



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: _____

1st \$ _____ Type _____ R# _____

2nd \$ _____ Type _____ R# _____

Scanned QC

STATE OF CALIFORNIA INITIAL CHALLENGE PARAMEDIC LICENSE APPLICATION

This application is for applicants who are currently licensed as Physicians, Physician Assistant's, Registered Nurses, or Mobile Intensive Care Nurses

Please type or print clearly. The non-refundable fee in the amount of \$325 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:
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:
MEDICAL LICENSES/CERTIFICATES				
1. LICENSE/CERTIFICATION TYPE:	STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE:	
2. LICENSE/CERTIFICATION TYPE:	STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE:	
NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIAN (NREMT)				
<i>(See instructions for details)</i>				
PARAMEDIC WRITTEN EXAM DATE:	PRACTICAL EXAM DATE:	CURRENT REGISTRATION CARD # (attach copy):		
Request EMSA support of approval to take the NREMT Paramedic Level Assessment written exam in lieu of national certification.				
FINGERPRINT CARD or LIVE SCAN (See instructions for details)				
FINGERPRINT CARD DOJ SUBMISSION DATE:		LIVESCAN DATE: (attach copy of form):		
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, you must enclose a detailed statement describing the accusation, charge(s)/conviction(s) case number, date, location, court, sentence served, parole or probation status.			
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 Challenge Paramedic License Application

INSTRUCTIONS

✓	As a currently licensed medical professional, you have selected to apply for a California paramedic license using your current medical education and experience to replace the required didactic and clinical portions of a traditional paramedic training program. Although your education and experience partially satisfies the eligibility requirement to become licensed, you must complete 480 hours of an approved paramedic school internship with a minimum of 40 Advanced Life Support (ALS) patient contacts and successfully pass the National Registry of Emergency Technician (NREMT) paramedic level written and practical exams.
	Complete the Initial Challenge Paramedic License application. Do not leave any section blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Attach a copy of qualifying medical license.
	<p>Attach a copy of one of the following official identification documents:</p> <ul style="list-style-type: none"> - Valid California Dept. of Motor Vehicles Real ID, Driver's License, or ID card - 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 or U.S. Lawful Resident Alien card
	<p>Attach a copy of either a 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 by meeting one of the following NREMT paths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a current NREMT national registration certification or proof of passing the Paramedic level (NRP) NREMT <u>written</u> exam and the NREMT <u>psychomotor</u> exam; <li style="text-align: center;">- or - <input type="checkbox"/> Provide proof of passing the alternative NREMT written exam, the <i>Paramedic Level "Assessment"</i> exam and the NREMT <i>Psychomotor</i> exam in lieu of national registration and request EMSA state support to take the exam. NOTE: By selecting this path, NREMT will require EMSA approve your eligibility to take this exam. Please check the box in the NREMT section of this application to notify EMSA of your intention. The EMS Authority will review your received license application, payment, and fingerprint record results for consideration to take the NREMT <i>Paramedic Level- "Assessment"</i> exam. If necessary, additional education records may be requested. <p>For more information, contact NREMT at (614) 888-4484 or by viewing their website at https://www.nremt.org.</p>
	Attach documentation of a minimum of 480 hours attendance in a paramedic field internship program that includes a minimum of forty (40) ALS patient contacts. The documentation provided must identify both the required hours and the number of patients contacted.
	If residing or visiting 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). A list of Live Scan locations is available on the DOJ website at https://oag.ca.gov/fingerprints/locations .
	If currently licensed or certified in another state, complete the top portion of the <i>Request for Verification of License/Certification Status, Form #VL-01</i>, and send a copy to each state in which you are, or were, certified/licensed. Please ensure they 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.
	If you answered YES to any Questionnaire section questions, include a detailed statement describing the charge(s)/conviction(s), case #, date, location, court, sentencing, & parole or probation status.
	<p>Include payment in the amount of \$325.00 with your application.</p> <p>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, fee 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 webpage at <http://www.emsa.ca.gov/Paramedic> or send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov.

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. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] 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

Applicant Submission

A0536 EMT/PARAMEDIC/MOB INT NURSE
ORI (Code assigned by DOJ) Authorized Applicant Type

Paramedic
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Emergency Medical Services Authority 02531
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste. 400
Street Address or P.O. Box

Rancho Cordova, CA 95670-6073
City State ZIP Code

Contact Name (mandatory for all school submissions) _____
Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number: _____ Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875



Instructions for Completing Fingerprint Card

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 criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is \$32. There is an additional fee of \$17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of \$49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice
P. O. Box 903417
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

IMPORTANT: 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. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Ste.400
 Rancho Cordova, CA. 95670-6073
 PHONE: (916) 322-4336 FAX: (916) 324-2875

**INSTRUCTIONS**

DO NOT FOLD CARD. Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted** Place your signature here.
2. **Residence of Person Fingerprinted** Place your address here.
3. **Date**
Date fingerprints taken.
4. **Signature of Official Taking Fingerprints**
The official taking the fingerprints should sign.
5. **Employer and Address**
EMS Authority
10901 Gold Center Drive, Ste. 400 Rancho Cordova, CA. 95670-6073
6. **Reason Fingerprinted**
License - Paramedic
7. **Name (NAM)**
Indicate complete name.
8. **Aliases (AKA)**
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).
9. **Date of Birth (DOB)**
Indicate month-day-year of birth.
10. **Sex**
Indicate sex code abbreviation.
M=Male F=Female
11. **Height (HGT)**
Indicate height in feet and inches.
12. **Weight (WGT)**
Indicate weight in pounds.
13. **Eyes**
Indicate eye color abbreviation.

BLK = Black GRY = Gray
BLU = Blue GRN = Green
BRO = Brown HAZ = Hazel
14. **Hair**
Indicate hair code abbreviation.

BAL = Bald BRO = Brown SDY = Sandy
BLK = Black GRY = Gray WHI = White
BLN = Blond RED = Red
15. **Place of Birth (POB)**
Indicate the state or country of birth.
16. **FBI No.**
Should be furnished if known.
17. **Social Security No. (SOC)**
Indicate Social Security number.



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)

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:

Card Type:

Visa

Mastercard

Debit

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