



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:	
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2nd \$	Type	R#	
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STATE OF CALIFORNIA
REINSTATEMENT PARAMEDIC LICENSE APPLICATION
Lapsed 1 Year or More

Please type or print clearly. The **non-refundable** fee of **\$300** 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#:	Required, per Health & Safety Code 1797.172(c)	
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, 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 _____

CONTINUE NE T PAGE (INSTRUCTIONS)

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 24 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: <ol style="list-style-type: none"> (1) Advanced Cardiac Life Support, (2) Pediatric Advanced Life Support, (3) Pre-hospital 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 \$300.00 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. 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**.

Type of Application

License

Job Title or Type of License, Certification or Permit:

Paramedic

Agency Address Set Contributing Agency

Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Mail Code

The five digit mail code assigned by DOJ is **02531**.

Contact Telephone Number

(916) 323-9875

Name of Applicant

Indicate complete name. Last Name, First Name and Middle Initial.

Alias

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Date of Birth

Indicate month-day-year of birth.

Sex

Check either Male or Female.

Height

Indicate your height in feet and inches.

Weight

Indicate your weight in pounds.

Eye Color

Indicate eye color.

Hair Color

Indicate hair color.

Place of Birth

Indicate the state or country of birth.

SOC

Indicate your Social Security Number.

Driver's License No.

Indicate your California Driver's License 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 Contact Name (mandatory for all school submissions)
Rancho Cordova, CA 95670-6073
City State ZIP Code 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 Street Address or P.O. Box City State ZIP Code

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: _____
(Must provide proof of rejection) Original ATI Number

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



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 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.**