbox"/> IITLS/PTLS
Reinstated by: _____		
Date: _____		

STATE OF CALIFORNIA
REINSTATEMENT PARAMEDIC LICENSE APPLICATION
Lapsed 1 Year or More

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

PARAMEDIC LICENSE NUMBER			
PARAMEDIC LICENSE NUMBER:	LICENSE EFFECTIVE DATE:	LICENSE EXPIRATION DATE:	
PERSONAL INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
RESIDENTIAL ADDRESS:	CITY:	STATE:	ZIP CODE:
DATE OF BIRTH (MM/DD/YYYY):	LAST FOUR (4) DIGITS OF SOCIAL SECURITY # or TIN#:		
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: Do not send EMSA correspondence via email.	
MAILING ADDRESS <i>(EMSA will send official correspondence to this address)</i>			
Same as residential. If not, complete the below:			
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)			
PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	CURRENT REGISTRATION CARD # (attach copy):	
FINGERPRINT CARD or LIVE SCAN (See instructions for details)			
FINGERPRINT CARD DOJ SUBMISSION DATE:	LIVESCAN DATE: (attach copy of form):		
EMPLOYER INFORMATION, IF NOWN			
EMPLOYER NAME:	EMPLOYER PHONE NUMBER:		
EMPLOYER ADDRESS:	NAME OF ACCREDITATION AGENCY:		
QUESTIONNAIRE <i>(Answers are required or your application will be returned.)</i>			
1. Have you been convicted of any felony or misdemeanor offense in California or any other state or country, including entering a plea of nolo contendere or no contest and any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4 that you <u>have not previously disclosed</u> ?	YES	NO	
2. Are any criminal charges currently pending against you that <u>have not been previously disclosed</u> ?	YES	NO	
3. Is your healthcare certification, accreditation, or license currently under investigation or have they been denied, suspended, revoked, fined, or placed on probation that you <u>have not previously disclosed</u> ?	YES	NO	
If you marked YES to any of these questions and have not previously disclosed the details, <u>attach a detailed statement</u> describing the accusation, charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status, etc. <u>or an applicable EMSA case number.</u> Refer to instructions for more 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 _____		

CONTINUE NE T PAGE (INSTRUCTIONS)

Form # RLL-01B Revised 03/2019

REINSTATEMENT PARAMEDIC LICENSE APPLICATION
Lapsed 1 Year or More

STATEMENT OF CONTINUING EDUCATION (CE)

Acceptable CE courses must have been issued within the last two (2) years from the date the application is received by the EMS Authority.

MINIMUM OF 72 HOURS REQUIRED

50 of total CE hours submitted must be instructor based.

(If lapsed 2 years or more, you must also provide proof of passing ACLS, PALS, ITLS/PTLS and CPR classes.)

INSTRUCTOR BASED CE'S

Courses that provide an available instructor to respond to student questions.
 Courses 20 hours or more must include the beginning and ending dates.

Date(s) of Course (mm/dd/yy)	Course Title	Approved Pre-hospital CE Provider Name	Approved Pre-hospital CE Provider Number	Total CE Hours
Total Instructor Based Hours				

OTHER APPROVED CE'S

Courses that include instructor/teacher, preceptor, and non-instructor based CE hours.

Date(s) of Course	Course Title	Approved Pre-hospital CE Provider Name	Approved Pre-hospital CE Provider Number	Total Number of CE Hours
Total Other Approved CE Hours				

REINSTATEMENT PARAMEDIC LICENSE APPLICATION

✓	INSTRUCTIONS
	<p>Complete the Reinstatement Paramedic License Application; including the Statement of Continuing Education (CE). Please check that the CE's are provided by an approved provider. Lists of approved providers can be found on EMSA's website at www.emsa.ca.gov and at www.cecbems.org. Incomplete applications will be returned.</p>
	<p>Sign and date the application. Only original signatures are accepted.</p>
	<p>Attach copies of your CE Certificates for all CE's taken from an approved CE provider that are listed on the application and meet the following:</p> <ul style="list-style-type: none"> ➤ Reinstatements for those <u>lapsed 12 months or more, but less than 2 months</u>, submit a minimum of 72 CE hours. ➤ Reinstatements for those <u>lapsed 24 months or more</u>, submit a minimum of 72 CE hours that include completion of the following courses: <ul style="list-style-type: none"> (1) Advanced Cardiac Life Support, (2) Pediatric Advanced Life Support, (3) Prehospital Trauma Life Support or International Trauma Life Support, (4) CPR.
	<p>Attach a copy of either your current National EMT- P Registry (NREMT) card <u>or</u> 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 written and practical exam results. • NREMT website printout with your name & the NREMT registry number. <p>*If NREMT requires a Letter of Support to take the written (cognitive) NREMT exam, contact the State in which you were licensed to provide the letter. As a last resort, the CA EMS Authority may be able to provide the letter upon reviewing your received license application, payment, and fingerprint record results.</p>
	<p>If a California resident, 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). A list of Live Scan locations is available on the DOJ website at https://oag.ca.gov/fingerprints/locations.</p>
	<p>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 then 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 at the address on the bottom of the form.</p>
	<p>If you answered YES to any questions in the Questionnaire section, include 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 fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to EMS PERSONNEL FUND.</p>
	<p>Mail your application and a payment 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/or the Informational Videos at <http://www.emsa.ca.gov/Paramedic> or
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov or
- Contact us 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: _____ City, State and Zip Code _____

Your Number: _____ Level of Service DOJ FBI
 OCA No. (Agency Identifying No.)

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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 paramedic@emsa.ca.gov

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.**