



| STATE USE ONLY | | |
|--------------------------------|-------------------------------|--|
| P.M.: | Rec: | By: |
| 1st \$ | Type: | R#: |
| 2nd \$ | Type: | R#: |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Late | <input type="checkbox"/> Scanned <input type="checkbox"/> QC |

STATE OF CALIFORNIA
AUDIT RENEWAL PARAMEDIC LICENSE APPLICATION

Please type or print clearly. The **non-refundable** fee of **\$225** 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: | |
| | | | |
| DATE OF BIRTH (MM/DD/YYYY): | LAST FOUR (4) DIGITS OF SOCIAL SECURITY # or TIN #: | Required, per Health & Safety Code 1797.172(c) | |
| RESIDENTIAL ADDRESS: | CITY: | STATE: | ZIP: |
| | | | |
| HOME PHONE NUMBER: | CELL PHONE NUMBER: | EMAIL ADDRESS: Do not send 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: |
| | | | |

| EMPLOYER INFORMATION: | |
|-----------------------|------------------------|
| EMPLOYER NAME: | EMPLOYER PHONE NUMBER: |
| | |
| EMPLOYER ADDRESS | ACCREDITING LEMSA: |
| | |

| 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 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 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, **attach a detailed statement** describing the accusation, charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status, etc. **or an applicable EMSA case number**. 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 _____ |

Renewal Paramedic License Application

STATEMENT OF CONTINUING EDUCATION (CE) MINIMUM OF 48 HOURS REQUIRED (Minimum of 50% of total hours submitted must be instructor based CE's)

Instructor Based CE's

Approved courses that provide an available instructor to respond to student questions.

| Date(s) of Course <i>(mm/dd/yy)</i> | Course Title | Approved Pre-hospital CE Provider Name | Approved Pre-hospital CE Provider Number or identify the approving State | Total Number of CE Hours |
|--|--------------|--|--|--------------------------|
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| Total Instructor Based Hours= | | | | |

Other Approved CE's

Courses to include performance as an instructor/teacher, preceptor and/or non-instructor based CE hours.

| Date(s) of Course <i>(mm/dd/yy)</i> | Course Title | Approved Pre-hospital CE Provider Name | Approved Pre-hospital CE Provider Number | Total Number of CE Hours |
|--|--------------|--|--|--------------------------|
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| Total Other Approved CE Hours= | | | | |

AUDIT Renewal Paramedic License Application

| | INSTRUCTIONS |
|---|--|
| ✓ | <i>Applications may be received as early as five (5) months prior to the expiration date of the license.</i> |
| | *Complete the Audit Renewal Paramedic License application; including the Statement of Continuing Education. Incomplete applications will be returned. |
| | Sign and date the application. Only original signatures are accepted. |
| | Attach copies of your CE Certificates for all CE's listed on the application. Please ensure the CE's provided are issued by an approved provider (Local EMS Agencies, accredited university or colleges of physical, social or behavioral science courses, CAPCE, EMSA, or other State approved EMS course/provider). Lists of approved providers can be found on EMSA's website at www.emsa.ca.gov and at www.capce.org . For complete regulations related to CE requirements, please refer to the California Code of Regulations. The regulations can be found at http://www.emsa.ca.gov/legislation/regulations . |
| | Include payment in the amount of *\$225.00 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 . *Applications postmarked/hand delivered less than 30 days before the expiration date of the current license or result in a deficiency letter that postpones processing into the less than 30 day period, will be assessed an additional \$50 late fee and will not be processed until the fee is paid. |
| | If you answered YES to any questions in the Questionnaire section, attach a detailed statement describing the describing the charge(s)/conviction(s) case number, date, location, court, sentence served, parole or probation, etc. or an applicable EMSA case number. You may attach applicable certified court documents and police reports to help expedite the review of your application. |
| | Mail your application and payment to the following address: California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670 |

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



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
 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.**